



EMPLOYMENT CATEGORIES

POLICY

The employment category of all employees will be in accordance with the following definitions irrespective of the employee's job classification, duties or position title:

- Salaried Personnel (exempt).
- Salaried management and supervisory employees.
- Salaried personnel are eligible for employee benefits upon qualification.
- Hourly Personnel (nonexempt).
- Employees paid on an hourly wage or assignment basis. They may be full-time, part-time or on-call. Hourly personnel are required to complete a time card and are eligible for overtime for all hours in excess of 40 hours per week. They may be eligible for some employee benefits upon qualification.



EMPLOYMENT

POLICY

Agency strives to employ the most qualified individuals for all positions within the organization and to provide equal employment opportunities to all employees and applicants regardless of race, color, creed, sex, national origin, age, handicap, sexual orientation, marital status, and status with regard to public assistance or Veterans' employment.

Agency will hire and develop employees basing judgment solely on job related qualifications. All vendors, independent contractors, subcontractors, referral sources, clients, and others doing business with Agency will be informed of the organization's adherence to equal opportunity principles. Advertising for prospective staff members will identify the agency's equal employment opportunity position.

For all professional positions, the agency will employ only individuals who meet the licensure or certification requirements for the particular professional position and are in good standing thereunder.

SPECIAL INSTRUCTIONS

1. Staffing:

Part-time and on-call personnel may be utilized in instances when the type of work, working schedule, and duration of employment permit.

2. Minors:

State and federal legislation imposes certain limitations on the employment of persons under the age of 18. Therefore, applicants shall be required to furnish proof of age after an offer of employment has been made. Offers of employment shall be automatically revoked when applicants under 18 are not able to provide a work permit.

3. Interviews:

Pre-employment interviews are required for all positions. Interviews may be scheduled according to agency needs. Applicants who qualify for employment will be referred to the responsible supervisor for a second interview. The final decision to hire shall be made by the supervisor and approved by the Administrator. The job offer will be made by the immediate supervisor.



4. Tests:

Written skills tests and competency testing shall be administered to all Home Health Aides.

Competency assessment tools will be used to evaluate clinical staff in defined areas based on job expectations.

5. Human Immunodeficiency Virus (HIV):

Equal employment opportunities shall be provided to persons who test positive for HIV or related conditions.

6. Health Screening:

Health Screening is required by all employees for TB testing (*refer to Health Screening Policy*). The agency reserves the right to request any applicant (after an offer of employment is extended) or current employee, to undergo a physical examination where the position or physical condition of the individual may warrant.

7. Reference Check:

Information supplied on the application form or during an interview will be subject to verification. Reference checks shall be made by the agency and may be conducted by phone or mail.

8. License Certification:

For professional positions, all applicants must be able to furnish for inspection their current license or certificate. A copy of the applicant's original license or certificate shall be retained for the employment file. The agency shall obtain copies of updated licensure on an ongoing basis.



EMPLOYEE RECRUITMENT PROCESS

POLICY

Agency strives to employ the most qualified individuals for all positions and to ensure the adequate number of appropriate staff.

Consistent, fair standards and procedures for hiring which comply with state and federal guidelines and regulations will be used.

SPECIAL INSTRUCTIONS

1. A job description will be developed for each position identified. ADA requirements will be included with each job description and applicants will be assessed based on both job function and ability to perform the tasks.
2. All positions will be advertised and made available to internal applicants before filling positions.
3. The agency will follow established procedures for the application and interview process.
4. Reference information will be obtained on all applicants.
5. Equal employment opportunities will be available to all qualified candidates.
6. Education, training, licensure, competency and other required credentials will be verified by the employer.



EMPLOYEE RIGHTS

POLICY

Agency does not discriminate against clients or staff. No client will have an interruption of service because of staff refusal to provide care.

Employees have the right not to participate in cares or treatments that are in conflict with their cultural values or religious beliefs.

Employees have the right to be treated with respect by agency staff, supervisors and clients.

Employees have the right to be informed of risks associated with client assignments.

Employees have the right to orientation and training specific to job functions and responsibilities.

Employees have the right to have supervisory/management expertise available to them when they are working.

PURPOSE

To ensure there is no disruption of service based on discriminatory factors.

To identify an employee's right to not participate in activities that are in conflict with his/her cultural values or religious beliefs.

SPECIAL INSTRUCTIONS

1. All agency staff are oriented to Agency's policy of non-discrimination.
2. Prospective employees and agency representative shall discuss performance expectation during the interview process. This would include rotating work schedules, weekend assignments, etc. If a prospective employee is not available for such a schedule, the employment offer may be deferred based on the inability to meet expected job requirements.
3. Employees will be informed of availability of supervisors and the right to expect thorough orientation to all client assignments.
4. Employees will be given specific information about client diagnosis and cares to assure appropriate skills are present.



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D-135

5. After an employment offer has been made and accepted by the applicant, the agency representative may ask if, based on religious or cultural beliefs, there are client populations or types of care they would not be able to provide care.
6. Employees with religious beliefs celebrated on nontraditional agency holidays will be instructed to request personal time off in such situations. Time may or may not be paid depending on employment status. Adequate notice must be given to allow the agency to arrange alternate staffing.
7. Specific client care activities or procedures which are in conflict with religious belief or cultural practice may be refused by employees without fear of discrimination or reprisals.
8. Situations where employees request not to work in certain geographic areas or refuse to perform activities they do not feel qualified for will be addressed in competency assessment and staff safety policies and procedures. Employee concerns will be addressed with their immediate supervisor and/or Director of Nursing, as appropriate.



HOURS OF WORK

POLICY

Hours of work shall be determined by each area. All full-time salaried employees will work 40 hours each week. Hourly employees will be compensated for those hours reflected on his/her time card.

SPECIAL INSTRUCTIONS

1. Regular Hours:

Normally, office hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m. Starting and quitting time for full-time employees may vary according to each area. Employees shall be entitled to a half-hour lunch.

2. Overtime:

The U.S. Fair Labor Standards Act requires that all employees be paid overtime for hours worked beyond 40 hours in any one week except those employed as executive, professional, and administrative employees. By common usage, the “exceptions” are referred to as “exempt employees,” the others are referred to as “nonexempt.” Any nonexempt employee who works over 40 hours in any one week will be paid 1-1/2 times their regular pay for overtime. Authorization of overtime and payment must be approved by the immediate supervisor.

3. Punctuality:

All employees will be expected to report to work on time. If an employee will be delayed, the employee shall call his/her supervisor and inform him/her of the reason for late arrival and when the employee will be in.

4. Payday:

Paydays shall be explained at the time of hire.



ATTENDANCE AND REPORTING

POLICY

Agency relies on its employees to contribute to the success and profitability of the organization. Therefore, regular attendance and punctuality at scheduled work times will be expected of all employees.

Attendance and punctuality shall be considered when Agency reviews recommendations for promotions, salary increases, and transfers.

SPECIAL INSTRUCTIONS

1. Punctuality:

Employees will be expected to report at their scheduled work times. This includes returning from breaks and lunch.

Calling in when late: Employees shall notify their supervisor as soon as they are aware they will be unable to report to work on time.

2. Absence:

Definition: Absence is the failure to report to work at the scheduled time and is defined as lost time (partial or full day) due to illness, injury, personal business, or other reasons for which the agency is not responsible.

Calling in absent: Employees shall notify their supervisor as soon as the employee is aware of the need to be absent, no later than two (2) hours before the scheduled starting time. If possible, the expected duration of the absence should be communicated to the supervisor in advance.

Emergency Conditions: In the event an emergency or hospitalization occurs due to sudden illness or accident, the immediate supervisor should be notified by the employee's designated emergency contact as soon as possible. A doctor's statement should be sent to the agency within three (3) working days. If the immediate supervisor is not available, the next level of supervision should be notified.

Doctor's Statement: A doctor's statement may be required for any illness. The agency may request a corroborating statement from a consulting physician.

The doctor's statement must indicate:

- a. The nature of the illness



- b. The expected duration of the illness
- c. The anticipated return date

A doctor's release, setting the date an employee may resume normal duties at work, may be required at the time an employee returns from an absence and should be submitted to the agency at the time of return.

3. Excessive Tardiness/Absenteeism:

When determining whether an employee should be disciplined for excessive tardiness or absenteeism, the supervisor should apply sound judgment based on knowledge of the circumstances.

For example, one time or infrequent occurrences normally require no supervisory follow-up, provided the employee has a valid explanation. However, a chronic pattern of absenteeism or tardiness will require action by the supervisor, including counseling.

Any disciplinary action taken must be consistently applied in like situations.

The Administrator shall make the final decision in any situation.



PERSONNEL RECORDS

POLICY

Personnel files will be established and maintained for all personnel. All information will be considered confidential and made available to authorized personnel only. All client-identifying data will be removed from employee personnel records. Personnel records may not be removed from Agency unless ordered by subpoena.

PURPOSE

To provide a mechanism for maintaining accurate, complete, and current personnel information.

