

# *Employee Handbook*

# **The Way We Work**

## **A Word About This Handbook**

The policies outlined in this booklet should be regarded as management guidelines only, which in a developing business will require changes from time to time. The policies and statements contained in this handbook apply to Island Home Care Agency, Inc. and its affiliates, herein referred to as “Island” or the “Company”. The company retains the right to make decisions involving employment as needed in order to conduct its work manner that is beneficial to the employees and the Company. This handbook supersedes and replaces any and all prior handbooks, policies, procedures and practices of the Company.

This employee handbook describes the current benefit plans maintained by the Company. Refer to the actual plan documents and summary plan descriptions if you have specific questions regarding a benefit plan. Those documents are controlling. The employee handbook and other plan documents are not contractual in nature and do not guarantee any continuation of benefits.

Our company abides by the principle of employment- at- will, which permits the Company or the employee to terminate the employment relationship with or without notice, with or without cause at any time. Neither the policies contained in this employee handbook, nor any other written or verbal communication, are intended to create a contract of employment or a warranty of benefits. The policies contained in this handbook may be added to, deleted, or changed by the Company in its sole discretion. Employees will be advised of any changes in writing. Nothing may alter employment-at-will except a written agreement signed by an officer of the Company and the employee.

## **Equal Employment Opportunity**

Our Company is committed to the full utilization of all human resources and to a policy of equal employment opportunity. Our Company will not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to, race, age, color, religion, sex, marital status, national origin, physical or mental disability or veteran status.

You may discuss equal employment opportunity related questions with your supervisor or any other member of management.

## **Americans With Disabilities Act**

Our Company is committed to providing equal employment opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodations where appropriate. In general, it is your responsibility to notify your supervisor of the need for accommodation. Upon doing so, your supervisor may ask you for your input or the type of accommodation you believe may be necessary or the functional limitations caused by your disability. In addition, when appropriate, we may need your permission to obtain additional information from your physician or other medical rehabilitation professionals.

## **Non-Harassment**

### Policy

It is Island's policy to maintain a work environment free from all forms of harassment. Accordingly, any comments or conduct based on or relating to a person's race, religion, sex, age, ethnic background or disability which fail to respect the dignity and feelings of the individual are unacceptable. No conduct, which fails to comply with both the letter and spirit of this policy, will be tolerated.

### Scope

This policy applies to all personnel of the Company and extends to such conduct outlined below:

### Definitions

#### *Verbal Harassment:*

Derogatory or vulgar comments regarding an individual's sex (a form of sexual harassment), religion, age, ethnic heritage, physical appearance, threats of physical harm or distribution of written or graphic material having such effects.

#### *Physical Harassment:*

Hitting, pushing or other physical contact or threats (implicit or explicit) to take action.

#### *Sexual Harassment:*

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- b. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting the individual;
- c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance creating an intimidating, hostile or offensive working environment.

### Procedure

**Any individual alleging harassment or any party witnessing or otherwise cognizant of harassment is required to report the incident according to our Problem Solving Policy.** All such reports will be thoroughly and, to the extent possible, confidentially investigated. All employees will be free from coercion, intimidation, interference or discrimination for filing a complaint or for having assisted in an investigation of violations of this policy. In addition, all reasonable efforts will be made to protect the privacy of the individual who files the complaint or participates in the investigation, to encourage the reporting of such incidents and to protect the reputation of any employee wrongfully charged with harassment.

When a complaint is determined to be valid, prompt attention and disciplinary action--designed to both stop the harassment immediately and to prevent its recurrence--will be taken. Depending upon the severity of the offense, disciplinary action may include verbal or written reprimand, suspension or termination.

### Responsibility

All managers are responsible for the implementation of this policy and ensuring that all employees and non-employees have knowledge and understand both the spirit and intent of this policy. Furthermore, all managers are responsible for taking appropriate corrective action when necessary to assure compliance with the policy.

All employees will be held responsible and accountable for avoiding or eliminating the conduct prohibited by this policy.

The Nursing Supervision Department will oversee the administration of this policy. Nursing Supervision Department must be advised of all complaints received pursuant to this policy and must be consulted, as appropriate, regarding the investigation of such complaints and any disciplinary actions to be taken.

## **Categories Of Employment**

Full-Time Employees regularly work 32 hours or more per week and are eligible for our full-time fringe benefits package in accordance with their position and length of service.

Part-Time Employees regularly work less than 32 hours per work and are entitled to statutory benefits only; such as social security and workers' compensation.