SPECIAL INSTRUCTIONS

1. Personnel Records:
 - a. The personnel record for an employee will include, but not be limited to:
 - b. Pre-employment Information:**
 - Employment application (signed and dated)
 - Interview documentation
 - Reference checks
 - Criminal history and background checks as required by law
 - Credentials
 - c. Employment Information:**
 - Employment letter
 - Competency testing for home health aides and specific competencies per job title
 - License and certifications
 - CPR certification
 - Signed job description



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D-180

- Skills checklist
- Orientation checklist – completed and signed
- Confidentiality statement (signed)
- Conflict of interest statement (signed) if applicable
- Receipt of handbook acknowledgement
- Employee benefit information
- I-9 and payroll information (Maintain in separate file)

d. Ongoing Employment:

- Performance appraisals
- Updated job descriptions
- Education record
- In-services
- Updated license/certifications
- Competency reviews
- Commendations
- Disciplinary action forms
- Incident reports

e. Medical History/Health Status – Maintained Confidentially:

- Pre-employment
- Physical, if required
- Hepatitis B declination or immunization record
- TB screening (2-step Mantoux), chest x-ray or evidence of treatment as indicated
- Drug screening, if required

f. Employment:

- On going immunization and TB testing



- Illness record
- Attendance
- Workers Compensation claims
- Criminal background (as required), check results

Release of Employee Information:

1. Internal: Personnel records are confidential and will be released only to responsible “agency” management “personnel” management for review. Staff members may request to review personnel records by making an appointment at least 24 hours in advance. The record will be reviewed with a supervisor present.
2. External: Release of personnel information on current and terminated employees without written authorization from the employee will be limited to verification of date of hire, date of termination, classification, and salary.
3. When an unemployment or other type of claim is filed, the necessary information will be released as required by law.
4. Original personnel files shall be retained for a minimum of three (3) years after an employee or contractor ceases to be employed by the agency.
5. When the agency contracts care or services through another organization, there will be a signed agreement and proof of current professional liability insurance. The contractor will assume responsibility for maintaining complete personnel records and will make them available immediately upon request.
6. The agency will keep personnel records confidential, releasing information only to authorized persons.
7. Staff members contracted to the agency through another organization will have the following information available to review in the contracting agency’s personnel record.
 - a. Signed, dated application
 - b. Personal interview results
 - c. References and job history
 - d. Licensure, certification or registrations required
 - e. Verification of education and training
 - f. Health status screening



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D-180

- g. In-service or continuing education record
- h. Performance evaluation
- i. Competence assessment
- j. Orientation checklist
- k. Criminal history record
- l. CPR, as required
- m. Date of resignation or termination



CRIMINAL DISCLOSURE

POLICY

Agency shall obtain disclosure of criminal convictions on all employees prior to employment.

PURPOSE

To provide a mechanism whereby criminal disclosure is obtained on all employees.

SPECIAL INSTRUCTIONS

1. Each agency employee and prospective employee shall be required to sign a statement disclosing all crimes, except for minor traffic violations, of which the person has been convicted in any jurisdiction, or stating that the person has never been convicted of a crime, other than minor traffic violations. This may be documented on the employment application.
2. The statement disclosing crimes must include:
 - a. The nature of the crime.
 - b. The jurisdiction in which the person was convicted.
 - c. The date of the conviction.
 - d. The penalty imposed, including conditions of probation or conditional release and time periods of the penalty.
 - e. The name and address of the probation or parole agent, if any.
 - f. The date of release from incarceration, if applicable.

If the agency has reasonable cause to believe an employee or prospective employee has not disclosed all convictions of crimes, the agency shall require the employee or prospective employee to sign a notarized release statement that authorizes local law enforcement agencies and other Criminal Apprehension Bureaus to provide a history of criminal convictions.



3. The Release Statement must include the person's:
 - a. Full name
 - b. All prior names and aliases
 - c. Date of birth
 - d. Sex
4. If a person fails to provide the release statement (as applicable) within five (5) working days after the request, the person shall not be allowed to work in a position that requires direct contact with clients in their homes until it is determined that the person is not disqualified.
5. If it is found that an employee has failed to truthfully disclose past convictions for any felony or is convicted of a felony during the time of employment, it is grounds for immediate termination.
6. If a prospective employee is denied employment or an existing employee is removed from a position, information may be submitted by the person to the agency as verification of an inaccurate criminal record or that the person has completed the rehabilitation process. An existing employee shall be removed from direct client service pending a determination.
7. The following crimes disqualify persons for employment:
 - a. Homicide and aiding suicide
 - b. Crimes against the person
 - c. Crimes against unborn children
 - d. Crimes of compulsion
 - e. Sex crimes
 - f. Crimes against the family
 - g. Crimes affecting a public officer or employee
 - h. Theft and related crimes
 - i. Crimes of damage or trespass to property
 - j. Crimes of misconduct or nuisance



- k. Indecent exposure
 - l. Failure to report the maltreatment of minors
 - m. Failure to report the maltreatment of vulnerable adults
 - n. Abuse or neglect of a vulnerable adult
 - o. Crimes related to prohibited drugs
8. A person who is disqualified from employment may be employed if the employer determines that the requirements of rehabilitation have been met as follows (Must be in accordance with state specific regulations):
- a. The circumstances or social conditions surrounding the commission of the crime sufficiently mitigate the risk of employing the person.
 - b. The person must meet all of the following items:
 - The person has not been convicted of a crime as listed in #7, or a comparable crime in another jurisdiction, for the two (2) years before the application for employment.
 - If on probation, parole, or other conditional release, the person submits a report from the person's probation or parole agent.
 - The person has not been incarcerated in jail or prison for the two (2) years before the date of application for employment.
 - If, as a condition of the person's probation, conditional release, or sentence, the person had been ordered by a court to participate in a program for the treatment of chemical dependency, psychological disorders, or other behavioral problems, the person completed the program in compliance with the condition.
 - c. In the case of a crime of homicide or aiding suicide committed in connection with the provision of health care or home care services, the rehabilitation allowance does not apply.
9. If the agency learns of any criminal conviction of an employee that was not revealed to the agency as required and was not discovered by the criminal history search and is verified by a law enforcement agency, the agency shall:
- a. remove the employee from work involving direct client service, unless the failure to reveal the conviction was unintentional and is excusable.



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D-190

- b. report the information about the conviction to the appropriate state/government agencies as required by the individual state.
10. Information relating to criminal history disclosure shall be maintained in the employee's personnel file or in the administrative file for prospective applicants who are not hired.



LICENSE, REGISTRATION, OR CERTIFICATION REQUIREMENTS

POLICY

If a position requires licensure, registration, or certification, it shall be the employee's responsibility to keep these documents current. Updated information shall be provided to the supervisor to assure the records are up to date.

A copy of the employee's current license certification shall be maintained in his/her personnel file.



COMPETENCY EVALUATION OF HOME CARE STAFF

POLICY

1. The agency will establish a program that allows for objective, measurable, assessment of the person's ability to perform required activities. Individuals working in the agency must be licensed, registered or certified as required by law, policy or standards of practice.
2. The assessment will verify and focus on the individual staff knowledge and skill appropriate to assigned responsibilities, communication skills, and the ability to respond to client needs within their scope of responsibility.
 - a. Competencies will address:
 - b. Age/type of client
 - c. Scope of services offered by Agency
 - d. High risk procedures
 - e. New procedures/technologies
 - f. Areas identified in Performance Improvement Process
3. The competency evaluations will be completed by individuals who have the knowledge and skills to assess performance and ability.
4. All competencies will be documented, and actions will be taken when opportunities for improvement are identified.
5. When improvement activities determine that person with performance problem is unable and/or unwilling to improve, the agency will modify job assignments or take other appropriate actions.

PURPOSE

To assure the personnel providing services to home care clients are trained, competent and able to respond to needs of clients in safe and effective manner.

To identify areas for performance improvement based on ongoing evaluation of performance and satisfaction of customers.



SPECIAL INSTRUCTIONS

1. All new employees will be assessed for competency based on the expected requirements for the position. The qualifications for the positions will be identified in the position description given at the time of hire. Resumes and reference checks will verify the education and professional experience of each individual prior to accepting the position with the agency.
2. Skills tests including written tests and direct observation of skill will be completed as determined by the agency policies and individual assessments. Certifications or verification of skill from other employers will be considered in determining competency.
3. When agency staff are assigned to new areas or procedures, training and return demonstrations or other observed evidence of competency will be documented.
4. Annual performance reviews will address competencies in areas of essential function.
5. Professional staff will be evaluated by supervisors/peers who have demonstrated competencies in the areas in question.

Registered Nurse/Licensed Practical Nurse:

1. Competencies will be assessed for selected activities/procedures/skills on a regular and as needed basis.
2. Competency for licensed professionals will focus on the areas of assignment and expectations of the position.

Therapists/Medical Social Workers:

1. Competencies will be assessed in appropriate disciplines.

Home Health Aide Competency:

1. The competency evaluation for home health aides must be performed by a Registered Nurse with at least two years of nursing experience, one year of home care experience.
2. Skills competency is evaluated by observing the aide with client or “pseudo” client (not a manikin).
3. A Home Health Aide will not be permitted to provide Home Health Aide services until evidence of adequate training and/or competency has been determined by the designated professional in the agency.



4. The Home Health Aide must demonstrate evidence of:
- a. Successful completion of a training program totaling at least 75 hours. At least 16 of those hours must have been devoted to supervised practical training. The individual must complete at least 16 hours of classroom training before beginning the supervised practical training.
- OR
- b. Successful completion of a competency evaluation program. The Home Health Aide will have successfully completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven of the twelve areas required in federal guidelines. The required topics are:
 - Communication skills
 - Observation, reporting, and documentation of client status
 - Reading and recording temperature, pulse, and respiration*
 - Basic infection control procedures
 - Basic elements of body functioning and changes in body function that must be reported to a Home Health Aide's supervisor
 - Maintenance of a clean, safe, and healthy environment
 - Recognizing emergencies and knowledge of emergency procedures
 - The physical, emotional, and developmental needs of the population served by the agency, including the need for respect of the client, his or her privacy and property
 - Appropriate and safe techniques in personal hygiene and grooming, including:*)
 - Bed bath
 - Sponge, tub, or shower bath
 - Shampoo in sink, tub, or bed
 - Nail and skin care
 - Oral hygiene
 - Toileting and elimination
 - Safe transfer techniques and ambulation*



- Normal range of motion and positioning*
- Adequate nutrition and fluid intake
- Any other task the agency may choose to have the Home Health Aide perform. There must be evidence of Home Health Aide orientation to and competency in the delegated tasks not addressed here.

NOTE: Subject areas with an * must be evaluated after observation of the Home Health Aide's performance of the tasks with a client. The other subject areas may be evaluated through written examination, oral examination, and/or after observation of a Home Health Aide with a client.

5. A Home Health Aide is not considered competent in any task for which he or she is evaluated as “unsatisfactory.” The Home Health Aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated “unsatisfactory” and passes a subsequent evaluation with “satisfactory.”
6. Per Federal guidelines: “If the individual has not been employed as a Home Health Aide within a 2-year (24 month) period, they must complete a competency evaluation program.”
7. The training of Home Health Aides and the supervision of Home Health Aides during the supervised practical portion of the training must be performed under the general supervision of a Registered Nurse who possesses a minimum of two (2) years of nursing experience, at least one (1) year of which must be in the provision of home health care. Other individuals may be used to provide instruction under the supervision of a qualified Registered Nurse.
8. A Home Health Aide training and/or competency evaluation program may be offered by any organization except an agency that has been determined to be out of compliance with one or more of the requirements of the Home Health Aide Services Condition of Participation within any of the 24 months before the training and/or competency evaluation program is to begin.
9. Documentation of individual Home Health Aide training and/or competency shall be maintained in the Home Health Aide's personnel file.
10. Competency in additional skills required for care will be assessed by the appropriate nurse or therapist. Documentation of this competency must be in employee personnel file.



HEALTH SCREENING

POLICY

Each employee having direct contact with clients must have documentation of baseline health screening prior to providing care to clients. This includes, at a minimum, TB skin testing via the Mantoux method. Testing will be offered at no cost to the employee. This testing includes the pre-placement evaluation, administration and interpretation of TB Mantoux skin tests and periodic evaluation.

PURPOSE

To ensure adequate health status of each worker and to ensure quality of each worker to perform essential job functions.

To ensure all agency employees and personnel working under contract are free from communicable disease before providing direct client care.

SPECIAL INSTRUCTIONS

1. Pre-employment physical examination will be performed by a physician or nurse practitioner as mandated by state law or agency policy. Where this is not mandated, the health screening will be completed by a Registered Nurse before client contact. Health screening will occur after a conditional offer of employment is made. Repeat testing will be required if deemed necessary by the Director of Nursing for individuals with signs of communicable disease.
2. On any employee or contract personnel providing direct client care, there shall be documentation of completion of a tuberculin (TB) skin test, via the Mantoux method. OSHA requires two-step testing. If there is documented evidence of a negative skin test within the twelve months prior to employment, testing completed at the time of hire will fulfill the two-step requirement. If the employee does not have documented evidence of a negative Mantoux skin test within the past twelve months, a Mantoux skin test will be given at the time of hire and repeated within three weeks of the first test. (Verify time frames with state requirements)

The TB skin test may be administered in the agency by a Registered Nurse or Licensed Practical/Vocational Nurse. The TB skin test consent and results shall be documented. TB skin test results shall be evaluated by a Registered Nurse or Licensed Practical/Vocational Nurse, within 48-72 hours and documented as “nonsignificant” (negative) or “significant” (positive) in millimeters of induration.



3. A TB skin test shall be considered significant if:
 - a. There is a reaction of 5mm or more in the following groups:
 - Persons who have had close recent contact with a client with infectious TB.
 - Persons who have chest x-rays with fibrotic lesions likely to represent old, healed TB.
 - Persons with known or suspected HIV infection.
4. A tuberculin reaction of 10mm or more in persons who do not meet the above criteria but who have had other risk factors for TB. This would include:
 - a. People with other medical risk factors known to substantially increase the risk of tuberculosis once infection has occurred.
 - b. Foreign-born persons from high-prevalence countries. (e.g. those from Asia, Africa, and Latin America)
 - c. Persons from medically under-served, low income populations, including high risk minorities; especially blacks, Hispanics, and Native Americans.
 - d. Intravenous drug users.
 - e. Residents of long term care facilities such as correctional institutions and nursing homes.
 - f. Other populations that have been identified locally as having an increased prevalence of TB.
5. A tuberculin reaction of 15mm or more in all other persons
Significant results shall require documentation of a medical evaluation, which may consist of a chest x-ray and/or prophylactic antibiotic therapy.
 - a. Following the baseline tuberculin skin testing, repeat skin testing shall be completed at least once a year, after any possible exposure and as required by the state health department due to local outbreaks of the disease.
 - b. If the employee has had a significant reaction to a Mantoux test upon employment or within the two (2) years prior to working in a position involving direct client contact, or has a significant reaction to a Mantoux test in repeat testing during the course of employment, the employee and the agency must have documentation of a negative chest x-ray.
 - c. If the employee has had a significant reaction to a Mantoux test more than two (2) years prior to working in a position involving direct client contact, the employee must provide documentation of a non-significant chest x-ray taken within the previous twelve (12) months or documentation that they have completed, or are currently completing a course of tuberculosis preventative therapy.



- d. Employees who have been exposed to active tuberculosis must document a non-significant result of a Mantoux test or chest x-ray administered no earlier than ten (10) weeks and no later than fourteen (14) weeks after the exposure.
- e. Employees shall require a repeat chest x-ray if signs and symptoms of active tuberculosis are present. Symptoms may include:
 - Fever
 - Weakness
 - Weight loss
 - Night sweats
 - Low-grade fever
 - Productive cough
 - Occasional coughing of blood
 - Chest pain

NOTE: Absence of a reaction to the tuberculin test does not exclude the diagnosis of tuberculosis or tuberculosis infection. Cell mediated responses such as tuberculin reactions may decrease or disappear during any severe or febrile illness, infection, or after administration of corticosteroids or immunosuppressive drugs.

Hepatitis Vaccine:

The Hepatitis B vaccine and vaccination series shall be made available to all employees who are at risk for exposure to blood and body fluids/substance. (*Refer to the Hepatitis B Vaccination policy.*) This vaccine must be provided at no cost to the employee and acceptance or refusal of the vaccine must be documented.

Additional Tests:

Additional test(s) may be required as directed by the State Health Department or as recommended by the health professional performing the health screening. The intent is to limit risks to the client, caregiver and/or other employees.

Documentation:

Information obtained (other than occupational exposure and post-exposure evaluation and follow-up) during the health screening shall be documented and maintained in the employee's personnel file. This information shall be considered confidential. The



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D-240

Administrator or Director of Nursing may be informed of work restrictions of handicapped persons and of necessary accommodations required. Other health care personnel may be informed of an individual's health screening results only in emergency situations and in accordance with local, state and federal law.

Sources:

*1997 Infection Control Sourcebook, American Health Consultants
(publishers of Hospital Infection Control)*

*Centers for Disease Control and Prevention: Guidelines for Preventing the
Transmission of Mycobacterium tuberculosis in Health Care Facilities,
Morbidity and Mortality Report 43 (RR13), 1994*

*Association of Professionals in Infection Control (APIC):
Infection Control and Applied Epidemiology: Principles and Practice,
St. Louis, 1996, Mosby*

*Rhinehart, Emily and Friedman, Mary M., Infection Control in Home Care:
Official Publication of Association for Professionals in Infection Control and
Epidemiology, Inc (APIC), Aspen Publication 1999*

*OSHA current and proposed regulations for tuberculosis.
Federal register October 1994 and October 7, 1997
(comment period ends February, 1998)*



HEPATITIS B VACCINATION

POLICY

Agency will make the Hepatitis B Vaccine available to all employees at risk for exposure to blood borne pathogens. This will be provided, at no cost to the employee, after orientation and within 10 days of assignment to home care clients.

PURPOSE

To protect agency employees from the risk of contacting Hepatitis B.

To comply with OSHA requirements.

SPECIAL INSTRUCTIONS

1. All employees determined to be at risk of exposure to blood or other potentially infectious materials will be offered the Hepatitis B Vaccine.
2. The vaccine shall be administered unless the employee has received the complete series of vaccine previously, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
3. Employees may refuse administration of the vaccine. This refusal must be documented on the OSHA standard form (see attached form) in the employee's medical file. If the individual declines the vaccine, but at a later date decides to accept the vaccination, the vaccine will be administered at that time.
4. The vaccination shall be performed by an appropriately licensed professional and in accordance with the recommendations of the U.S. Public Health Service applicable at the time.
5. **Post vaccination testing for antibody to hepatitis B surface antigen response is indicated for employees who have blood or client contact and are at ongoing risk for injuries with sharp instruments or needle sticks. This should be done within one to two months after completion of the 3 dose vaccination series. Knowledge of antibody response aids in determining appropriate post exposure follow-up. OSHA Standard Number 1904.12(d); 1904.2 dated 08/04/1999.**
6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.



STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS

1. Assume that blood and all body fluids, with or without visible blood, from all clients are potentially infectious.
2. **WASH HANDS - SEE HAND HYGIENE POLICY**
3. **GLOVES**, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:
 - a. Suctioning procedures
 - b. Catheter care and removal of catheters
 - c. Dressing changes
 - d. Handling of grossly contaminated linens
 - e. Collection and emptying of all suction and drainage devices; e.g., Foley catheter bags, gomcos, and hemovac
 - f. Starting and discontinuing intravenous infusions
 - g. Providing oral hygiene
 - h. Enema administration
 - i. Cleaning client rooms, bathrooms, emptying trash, or changing linens on client's bed
 - j. Venipuncture or other vascular access procedures

Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing. If glove is torn or needle stick or other injury occurs, the gloves should be removed, hands washed well, and a new glove used as promptly as client safety permits.



4. GOGGLES or protective glasses should be worn when there is a potential for a splash with blood or body fluids, and when exposure of the mucous membranes of the mouth, nose, or eyes is anticipated. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations. Protective eyewear is to have solid side shields.
5. GOWNS OR APRONS should be worn when there is a potential for blood or body fluid splatters or sprays. Examples include venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations.
6. MASKS are usually not necessary if contact is only casual. A mask should be worn if there is a chance of a splash or splatters or if the client is on respiratory precautions.
7. AIRWAYS - Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag, or other ventilation device should be in the home when resuscitation is predictable for use during actual resuscitation.
8. To prevent needle stick injuries, **needles should never** be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care.
 - a. Agency will provide “needleless systems” or “sharps with engineered sharps injury protections whenever possible. Used needles should be placed intact into puncture-resistant containers that are provided by the agency.
 - b. Employees responsible for client care will be involved in decisions to purchase sharps, needleless devices, disposal containers and biosafety cabinets.
 - c. The containers, when full, are to be returned to the agency for proper disposal or disposed of in accordance with state or local regulations.
9. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
10. The agency will maintain a log of injuries from contaminated sharps. The injury log must contain: type/brand of device involved, department or work area, and explanation of the event. Maintain a separate list for tracking actual employees.
11. All needle stick injuries will be recorded on an OSHA log.
12. Identify “privacy concern case.”
13. The agency will document their consideration and implementation of safer, effective medical devices.



14. All laboratory specimens should be treated as if they were contaminated with either HIV or HBV or Hepatitis C. All specimens should be labeled with client information, placed in sealable, leak proof plastic bags, and transported in an appropriate, secured container that is labeled with a color-coded, biohazard sticker. Specimens should be transported without needles attached to syringes. Requisition forms are placed outside the plastic bag to prevent contamination in the event of a leak or spill.
15. For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution (1 part bleach to 10 parts water. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten (10) minutes to inactivate HIV. A fresh solution must be used daily. A 1:5 bleach solution (1 part bleach and 4 parts water) can be stored for 30 days in an opaque container at room temperature and out of sunlight. **Bleach should never be mixed with anything but fresh tap water.** Contaminated reusable sharps should be placed in a leak-proof, puncture-resistant, and appropriately labeled container.
16. Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed in bags that prevent leakage and transported to the agency or disposal container. If the fabric can tolerate contact with chlorine bleach, it should be washed with 1 cup of bleach per full load with regular detergent. If a washing machine is not available, contaminated linens should be soaked in a receptacle or sink in cold soapy water in a 1:10 bleach solution for 15 minutes.
17. Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.
18. Health care workers with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.
19. As indicated, the agency shall maintain a log describing the collection, transportation, and disposal of hazardous waste.



RECOMMENDED EQUIPMENT FOR HOME CARE (PPE)

Personal protective equipment, which would be provided to employees by the home health care agency, as appropriate, includes:

- Disposable, nonsterile/sterile gloves and utility gloves.
- Disinfectants.
- Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.
- Products registered by the Environmental Protection Agency (EPA) as being effective against human immunodeficiency virus (HIV) with an accepted HIV label.
- A solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10 with water. **Mix a fresh supply of bleach every day (24 hours).**
- Masks, cardiopulmonary resuscitation (CPR) masks, air purifying masks, goggles, moisture-proof aprons/gowns, shoe covers, and caps.
- Leak proof and puncture-proof specimen containers.
- Sharps containers.
- Liquid soap, soap towelettes, dry hand disinfectants (alcohol based), sodium hypochlorite wipes, or dry bleach.
- Paper towels.

RECOMMENDED CLINICAL PRACTICES

1. Hand washing: Before and after client contact, when soiled, and immediately after removing gloves. Use alcohol based hand cleaner as a substitute when hands are not soiled.
2. Gloves: Use if there is a possibility of contact transmission. Nonsterile gloves may be used when performing procedures, which may expose the staff member/caregiver to blood or body substances. Sterile gloves are used when sterile technique is required. Utility gloves, which may be reused, are left in the client's home and used for cleaning and disinfecting equipment and the work environment.



3. Gowns/aprons, shoe covers, caps: Wear appropriate equipment when there is a reasonable expectation that contact transmission may occur. Dispose of used equipment in a plastic trash bag.
4. Masks: Wear when there is a reasonable expectation that droplet transmission may occur. Dispose of used masks in plastic trash bag.
 - a. Disposable CPR Masks: Use if required to give mouth-to-mouth or mouth-to-tracheal airway ventilation.
 - b. Air Purifying Masks (HEPA): Use when caring for clients with suspected or known tuberculosis. **The mask must be properly fitted.**
5. Goggles: Use when there is reasonable expectation that droplets may get into the eye. Goggles may be reused if cleaned with soap and water between episodes. Discard if cracked or contaminated.
6. Sharp objects and needles: Place in puncture-proof, disposable container. **Do not recap used needles. Use needleless devices or devices with sharps injury protectors whenever possible.**
7. Sharps containers: These containers must be puncture-proof, leak proof, red in color, and labeled with a biohazard sign. Keep them in a safe place in the home. When 3/4 full, return them to the office for waste disposal. Follow state and local requirements for disposal.
8. Specimen collection: All specimens will be placed in a leak proof container (bag) and transported to the laboratory in a puncture-proof container. A biohazard label must be present on the outside of the transport container.
9. Personal: Eating, drinking, and personal activities should not be done in the client areas where exposure to blood or other infectious materials is possible.



EMPLOYEES EXPOSED TO OR IN CONTACT WITH A BLOODBORNE PATHOGEN

POLICY

Agency shall make available to employees, at no cost, a confidential medical evaluation and follow-up if the employee is exposed to a blood borne pathogens while caring for clients.

PURPOSE

To prevent the transmission of communicable diseases.

To obtain medical care and treatment for employees exposed to blood borne pathogens.

SPECIAL INSTRUCTIONS

1. This evaluation and follow-up shall include:
 - a. Documentation of the routes and circumstances of exposure.
 - b. Identification and testing of the **source individual**, if possible, in accordance with state and local laws.
 - c. Testing of the exposed employee's blood and the source individual's blood as soon as feasible upon consent.
 - d. Post-exposure prophylaxis as ordered by the physician.
 - e. Counseling, as indicated for the employee, and evaluation of the reported illness.
2. Agency will identify a plan for employees to obtain such services.
This will assure timely response and intervention when services are needed.
3. Within fifteen (15) days of the completion of the evaluation, the agency will obtain a written statement from the health care professional (physician) who examined the employee. This statement will identify that the employee has been informed of the results of the evaluation and has been informed of medical conditions related to the exposure that will require further follow-up. Protocol



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D-253

- a. Will be developed reflecting the most current CDC Guidelines for “Immunization of Health Care Workers.” Recommendations of Advisory Committee on immunization practice (ACIP) and the hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 12/26/97 via CDC website.

All other findings or diagnoses shall remain confidential and shall not be included in the written report. The statement must be given to the employee, but if the findings are by law confidential, the agency may not be given the results.

4. The agency will comply with local and state regulations regarding confidentiality and develop a mechanism to ensure that the employee receives the required information.
5. The agency shall maintain records of an exposed employee for the period of employment plus thirty (30) years.
6. If an employee is exposed to a known HBV virus and has not previously received the vaccine or is not known to have adequate immunity, the employee will be referred to an approved licensed physician or licensed health care professional for administration of serum globulin injections. This treatment shall be at the agency's expense and made available at a reasonable time and place.
7. The employer shall ensure that laboratory testing is conducted by an accredited laboratory at no cost to the employee.
8. If the employee refuses treatment, a signed statement shall be obtained which indicates that the employee has been counseled regarding the risk, treatment has been offered, and the employee has refused the treatment.
9. An incident/occurrence report shall be completed and processed according to agency policy.
10. The agency will maintain confidential, accurate records for each employee with occupational exposure. These records will include:
 - a. Name and social security number of the employee.
 - b. Employee Hepatitis B vaccination status.
 - c. Results of examinations, testing, and follow-up procedures related to an exposure incident.
 - d. A copy of the written opinion issued by the health care professional (physician) following the incident. This opinion identifies recommended follow up, but does not reveal confidential results of testing.