Shift work – paid hourly, and/or Visit work – paid per visit Exceptions: Medicaid visit case paid hourly.

## **New Employee Orientation**

As a new employee joining our Company, you will participate in the new hire orientation program facilitated by your supervisor. This includes the completion of several forms by you to initiate payroll and insurance benefits, and reading our employee job description.

After reading the employee handbook, you will be asked to sign an employee job description. This receipt will become part of your personnel records. You may refer to the benefits section of this employee handbook for a brief explanation of your insurance benefits, if applicable.

Your orientation will also include a review of policies, procedures and work rules in your department.

Your supervisor is responsible for the operations of your department and she/he is a good source of information about the Company and your job.

## **Problem Solving**

Island Home Care Agency, Inc. policy requires every employee, regardless of position, to bring problems, concerns or suggestions to management's attention. The only way we can address your issues is to know them. The **Problem Solving** policy has been established as the way for you to tell us what's on your mind.

If you have a problem, concern or suggestion, take the following steps:

1. Talk with **your supervisor** if you feel you have a problem. Generally, you and your supervisor will be able to resolve your problems and concerns.
2. If you are not satisfied with your supervisor's response, or if for some reason, you do not wish to bring the problem to your supervisor, you must take the problem to the **next level of supervision**.
3. If you are not satisfied with the solution, you may discuss the issue with your **Administrator**.

## **Recording Your Time**

**Shift patients:** Timeslips must be filled out completely, and signed by both the employee and the patient (or patient's representative). In the event a patient or patient representative cannot sign the Timeslip, the oncoming nurse on a round-the clock or shift case can sign, verifying this person's time; or where there is no oncoming nurse, Agency personnel can sign to verify timeslip. In the event timeslips are signed in the Agency office, a telephone call will be made to that patient or patient representative to verify the employee's time worked. The timeslip must be accompanied by corresponding shift nurse notes (whether mailed or hand delivered) no later than 5:00 p.m. Monday, following the completed work week in order to be processed for current payroll. A locked mailbox is on the rear door of the Agency building for the employee's convenience.

The work week begins Saturday and ends Friday. If the employee works on more than one patient in the same week, a separate time sheet must be submitted for each patient. A \$10 per week late charge will be incurred for every timeslip submitted more than 30 days after the date worked on all shift cases.

**Visit patients:** Daily Activity Sheets must match visit notes. Notes - must be signed by the patient or significant other in the home. In order for us to reimburse you for your visits, we must receive the original evaluation and/or follow up visit paperwork along with a timeslip (obtained through our office) within 14 days of the visit. Visit case paperwork **cannot** be paid if submitted more than 21 days after the date of service.

**Paychecks** - Are distributed on Tuesdays. They may be picked up at the office any time between 12pm and 5pm. If not picked up by 6pm, paychecks are mailed on Wednesday.

**Scheduling** - Is the responsibility of the *island* coordinators. The nurse should advise the staffing coordinators of her availability for work. Every effort will be made to accommodate your schedule, but this in no way is to be considered a contract between the nurse and *island* once a case has started, it is the nurses responsibility to notify the staffing coordinators by the 20th of the month as to their availability and preference of shifts for the following month. Upon the discretion of *island*, a nurse can be removed from a case with or without warning.

**Cancellation** - In order to ensure proper coverage for all of our patients, we ask that you adhere to the following rules:

1. Nurse must call the office at least 8 hours in advance of any cancellation.
2. More than 1 cancellation within a 3-month period may result in the forfeiture of your preferred hours on your regularly scheduled case(s) (if you cancel for consecutive days; i.e., due to flu, accident, etc., this will be considered 1 cancellation). Frequent cancellations will also result in a corrective interview.
3. No notice of cancellation, i.e., NO SHOW, will result in immediate termination.
4. Unless prior approval is given, the nurse on duty is expected to remain on duty with the patient until the end of his/her shift and/or until relief arrives. In the event that the relief does not arrive by 15 minutes after the scheduled start of his/her shift, the nurse on duty is expected to call the coordinator on duty. Arrangements will be made to relieve the nurse on duty. **Leaving the patient unattended will result in immediate termination.**
5. All nurses are expected to arrive at least 15 minutes before the start of their shift for report. Habitual lateness, with complaints from his/her peers, will result in the immediate removal from the active list of nurses.
6. Any changes in your scheduled times must be brought to the attention of *island's* staffing coordinators.
7. Endangering the patient in any way, will result in immediate termination.
8. Nurses who accept a shift or visit on a holiday are expected to fulfill their commitment. Cancellations on the Holiday and up to 2 days prior to the Holiday are grounds for immediate dismissal from this Agency. If nurses cancel, they must provide *island* with a Doctor's note.