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D-253

- e. The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the health evaluation and of any health conditions which may require further evaluation and treatment.
- f. All other diagnoses must remain confidential and are not to be included in the written report to the agency.



POST-EXPOSURE EVALUATION AND FOLLOW-UP

POLICY

Following a report of an exposure to a blood borne pathogen incident, Agency shall make available to the employee a confidential medical evaluation and follow-up. This shall be offered immediately after a report of an exposure incident.

PURPOSE

To obtain medical intervention and treatment for employee exposed to the blood borne pathogen.

To determine whether infection has been transmitted.

To provide support and information to the individual.

To prevent transmission of infectious disease.

SPECIAL INSTRUCTIONS

Evaluation and follow-up will include:

1. Documentation of the route(s) of exposure and circumstances under which the incident occurred.
2. Identification and documentation of source individual - unless the employer can establish that identification is not feasible or is prohibited by law.
 - a. Source individual's blood shall be tested for HBV and HIV as soon as possible **after consent is obtained**.
 - b. If consent is not obtained, documentation shall indicate that legally required consent cannot be obtained.
 - c. When the source individual's consent is not required by law, the source's blood will be tested and results documented.
 - d. When the source individual is known to be infected with HBV or HIV, testing need not be repeated.
 - e. Results of the source individual's testing will be made available to the exposed employee.



- f. The employee will be informed of laws and regulations concerning disclosure of the identity and infectious state of source individual.
3. Collection and testing of an employee's blood for HBV and HIV serological status:
 - a. The exposed employee's blood is collected for testing as soon as possible after consent is obtained.
 - b. If the employee consents to a baseline blood collection but does not give consent for HIV serologic testing, the sample will be saved for 90 days.
 - c. If consent is given within 90 days, the sample will be tested as soon as is feasible.
4. Post-Exposure Prophylaxis - when one is medically indicated as recommended by the U.S. Public Health Service.
5. Post-Exposure Counseling:
 - a. Counseling is mandatory and must be provided by a skilled professional.
 - b. Counseling includes the meaning of test results and discussion of personal life factors.
 - c. Counseling provides validation of an employee's concerns and fears.
 - d. The employee is encouraged to monitor for signs and symptoms of seroconversion illness and report such findings.
 - e. Counseling provides information regarding workers' compensation benefits, disability, etc.

6. Evaluation of reported illnesses
Information to Be Provided to the Health Care Professional:
(Medical Director; Personal Physician).

The agency shall ensure that the health care professional evaluating an employee after an exposure incident is provided with:

- a. A copy of the most current OSHA Blood borne Pathogen Regulation (www.OSHA.gov).
- b. A description of the exposed employee's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing, if available.



- e. All medical records relevant to the appropriate treatment of the employee, including vaccination status.
7. Written Opinion of Health Care Professional:
(*Medical Director, Personal Physician*)
 - a. The agency will obtain a written opinion of the evaluation within fifteen (15) days of the evaluation and provide a copy to the employee.
 - b. The health care professional's written opinion for Hepatitis B vaccination will be limited to:
 - Whether vaccination is indicated or
 - A record that vaccination has been given.
 8. The written opinion for post-exposure evaluation and follow-up will be limited to:
 - a. The employee has been informed of results of evaluation.
 - b. The employee has been told about any medical conditions resulting from exposure, which require further evaluation and treatment.
 - c. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
 - d. The agency/employer may not receive information that is by law confidential.
 - e. The agency/employer will comply with all regulations (state and local) regarding confidentiality and ensure that the employee receives the required information.
 - f. The agency/employer will maintain records of an employee with an exposure incident for the period of employment plus thirty (30) years.
 9. Reporting an Incident:

Any health care worker who sustains a needle stick injury or other parenteral/mucosal inoculation with blood or body fluids should:

 - a. Wash the affected area immediately with soap and water.
 - b. Report the injury to the supervisor immediately.
 - c. Complete an infection/exposure report the same day.
 10. Exposure to Known HBV Virus:

If the employee has not previously received the vaccine and is not known to have immunity, the agency shall:

 - a. Refer the employee to a physician for administration of serum globulin injections provided at no cost to the employee.



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D-255

- b. Ensure that laboratory testing is done by an accredited laboratory at no cost to employee.
11. If Employee Refuses Treatment:
- a. Obtain a signed statement indicating that the employee was counseled regarding risk and that treatment was offered but refused.
 - b. Complete the infection exposure report.
 - c. Notify the supervisor of exposure.



OCCUPATIONAL EXPOSURE TO TUBERCULOSIS PREVENTION PLAN

POLICY

Agency will establish a program to identify individuals at risk for or with a diagnosis of active tuberculosis.

The agency will perform annual and ongoing risk assessment surveillance for the agency

PURPOSE

To prevent the transmission of tuberculosis in a health care setting.

To comply with the current OSHA and CDC enforcement policies for exposure to tuberculosis

SPECIAL INSTRUCTIONS

1. The Director of Nursing/designee shall be given the authority to implement and enforce TB infection control policies and procedures
2. The agency will perform an annual risk assessment survey of the agency staff and clients. Management of clients with known or suspected infectious TB will not vary.
3. Determination of risk level is as follows:
 - a. **Very Low Risk:** *Clients who have active TB and need inpatient care are promptly referred to an appropriate facility*
 - b. **Low Risk:** Person to person transmission of TB has not been detected, and fewer than six (6) TB clients have been treated per year
 - c. **Intermediate Risk:** Same as low risk except that six (6) or more TB clients are treated per year
 - d. **High Risk:** areas or occupational groups in which the PPD test



conversion rate is significantly greater than for areas or groups where exposure to TB is unlikely. Conversion rates for same area or group suggest nosocomial transmission. Possible person to person transmission of TB has been detected.

4. The agency may have a combination of risk areas at any one time. The appropriate protocol will be implemented for each group. When cough-inducing procedures are performed on clients who may have active TB, the agency will implement at least intermediate risk assessment.
5. A diagnosis of TB may be considered for any client who has a persistent cough, e.g., a cough lasting 3 weeks or longer, unexplained weight loss, night sweats and/or other signs/symptoms of active TB.
6. **High risk groups include:** IV drug users known to be HIV seronegative, children less than 4 years of age, and persons who have other medical conditions that increase the risk for progressing from latent to TB infection to active TB infection. This would include immunosuppressed clients, individuals with chronic renal failure with renal dialysis, diabetics, malignancies and HIV and/or Aids.
7. **High prevalence groups include:** persons born in countries with a high prevalence of TB, persons from medically underserved, low income populations, and former or past residents of facilities such as prisons and nursing homes.
8. Managing clients with suspected or confirmed infections at home requires implementation of precautions to prevent exposure until communicability has been eliminated by drugs.
 - a. Instructing clients to cover their mouth and nose when coughing or sneezing
 - b. Instructing clients about the importance of taking medications as prescribed
 - c. Instructing employees in the use of NIOSH approved high efficiency particulate air respirators when:
 - i. When entering the home of individuals with suspected or confirmed infectious TB disease
 - ii. When employees are performing high hazard procedures on



individuals with suspected or confirmed TB disease.

- iii. When administrative and engineering controls are not likely to protect the employee from inhaling infectious airborne droplet nuclei.

Employee Training:

- d. Training and information will be provided for all employees at the time of employment and annually during infection control services. This training will inform the employees of:
 - Basic concepts of transmission and diagnosis of TB, including the difference between active and latent disease
 - Potential for exposure
 - Principles and practices of infection control that reduce risk for transmission
 - Signs and symptoms of TB
 - Health screening and therapy
 - Agency-specific protocols including employee responsibility for reporting symptoms, annual testing and reporting any significance of positive test
 - Use of respiratory protection equipment
12. Medical Surveillance:
 - a. The agency will provide, at no cost to the employee, a pre-employment TB Mantoux skin test, if needed, interpretation of the skin test, and periodic evaluations as follows:
 - b. Annual TB Mantoux skin test for all employees with direct patient contact.
 - c. TB Mantoux skin tests every 6 months for workers with exposure. **(Employees may refuse to participate in the testing program. This must be documented.)**
 - d. Evaluation and management of workers with a positive skin test or skin test conversion on repeat testing, or who are exhibiting symptoms of TB, including work restrictions for infectious employees.
13. Exposure is defined as:
 - a. Potential exposure to exhaled air of an individual with suspected or confirmed TB. A suspected case is one in which the agency has identified an individual as having symptoms consistent with TB. These symptoms, as identified by the Center for Disease Control (CDC), are a productive cough, hemoptysis, weight loss, loss of appetite, lethargy, weakness, night sweats, or fever.



- b. Exposure to a high hazard procedure performed on an individual with suspected or confirmed TB, and which has the potential to generate potentially infectious airborne respiratory secretions. Examples include aerosolized medication treatment, sputum induction, and suctioning procedures.

14. Surveillance and Reporting:

- a. At the time of employment, all health care personnel will receive a Mantoux Tuberculin skin test, unless a previously positive reaction can be documented or they have completed adequate preventive therapy or therapy for active disease. If the employee does not have documentation of a negative Mantoux test within the previous 12 months, they must have the test repeated within **one to three** weeks of the first test. This two-step testing program is required for all who do not meet the above guidelines.
- b. Employees with a documented history of a positive tuberculin skin test and negative chest X-ray or adequate treatment will be exempt from further screening unless they develop symptoms suggestive of tuberculosis.