**Job Description** - Every position requires a job description, which list the general function and specific duties of the position.

**Pay Advances/ Loans** - As a general rule, pay advances will not be granted to employees. Employee loans are not allowed.

**Evaluations** - All employees of *island* are evaluated by our supervisory staff after 6 months of employment and yearly thereafter.

**Overtime** - There will be times when you will need to work overtime (over 40 hours) so that we may successfully meet the needs of our clients. All overtime must be approved by your supervisor prior to working them.

Non-exempt employees will be paid a rate of time and one-half their regular hourly rate for hours worked over 40 in a week.

Exempt employees in managerial, supervisory and or salaried positions do not receive additional pay for overtime.

## **Time Away From Work And Other Benefits**

### **Federal Holidays**

Any employee who works a holiday is entitled to time and one-half of regular pay. The following is a list of the entitled holidays:

New Year's - 4 PM New Years Eve To 4 PM New Years Day

Easter - 8:00am To 12 Midnight

Memorial Day - 8:00am To 12 Midnight

Fourth of July - 8:00am To 12 Midnight

Labor Day - 8:00am To 12 Midnight

Thanksgiving - 8:00am To 12 Midnight

Christmas - 12 Midnight on Christmas Eve to 12 Midnight on Christmas Day

### **Jury Duty**

Employees are encouraged to seek a postponement of jury duty.

No adverse action will be taken against an employee who is unable to, or does not obtain a deferment of jury duty.

### **Military Reserves**

All employees who are required to serve or volunteer for any branch or reserve unit of the Armed forces of the United States will be given the necessary time off.

### **Bereavement**

Full-time employees will receive a paid leave of three days for the death of an immediate family member. Members of the immediately family include spouses, parents, brothers, sisters, children and parents-in-law.

### **Leave of Absence**

**Non Medical Leave:** Under special circumstances, an employee may be granted a non-medical leave of absence for up to 30 days without pay. This may be extended in 30-day increments, up to 90 days. The granting of this type of leave is normally for compelling reasons and is dependent upon the written approval of the supervisor or Administrator.

We will make reasonable efforts to return you to the same or similar job as held before the leave of absence, subject to our staffing requirements.

**Family and Medical Leave:** Eligible employees may take up to 12 weeks of unpaid family/medical leave within a 12 month period and be restored to the same or an equivalent position upon their return to work. The 12-month period in which 12 weeks of leave may be taken, will be tracked based on the first day of Family and Medical Leave Act (FMLA) leave.

**Addendum:** FMLA expansion requires employers to provide 12 weeks to the spouse, children or parents of members of the arm forces called to active duty in the US military. Employers also must provide 26 weeks of unpaid leave to employees caring for family members suffering from a serious injury or illness as a result of serving in the US military. The 26 week leave is only available during a single 12 month period, and an employee is entitled to a combined total of 26 weeks of leave (even if the employee is entitled to leave for another FMLA qualifying event.) Spouses employed by the same employer are entitled to leave for a combined total of 26 weeks in a 12-month period. Leave may be taken immediately or on a reduced leave schedule.

To be eligible for family/medical leave, you must meet **all** of the following criteria:

1. Have at least 12 months service at *island*.
2. Have worked at least 1,250 hours in the past 12 months of service.

If you are eligible, you may use family/medical leave for any of the following reasons:

1. The birth of a child, and/or to care for such child.
2. The placement of a child with you for adoption of foster care and in order to care for the newly placed son or daughter.
3. To care for your spouse, child, or parent with a serious health condition; or
4. Because on your own serious health condition which makes you unable to perform an essential function of your position.

Any leave due to the birth and care of a child or the placement of a child for adoption or foster care, and care of the newly placed child must be completed within one (1) year of the date of birth or placement.

During the approved family/medical leave, *island* will maintain your health benefits (if applicable). You will be required to reimburse *island* for the cost of premiums paid by the company for maintaining health and dental coverage during your leave.

When spouses are employed by *island*, they are entitled to a combined 12 weeks' leave 1) for birth, adoption or foster care and in order to care for such a child and 2) to care for a parent with a serious health condition. Each employee is entitled to 12 weeks' leave because of his/her own serious health condition or to care for the serious health condition of his/her child or spouse without counting time taken by other spouse.

Leave to care for a seriously ill family member or because of your own serious health condition may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the number of hours you work per workweek or workday) if medically necessary. Under these circumstances, where leave is unpaid, your salary will be reduced based on the amount of time that you actually did not work during the pay period in accordance with the FMLA. In addition, while you are on intermittent or reduced schedule leave, *island* may temporarily transfer you to an available alternative position which better accommodates your recurring leave and which has equivalent pay and benefits.

To request family/medical leave, you must complete the Request for Leave of Absence form. This form must be submitted at least 30 days prior to your desired leave of absence unless an unforeseen event occurs which prohibits you from doing so. Failure to provide such notice may be grounds for delay or denial of leave.

If you are requesting a leave because of your own serious health condition or to care for a parent, child or spouse with a serious health condition, you are required to provide medical certification from the relevant health care provider. If possible, you should provide the medical certification within 15 days after you request leave.

If you provide at least 30 days notice of your need for medical leave, you should provide medical certification before the leave begins.

Failure to provide medical certification in a timely manner is grounds for delay or denial of leave.

The company, at its expense, may require an examination by a second healthcare provider designated by the company if it reasonably doubts the medical certification you initially provide. If the second health care provider's opinion conflicts with the original medical certification, the company at its expense may require subsequent medical re-certification. Failure to provide requested certification within 15 days, if such is practicable, may result in denial or delay of leave.

While you are taking a family/medical leave, you must contact your supervisor on a pre-scheduled basis regarding the status of the condition (leave) and your intention to return to work.

If you take a leave because of your own serious health condition, (except if you are taking intermittent leave) you are required to provide a medical certification when you are able to return to work. Employees failing to complete the medical certification will not be permitted to resume work until it is provided.

Taking of another job while on family and medical leave or on any other authorized leave may lead to disciplinary action up to and including discharge.

Where state or local family and medical leaves or maternity leaves laws offer more protection or benefits to employees, the protection or benefits provide by such laws will apply. Terms within this document are further defined in accordance with applicable family and/or medical leave laws.

## **Medical Insurance**

**Definition:** This agency allows for field/staff nurses to include themselves on company covered health insurance.

**Policy:** Those nurses working a full 30 hours a week may have health insurance coverage with the agency. If they start to work less than 30 hours a week after **one month** they must go on "COBRA". Nurses must maintain 30 hours a week to have health insurance coverage with the agency.

**Health Insurance While Employee on Disability:** The employee must make payments towards their health insurance while on disability. After three months on disability, the disability will be classified as a permanent disability, employee's health insurance coverage by this company will be terminated, and employee placed on COBRA.

## **Workers' Compensation**

On the job injuries are covered by our Workers' Compensation Insurance Policy provided at no cost to you.

**If You Are Injured On The Job:**

Immediately report the injury to your supervisor, no matter how minor your injury appears to be. The supervisor will instruct and provide you with the proper forms.

## **Dress Policy**

**Uniform Policy** - Nurses are to wear white uniform and white shoes, unless otherwise instructed by the office. If the patient or family requests street clothes you must still present a neat personal appearance. The nurse should always arrive at her case prepared with a blood pressure cuff and stethoscope.

**Photo I. D.** - Is to be worn at all times while on duty. You are required to return your Photo I. D. to the office upon termination of employment.

## **Attendance and Punctuality**

Attendance and punctuality are important factors for your success within our company. We work as a team and this requires that each person be in the right place at the right time. It is the responsibility of each employee to arrive at their scheduled case at least 15 minutes before the start of each shift to get a full report from the previous nurse or to familiarize yourself with the up dates of the case from the previous day.

## **Telephone Communications**

Someone is on call 7 days a week, 24 hours a day, should you have a problem while on duty. The office is open Monday through Friday, 9am to 5pm. The office number is 289-6223. At all other times you should call 289-6223, and leave a message on the appropriate voice mail and the appropriate person will get back to you.

## **Visitors**

You are not permitted to have visitors while on duty. Should someone be picking you up at the end of your shift, have them wait outside

## **Meals**

You are responsible for providing your own meals.

## **Smoking**

If you must smoke, do so only with the patient's and family's permission, and preferably, as far removed from the patient as safely possible.

## **Personal Phone Calls**

Are prohibited while on duty. Any messages to you from family, baby-sitters, etc., should be directed to the office, and will be forwarded to you.