Repeat testing will be completed annually for all employees with negative skin tests. Those who may have frequent exposures to patients with tuberculosis will have to repeat the Mantoux skin tests every six (6) months or per state guidelines.

TB infections, positive TB Mantoux Skin Test, and TB disease should be recorded on the OSHA 200 log.

15.

Evaluation After Exposure:

Each exposed employee will receive a Mantoux skin test as soon as possible after exposure. If the initial test is negative, the test will be repeated twelve (12) weeks after exposure. Exposed individuals who have skin test reactions > 5mm or with symptoms will be referred for chest X-rays. Those persons whose skin tests had previously been positive do not require further testing unless they have symptoms suggestive to Tuberculosis.

Management of Employees with Positive Skin Tests or Symptoms:

Individuals with positive skin tests or conversions on repeat testing will be clinically evaluated by a physician. Any person who demonstrates symptoms of tuberculosis will be evaluated by a physician regardless of their skin test results. If tuberculosis is diagnosed, appropriate therapy will be instituted per physician orders. Those with positive skin tests must annually be evaluated by reviewing signs and symptoms of TB and documentation should be filed.

Work Restrictions:



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D-257

Employees with active tuberculosis pose a risk to clients and other personnel while infectious. They may not work until:

Adequate treatment is instituted

Cough is resolved

Sputum is free of Acid Fast Bacilli on three (3) consecutive smears

Employees who are healthy but receiving treatment may continue to work a regular work schedule.



PERFORMANCE EVALUATIONS

POLICY

A competency-based performance evaluation will be conducted for all employees after one (1) year of employment and at least annually thereafter. In addition, there shall be an ongoing informal performance review process to ensure continued employee growth and development.

All employees will meet with their immediate supervisors to clarify duties, responsibilities, and goals and to discuss the employees current performance related to the performance expectations of the position.

PURPOSE

- To review job performance, based upon the job description, and to clarify job duties, goals, objectives, and performance standards expected for each staff member
- To recognize good performance and accomplishment of goals
- To document performance, career development progress and job related activities
- To encourage personal development of job skills and knowledge through consistent, thorough coaching and counseling
- To review job descriptions to determine appropriateness
- To determine need for further training
- To provide a basis upon which to make salary decisions
- To facilitate open, developmental communications between the employee and the supervisor

SPECIAL INSTRUCTIONS

1. The Director of Nursing or designated supervisor will make an on-site supervisory visit with each direct care employee at least once every 12 months.
2. A criteria-based performance evaluation will be conducted at least annually by the appropriate supervisor.
3. The completed performance evaluation form will be reviewed and signed by the person performing the evaluation and the employee.
4. The original completed performance evaluation will be retained in the employee's personnel record, and a photocopy will be provided to the employee.



CPR TRAINING

POLICY

Licensed nursing personnel will be initially certified (or within 90 days of hire date) in Basic Life Support and will complete re-certification on an annual basis, or as required by AHA, Agency standards and local law.

PURPOSE

To ensure that licensed nursing personnel with direct client contact are trained in Basic Life Support according to American Heart Association standards.

To provide prompt and effective measures in response to cardiac-respiratory arrest situations.

SPECIAL INSTRUCTIONS

1. It shall be the employee's responsibility to become CPR certified.
2. The employee must present a copy of certification to the office to be included in the employee's personnel file.
3. Annual updating and recertification shall also be the employee's responsibility.
4. The agency may supply resources for the CPR training.



EMPLOYEE ORIENTATION

POLICY

Each employee of Agency who provides direct care, supervision of direct care, or management of services, will participate in an orientation program specific to his/her educational background and experience, type of care provided, physical and mental condition of clients, and the roles and responsibilities as an employee of Agency.

PURPOSE

To provide employees with a comprehensive overview of the agency policies and procedures and to maintain consistency of high quality client care.

SPECIAL INSTRUCTIONS

Orientation for all employees shall include the following topics:

1. Overview of agency mission, operation, and services:
 - a. Goals, philosophy, and objectives
 - b. Medicare and Medicaid regulations -- frequently used terminology
 - c. Organizational structure
 - d. Various disciplines (personnel within each)
 - e. Overview of functions and coordination between services
 - f. Contract Agreement, if applicable
 - g. Principles and responsibilities related to quality improvement
2. Agency personnel policies, including employee grievance procedures.
3. Orientation to clinical and written procedures.
4. Infection Control/OSHA Blood borne Pathogen Policies, TB Education, HBV Vaccine.
5. Advance Directives/DNR-DNI/Procedures regarding death and dying.



6. Types of care or service to be delivered in the client's home.
7. Safety management programs and individual employee responsibility.
8. Storage, handling, and access to supplies, medical gases, and drugs in relationships to services.
9. Hazardous materials/waste management.
10. Confidentiality of client information.
11. Applicable/available community resources.
12. Appropriate actions in unsafe situations.
13. Any specific tests to be performed by staff.
14. Emergency preparedness.
15. Screening abuse and neglect.
16. Referral guidelines.
17. Patient rights and responsibilities.
18. Ethical issues.
19. Cultural diversity and sensitivity.
20. Pain & pain management.
21. Specific skills will be tested and observed by qualified individuals before employee is allowed to perform specialty services.
22. Home Health Aides will complete competency testing prior to providing client care.
23. Competency of all employees will be assessed prior to providing care.
24. When the initial orientation is completed, the employee will sign the orientation checklist and a copy will be retained in the personnel record.



INSERVICE EDUCATION/STAFF DEVELOPMENT

POLICY

In-service training or continuing education programs will be provided and documented for employees. Programs will be appropriate to their responsibilities and to the maintenance of skills necessary to care for Agency clients.

PURPOSE

To assure employees delivering client care or service are provided with opportunities to develop and expand their knowledge appropriate to their responsibilities and to the maintenance of skills necessary to care for clients.

SPECIAL INSTRUCTIONS

1. All staff members providing direct client care will attend in-service education programs annually. These programs will be based on identified staff needs.
2. The Director of Nursing or designee will establish an annual staff development calendar and assure that programs are offered as required. Ongoing programs will be offered as new equipment is introduced, new procedures are performed in the home setting, and/or new client populations are served.
3. Staff input will be sought regarding topics presented and others needed.
4. Each therapeutic service provided by the agency will be represented by subject content and through the agency at least once a year.
5. Records on in-service education programs will be maintained and attendance will be documented.
6. Educational programs may be held in conjunction with vendors or other health care organizations. Employees who attend staff development programs outside the agency and submit documentation of attendance to be included in the employee's personnel record.
7. The agency will maintain the following documentation of in-service/staff development programs:
 - a. Résumé or curriculum vitae of presenter



- b. Program subject, date, and content or summary
 - c. Copy of handouts
 - d. Program attendee names and titles
8. If the agency is Medicare-certified or must adhere to the Medicare Conditions of Participation, or as states require, Agency will comply with in-service education requirements for home health aides:

Training must be provided by or under the direction of a Registered Nurse with two years of nursing experience and at least one year in home care. The Home Health Aide must complete twelve hours per year either in lecture, video in-services, or in the client home while providing care.
 9. All employees must attend in-service programs determined by the agency to be mandatory for all staff.
 10. At the discretion of the agency, employees may attend in-service programs during the course of their workday and will be given time off with pay to attend such programs.
 11. In-service not sponsored or authorized by the agency may not be attended during the workday without the express approval of the agency.
 12. Payment of registration fees and related expenses will be at the discretion of the agency with prior approval from the appropriate supervisor.
 13. When an employee is authorized or assigned to attend a conference, convention, or training program directly related to his/her working position, no leave shall be reported, and the employee shall be considered as working.
 14. The 12-hour-per-calendar-year requirement for Home Health Aide in-services may be pro-rated according to the employee's date of hire and records maintained per calendar year.
 15. Random surveys are conducted to obtain employee feedback regarding learning needs and areas of professional interest when planning in-service education programs.
 16. A report about employee competency assessments and agency response to assure and maintain competence in staff is submitted to the governing body annually.



INFECTION CONTROL EDUCATION/TRAINING

POLICY

For each twelve (12) months of employment, all employees and contractors who have contact with the clients in the clients' residence shall complete in-service training about infection control practices to be used in the home.

SPECIAL INSTRUCTIONS

1. Infection control training during agency orientation will include the following information. This will be provided using written materials, videos, orientation to clinical settings and other methods appropriate for specific situations.
 - a. Employee health requirements
 - b. Personal hygiene
 - c. Infection control policies
 - d. Health and transmitted infections
 - e. Isolation precautions (applicable to home care)
 - f. Aseptic technique (if applicable to position and responsibilities)
 - g. Standard precautions:
 - Hand washing techniques and personal protective equipment
 - h. Hazardous waste disposal:
 - i. Disposal of contaminated materials and equipment, including dressings, needles, syringes, and razor blades
 - j. Cleaning and sterilization of equipment and devices
 - Disinfecting reusable equipment
 - Disinfecting environmental surfaces
 - k. Exposure to blood borne pathogens and tuberculosis
 - l. Agency-specific infection control procedures
 - m. Other topics as required.



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D-320

2. Employee education shall occur at the time of employment, within thirty (30) days of when changes occur, and annually. Records of such training shall be maintained in accordance with the policy for retention of records, but not less than three (3) years.
3. Annual infection control training will focus on changes in policy or regulation and topics pertinent to position in the agency.
4. Material appropriate in content and vocabulary to employees' educational level, literacy, and language shall be used. The person conducting the training shall be knowledgeable in the subject matter covered by the training outline. An opportunity for questions and answers shall be provided.
5. Training records will include dates, contents of the training sessions, names and qualifications of instructors, and the names and job titles of attendees.



HANDWASHING/HAND HYGIENE

POLICY

In an effort to reduce the risk for infection in patients and staff members, thorough hand washing/hand antisepsis is required of all employees. The agency will establish guidelines for all staff and will provide education and direction on accepted practices.

PURPOSE

To improve hand-hygiene practices of agency staff and to reduce transmission of pathogenic microorganisms to patients and personnel in the home care setting.

SPECIAL INSTRUCTIONS

1. The hand hygiene procedure will be clearly outlined in the agency procedure manual.
2. Appropriate antiseptic cleanser may be used when appropriate and patient situation facilities are not available.
3. Indications for hand washing and hand antisepsis:
 - a. Before performing invasive procedures.
 - b. Before caring for patients at high-risk for infection.
 - c. When there is prolonged or intense contact with the patient (bathing the patient).
 - d. Between tasks on the same patient.
 - e. Before touching a wound.
 - f. After removing gloves.
 - g. After touching objects that are potentially contaminated.
 - h. After caring for a patient who is infected with drug resistant organisms.
 - i. When hands are visibly soiled.
 - j. After using the toilet, blowing the nose or covering a sneeze.
 - k. After assisting patient to use the bathroom.



- l. Before eating, drinking, handling food or serving food.
 - m. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap with water.
 - n. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alternatively, wash hands with antimicrobial soap and water in all clinical situations.
 - o. Decontaminate hands before having direct contact with patients, before donning sterile gloves to insert urinary catheters, vascular catheters or other invasive devices that do not require surgical procedures.
 - p. Decontaminate hands after contact with patient's intact skin, after contact with body fluids, excretions, non intact skin and wound dressings.
 - q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the patient.
 - r. Decontaminate hands after removing gloves.
4. WASH HANDS with soap and water before eating and after using a restroom.
 5. Antimicrobial impregnated wipes (towelettes) may be used as an alternative to washing hands with non-antimicrobial soap and water. They are not as effective as alcohol based hand rubs or washing hands with antimicrobial soap and water.
 6. **Health care personnel should avoid wearing artificial nail and keep natural nails less than one quarter of an inch long if they care for clients at high risk of acquiring infections.**

HAND HYGIENE TECHNIQUE

1. When decontaminating hands with an alcohol based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. (Follow manufacturers recommendations regarding volume of product to use.)
2. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands and rub hands together vigorously for at least fifteen (15) seconds, covering all surfaces of hand and fingers.
 - a. Rinse hands with water and dry thoroughly with a disposable towel. (Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.)



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-330

- b. Encourage the use of hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing.
3. Multiple use cloth towels are not recommended for use in health care settings.



CONFIDENTIALITY OF CLIENT INFORMATION

POLICY

Agency personnel must read and sign their acknowledgment of the following statement:

By accepting employment with Agency, I agree to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. I will not share any medical information with other clients or visitors without clear instruction provided to the agency. I acknowledge that All information seen or heard regarding clients, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers. My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics, but can also involve an employee in legal proceedings. I will not share any Information about clients or the agency with the media. This is essential for protection of both the client and Agency.

I have read and understood the above statement and agree to abide by these policies. I understand that a breach of policy may result in disciplinary action and possible dismissal from employment.

Employee Signature

Date

Witness Signature

Date



TERMINATION

POLICY

Agency shall reserve the right to terminate the employment relationship with an employee at any time. The termination may be with or without cause. If it is found that an employee has failed to truthfully disclose information about his/her past history, including felony convictions, termination may be immediate. Termination of an employee must have the prior authorization of the Administrator.

SPECIAL INSTRUCTIONS

1. Upon the resignation or termination of an employee, the immediate supervisor must:
 - a. Document the reason(s) for termination and document the exit interview, if applicable.
 - b. Secure the return of all agency property, records, and keys.
 - c. Notify appropriate agency personnel of the termination, including the payroll department.
2. All terminated agency employees participating in group insurance benefits will be given an opportunity to continue the coverage at their own expense for a period of eighteen (18) months from the date of termination. All premiums must be received by the first of each month or the coverage will be terminated.
3. All earned, unpaid benefits will be paid to the terminated employee within 30 days of termination.



EMPLOYEE GRIEVANCE POLICY

POLICY

Employees who feel they have not received fair treatment may file a grievance. The grievance may be in regard to the interpretation or application of, or compliance with, their working agreement, or with respect to any disciplinary action taken against them, including the reasonableness of any agency rule or regulation under which the disciplinary action may have been taken.

PURPOSE

The grievance system is provided to allow a means for employees to present problems or complaints about their work to management in an orderly way so as to expedite decisions and promote good employee relations.

SPECIAL INSTRUCTIONS

1. The complainant should report the grievance in writing to the Director of Nursing/Immediate Supervisor.
2. The Director of Nursing/Supervisor shall review the grievance and confer with the complainant within three (3) working days after receipt to indicate what action will be taken. The Director of Nursing/Supervisor shall have fifteen (15) days after receipt of the complaint to resolve it.
3. If the grievance has not been resolved at that point, the Director of Nursing shall notify the complainant that the grievance is being forwarded to the Administrator of the agency, who shall have an additional ten (10) days in which to resolve the grievance.
4. If the grievance has not been resolved at that point, the grievance shall be submitted to the Governing Body. The Governing Body shall have fifteen (15) days in which to resolve the grievance.



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-380

If the grievance has not been resolved at the above levels, the complainant may contact the:

OFFICE FOR CIVIL RIGHTS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES

233 NORTH MICHIGAN AVENUE, SUITE 240

CHICAGO, IL 60601

TDD/TTY 312-353-5693 or Voice 312-886-2359

A separate file will be kept of all grievances including the action taken and will be kept in accordance with state and federal laws governing them.



SECTION 504 GRIEVANCE PROCEDURES

POLICY

Section 504 of the Rehabilitation Act prohibits discrimination based on handicap. In accordance with Section 504 Regulation, any employee who has reason to believe that he/she has been mistreated, denied employment, or discriminated against in any aspect of employment because of handicap may file a grievance. To implement this policy, Agency has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulation (45 CFR Part 84) implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...” The law and regulations may be examined in the office of:

Name/Title

Office Address

Telephone Number

who has been designated to coordinate the efforts of the organization to comply with the regulations.

PURPOSE

To provide a mechanism whereby any employee who feels he/she has been mistreated or denied employment by Agency because of handicap may file a grievance.

SPECIAL INSTRUCTIONS

1. The grievant shall report a grievance, in writing, which contains the name and address of the person filing the complaint, and a brief description of the action alleged to be prohibited by the regulations.



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-400

2. The grievance must be filed in the office of the Section 504 Coordinator within fifteen (15) days after the person filing the grievance becomes aware of the action alleged to be prohibited by the regulations. This time frame may be waived by the Coordinator if extenuating circumstances exist which justify an extension.
3. The Coordinator, or designee, shall conduct such investigation of a grievance as may be appropriate to determine its validity. These rules contemplate thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the grievance. Under Section 504 of the Rehabilitation Act 45 CFR 84.7(b), the agency need not process complaints from applicants for employment.
4. The Section 504 Coordinator shall issue a written decision determining whether the grievance is valid no later than fifteen (15) days after its filing.
5. If the grievance has not been resolved at this point, the Section 504 Coordinator should forward it to the Administrator who shall have an additional ten (10) days to resolve the grievance. The Administrator shall notify the grievant of the decision in writing and list the evidence on which the decision is based.
6. If the complaint is still unresolved, the grievant may request, in writing, that the Administrator submit the grievance to the Governing Board. The Governing Board shall have fifteen (15) days to resolve the grievance. If the grievance is then unresolved, the grievant will be advised, in writing, of the right to file a complaint with the appropriate local, state, and federal civil rights offices and will be provided with the names and addresses of such offices, including:

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US DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CHICAGO, IL 60601

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SEXUAL HARASSMENT

POLICY

Agency will not tolerate conduct by any employee/client who harasses, disrupts, or interferes with another's work or creates an offensive or hostile work environment. While all forms of harassment are prohibited, Agency emphasizes that sexual harassment is specifically prohibited.

PURPOSE

To ensure an effective means by which an employee who believes that he/she has been subject to sexual harassment in the workplace can report the incident.

SPECIAL INSTRUCTIONS

1. Any employee who believes that he/she has been subject to sexual harassment in the workplace, by a manager, co-worker, or client, should report the incident to the Administrator as soon as possible. If the employee feels uncomfortable discussing the incident with the Administrator or the incident relates to or involves the Administrator, the Director of Nursing shall be notified.
2. Any employee who violates the policy against sexual harassment, or encourages another to violate the policy, will be subject to appropriate disciplinary action, depending on the severity and type of violating behavior, up to and including discharge. The following behavior is considered a violation of this policy:
 - a. Threatening or insinuating that an applicant or employee should submit to sexual advances or that refusal to submit to sexual advances will adversely affect employment, including evaluation, wages, promotional opportunities, or assignments.
 - b. Giving favorable treatment in any way to an applicant or employee because that person has shown a willingness to perform sexual activities.
 - c. Making unwelcome or unwanted sexual advances. This includes patting, pinching, brushing up against, hugging, cornering, kissing, fondling, or any other similar physical contact considered unacceptable by another individual.
 - d. Verbally abusing or kidding that is sex-oriented and considered unacceptable by another individual. This includes:
 - Comments about an individual's body or appearance (where such comments go beyond a mere compliment).