## **Standards of Conduct**

Each employee has an obligation to observe and follow the company's policies and to maintain proper standards of conduct at all times. If an individual's behavior interferes with the orderly and efficient operation of a case, appropriate disciplinary measures will be taken.

Disciplinary action may include an oral warning, written warning, suspension without pay and discharge. The company in its sole discretion will determine the appropriate disciplinary actions imposed. Island does not guarantee that one form of action will necessarily precede another.

The following conduct may result in disciplinary action, up to and including, discharge: non-compliance with all Federal and State laws, misconduct, violation of the company's policies or safety rules, insubordination, fighting and gambling, poor attendance, unauthorized possession, use or sale of, alcohol or controlled substances on work premises or during work hours, unauthorized possession, use or sale of, weapons, firearms, or explosives on work premises, poor performance, theft or dishonesty, physical harassment, sexual harassment or disrespect toward fellow employees, visitors or other members of the public. These examples are not all inclusive. We emphasize that discharge decisions will be based on an assessment of all relevant factors and will be in the company's sole discretion.

## **Housekeeping Duties**

Providing a clean, healthy environment for your patient is a nursing responsibility. Depending on how much support your patient has from family and friends, you may be required to perform some of the following duties:

1. Meal preparation and clean-up
2. Laundering of patient's sheets and clothing
3. Light dusting and maintenance of patient's immediate environment

## **Hospital or Nursing Home Assignments**

Always report to the nursing office first. Be sure to have your current license and proof of malpractice insurance.

## **Violence In The Workplace**

*Island* works to ensure that our employees continue to work in a safe environment. Workplace violence can take many forms and we make every effort to protect our employees from harm. If an individual's behavior is found to be violent and causes threat to our employees during the course of their work, appropriate disciplinary actions will be taken, up to and including termination.

If you receive or observe any threatening communications from an employee or other individual during the course of your work, report it to your supervisor immediately. Do not engage in either physical or verbal confrontation with a potentially violent individual.

All reports of violence will be kept confidential to the extent possible, investigated promptly and documented. Employees are encouraged to report any violent threats or behavior and to cooperate in any investigation of such violence. Your failure to report or fully cooperate in the company's investigation may result in disciplinary action.

If at any time you have comments or suggestions on issues of violence, please contact your supervisor.

## **Patient Abuse/Neglect**

A process is established for identification of potential or actual victims of abuse/neglect.

Policy: It is the policy of Island Home Care Agency, Inc. that all patients will be assessed for potential or actual abuse/neglect and will be reported to the patient's physician and appropriate authorities per state regulations.

Procedure: Process of assessment and identification of patients vulnerable to abuse is addressed during orientation. All home care staff is instructed to report any suspicions of patient abuse/neglect to appropriate Nursing Supervisor including self abuse/neglect.

The Nursing Supervisor will make a visit to the patient's home on all reports of suspected or actual abuse/neglect and complete an incident report following the visit. Based on the findings from the visit, the Nursing Supervisor will conference with the physician and other members of the health care team. Medical social services and community resources referrals are made as appropriate. Suspected abuse/neglect will be reported according to state regulations. Confidentiality is maintained for all suspected patient of abuse/neglect investigations. Any employee involved in patient abuse/neglect will have disciplinary action taken per policy and procedure according to state and professional licensing regulations. Island shall maintain a current listing of community resources to contact as needed.

Examples of community resources may include, but are not limited to:

- a. Translators for patients and/or caregivers who speak foreign languages.
- b. Sign language interpreters and access to special devices for communication with hearing impaired.
- c. Home Health agencies and DME suppliers that provides services not available.

## **Drug Free Workplace**

### Statement of Purpose

We, at *Island*, have a vital interest in insuring safe, healthful and efficient working conditions for our employees. The unlawful or improper presence or use of drugs or alcohol in the workplace conflicts with these vital interests. For these reasons, we have established a Drug-Free Workplace Policy. This policy represents management guidelines only and should not be interpreted as contractual in nature.

### Substance Abuse Policy

No employee shall work, report to work or be present on company premises while "under the influence" of illegal drugs, alcohol or controlled substances which could affect job performance, healthy or safety. In addition, the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of drugs or alcohol on company premises.

Your employment or continued employment with Island is conditioned upon your full compliance with the foregoing Drug-Free Workplace Policy. Any violation may result in disciplinary action up to and including discharge. Furthermore, any employee who violates this policy may be required, in connection with or in lieu of disciplinary sanctions, to participate in and successfully complete a company-approved drug or alcohol rehabilitation or assistance program as a condition of continued employment.