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-420

- Off-color jokes that are clearly unwanted or considered offensive by others.
 - Any other tasteless, sex-oriented comments, innuendoes, or offensive actions.
- e. Displaying sexually suggestive objects or pictures, including nude photographs, in the workplace.
- f. Any other sexually oriented conduct that would seriously interfere with another's work performance.



FAMILY AND MEDICAL LEAVE ACT

POLICY

A family and/or medical leave of absence is available to eligible employees for up to twelve (12) weeks per year. This leave is unpaid.

PURPOSE

To provide employees the ability to request and take leave of absence for family medical situations without jeopardizing job security.

SPECIAL INSTRUCTIONS

1. Employee eligibility is determined as:
 - a. Any employee who has been employed for a minimum of twelve (12) months by employer from whom request is being made.
 - b. Employee has worked at least 1250 hours during the past twelve (12) month period.
2. Leave eligibility is determined:
 - a. Family leave request is for care of employee's child (birth, adopted, or foster care).
 - b. Employee request is made at least thirty (30) days in advance of anticipated leave.
 - c. Medical leave request by employee to care for spouse, son, daughter, or parent who has a serious medical condition.
 - d. Medical leave request by employee due to his/her serious health condition, which prevents the employee from performing the functions of his/her position.
3. If both an employee and his/her spouse are employed by the agency, a total of twelve (12) weeks of leave will be granted for care of a sick parent, rather than twelve weeks each.
4. If both an employee and his/her spouse are employed by the agency, twelve (12) weeks leave will be granted to each individual for care of their spouse, child, or self.



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-430

5. Leaves will be granted at the discretion of the agency management staff for medical leave requested to care for in-laws or common law situations.
6. Intermittent or reduced leave will be granted for serious health conditions of an employee or an employee's spouse, child, or parent.
7. Intermittent leave will be granted at the discretion of the agency for requests related to family leave.
8. If intermittent leave is requested, the agency may use discretion regarding placement of employee in an alternative position provided the salary and benefits remain the same. Once the leave is terminated, the employee will have the right to return to the same or equivalent position.
9. The employee will be required to use any accrued vacation or sick leave time prior to using the leave of absence.
10. Any disability benefits accrued by the employee for illness or disability will be paid during any portion of the medical leave.
11. Any employee benefits that normally accrue related to hours worked, i.e. vacation, sick leave, will accrue only during the paid portion of leave from work.
12. Any individual employee contributions required for participation in an employee plan will continue to be the responsibility of the employee while on leave.
13. At the end of the leave, the employee will be reinstated to his/her former position, if available, or to a position for which he/she is qualified and which has equivalent benefits, pay and conditions of employment. All employment benefits which had accrued prior to the leave will be retained by the employee.



EMPLOYEE INCIDENT/INJURY REPORT

POLICY

All employees suffering a work-related injury or illness must report it immediately to their supervisor so they may be referred for necessary medical attention.

PURPOSE

To establish a standard procedure for ensuring proper care of those employees suffering work-related injuries or illness.

To assist in identifying work hazards in need of immediate attention.

To protect the agency against unwarranted claims for illness or injury and reduce absenteeism.

SPECIAL INSTRUCTIONS

1. All employees must fill out an incident/injury report and a First Report of Injury, regardless of the severity of the injury.
2. Refer to Post-Exposure Evaluation and Follow-Up policy for employee exposure to AIDS or Hepatitis B. (See *Infection Control manual*)
3. All incident reports shall be directed to the Administrator and filed in the agency administrative files.
4. All incidents are summarized and are a component of the Quality Improvement Plan.



CONTRACT PERSONNEL

POLICY

Contract personnel are employees of organizations who contract with Agency, or individuals who contract directly with Agency, on an hourly, per visit, or other basis to provide service to clients per a written agreement.

PURPOSE

To provide the highest quality of client care and increase the scope of home health care services to clients.

To ensure sufficient numbers of personnel to safely and adequately meet the client's home care needs.

SPECIAL INSTRUCTIONS

1. All contract personnel must be duly licensed or certified by their appropriate professional accrediting organization or licensure board before they may render professional services to clients. They must provide proof of individual or group professional liability insurance.
2. Contract personnel or organizations shall execute a written agreement, including charges, with the agency outlining the rules governing professional services rendered by contracted personnel. A copy of the contract shall remain in the agency's administrative files.
 - a. The written agreement, signed by both parties, shall minimally include, but not be limited to:
 - Services to be provided
 - Rights, responsibilities, functions, and objectives of each party in the coordination, supervision, and evaluation of the care or services provided
 - Client admission process
 - Client assessment
 - Development, review, and revision of the Plan of Care



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-460

- Care conferences
 - Scheduling of visits or hours
 - Discharge planning
 - Submission of documentation to the agency for services provided
 - Responsibility of the contracting agency or individual to adhere to all applicable policies, including personnel qualifications
 - Procedures for determining charges and reimbursement
 - Terms of the agreement and the conditions for renewal or termination
3. Prior to rendering services to agency clients, all contract personnel shall receive an orientation to the agency's client care policies and procedures and applicable personnel requirements.
 4. Professional personnel under contract with the agency to provide professional services shall have complete personnel files available for the agency upon request. Individuals who contract individually with the agency will have a complete personnel file in the agency which includes references, licenses/certifications, Mantoux/Health screening, and other documentation required by the agency.
 5. The contracting agency shall have the responsibility to maintain a complete employment application and personnel file for all personnel who provide services to the agency's clients.
 6. Additional documents may be maintained for each employee, as may be required according to the personnel records policy.
 7. Personnel records will be kept confidential, making such data available only to authorized persons. All client-identifying data shall be removed from the personnel file
 8. Only the agency may accept clients to receive services rendered by the contract personnel. Individuals or organizations under contract with the agency shall bill the agency directly for services provided to the clients at the negotiated rate. Contract personnel or organizations shall not bill the client directly for services rendered on behalf of the agency.



9. All contract personnel shall adhere to the client's established Plan of Care in the rendering of any professional services to the client. Contract personnel may recommend changes in the Plan of Care, but all modifications thereof must have the written approval of the client's physician.
10. Contract professional personnel shall submit an initial evaluation and discharge summary to the agency for each client they see on behalf of the agency. Contract personnel shall complete clinical notes and progress reports on their clients for services performed. Documentation shall be submitted to the agency and filed in the clinical record.
11. Contract personnel shall report any significant changes in a client's condition or response to treatment or therapy immediately to the Director of Nursing or Nursing Supervisor and the client's physician.
12. Contract personnel shall appear neat and professional on all client visits and conduct themselves in a professional manner.
13. Contract personnel must comply with Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Title VI of the Civil Rights Act of 1964, as well as all other agency rules. Contract personnel shall be responsible to the Director of Nursing or other such designee.
14. Contract personnel utilized by the agency shall be periodically evaluated by a qualified supervisor. In the event that the contract for services is with a professional group, rather than an individual, proof of an annual performance evaluation from the practicing supervisor shall be submitted to the agency and will be accepted to meet the requirements of this policy.
15. The Contractual Agreement shall continue and be binding upon the parties from year to year unless terminated by either party with 30 days written notice. If the contractor fails to perform according to the agreement, services will be terminated with 24 hours notice by the agency.



EMPLOYEE SAFETY

POLICY

Agency staff members will be aware of the need to be security and safety conscious and report any real or anticipated problems to their immediate supervisor. Staff will be alerted to specific problems prior to the client visit. The agency will provide a safe and secure work environment by implementing an appropriate education program, identifying proper reporting methods and maintaining a focus on safety issues within the office.

PURPOSE

To provide a program to identify and analyze unsafe conditions and minimize or eliminate hazards.

To assure that safety of staff is maintained while working and to meet the needs of the client.

To establish a system for identifying, reporting and investigating problems if they occur.

SPECIAL INSTRUCTIONS

1. Information/education regarding safety and security will be made available during employee orientation and annually as a form of in-service education.
2. All employees shall receive personal safety instructions including, but not limited to:
 - a. Personal safety while making home visits
 - b. General safety practices and self-defense measures
 - c. Obtaining an escort
 - d. Handling unsafe situations
 - e. Vehicle accident reporting
3. All employees will receive training in proper work practices including, but not limited to:
 - a. Proper body mechanics
 - b. Training on OSHA Blood borne Pathogens guidelines
 - c. Training on OSHA Tuberculosis prevention guidelines
 - d. Handling of hazardous waste and standard precautions



Pathways to Achievement, Inc.

1731 W. Superior Street
Duluth, MN 55806
Phone 218-721-4732 Fax 218-733-0499

D-470

4. An office fire safety plan has been developed that includes the applicable structural features; inspecting, testing, and maintaining the fire alarm system; the use of fire extinguishers; and the identification of fire escape routes.
5. All job-related accidents, injuries, and illnesses are reported and consequently investigated to determine any necessary corrective action to minimize or eliminate hazards.