### Drug Test

To enforce this policy, the company will require all applicants where applicable to undergo a drug test to determine the presence of drugs. In addition, where there is a reasonable suspicion to believe that an employee in the workplace is using or is “under the influence” of drugs or alcohol, the company may require that the individual undergo a drug test.

Before any testing under this policy, a “Laboratory Attendant” will request that the individual sign a medical consent from a general release. In addition, each individual will be given an opportunity to specify on a confidential drug disclosure form any legal drugs which (s)he may have taken during a representative period. If the test result is confirmed positive, the confidential drug disclosure form will be opened to permit an examination of possible legitimate explanations for the result as provided below. If the test result is negative, the confidential drug disclosure form will be destroyed.

If a person tests positive, a confirmatory test separate and independent from the initial test will be conducted. The confirmatory test will utilize gas chromatography and mass spectrometry (GC/MS) methodology. If an applicant tests positive for the use of illegal drugs, alcohol or controlled substances which could affect job performance or safety, and there is no satisfactory explanation for the confirmed positive test result, such applicant will be considered ineligible for employment with the company for twelve (12) months.

If an employee tests positive for the use of these substances, and there is no satisfactory explanation for the confirmed positive test result, an employee will be subject to disciplinary action up to and including immediate discharge unless the company determines the individual can reasonably perform the essential duties of his/her job. Each employee taking a legal drug which could affect safety or job performance is responsible for notifying his/her immediate supervisor and providing the supervisor with a physician’s certificate stating that (s)he is able to safely and efficiently perform his/her duties while on such medication. This certification must be provided before you report to work

### Falsification Of Records

No employee shall falsify data or signatures on any company records or reports. Falsification of any records or reports may result in disciplinary action up to and including termination of employment

### Nurses Notes

A nurses note is required for every shift. Write legibly, and in ink. Date, Time, and sign each entry. Do not skip any lines, leave spaces, write in the margin, erase, obliterate or white-out mistakes. If you make an error, draw a single line through it, date and sign the error, and record the correction. Avoid generalizations and subjective comments. Be specific about your observations. Be complete. “If it wasn't charted, it wasn't done!” Please use only abbreviations approved by *island*.

### Interim Orders

When you receive a telephone order from the doctor, please follow this procedure:

1. Write the order in the home chart. : i.e. DATE: “Cipro 500 mg, PO, QID x 14 days”  
TIME: “T.O. Dr. Smith/J.Doe(signature) RN/LPN”  
Or: “from Dr Smith/as per patient’s mom ~ noted J. Doe (then signature) RN/LPN”
2. Send white copy to office to be faxed to the MD, carbon copy remains in home.
3. Complete a change in patient status form to state the reason for the interim order.(i.e. UTI)
4. When the signed order comes in, please discard the unsigned one and replace it with the signed order

This procedure will assure that all orders will be signed by the physician within the 30 day period mandated by NYS.

### **Renewal Orders**

When the renewal orders arrive at pt's home from this office it is the nurse's responsibility to review all orders for accuracy and to compare to medication and treatment sheets.

### **Nursing Care Plan**

A complete Nursing Care Plan is done by the Nursing Supervisor at the beginning of each case. It is each nurse's responsibility to read and follow the Nursing Care Plan.

### **Medication/ Treatment Sheet**

All medications and treatments should be listed on the medication/treatment sheets. Each nurse should initial any medication or treatment given. If a medication is held, then the word "held" should be written next to the nurse's initials. The nurse must then document on the back of that medication sheet, the reason that the medication was held.

### **Flow Sheets**

There are several flow sheets that maybe used as deemed necessary by the nursing supervisors. Included are sheets for: Vital Signs, Diabetic Management, Intake and Output, Decubiti Care, Pain Management, Neuro Check, and Narcotics count, Dialysis, etc. Any questions regarding flow sheets, please call the Nursing Supervisor.

### **Sharps Disposal**

Every Home Care case requiring, I.M., Sub-Q or I.V. Therapy will have a sharps collector in the home. After the procedure of injection or I.V. Therapy is completed, the needle and syringe should immediately be placed in the sharps collector. In order to avoid needle pricks, a needle should never be recapped! The nurse should inform the office when the container is 2/3 full, so that disposal can be arranged.

### **Universal Precautions**

Must be observed at all times. *island* provides all necessary personal, protective equipment, (PPE), for all patient homes. It is the nurse's responsibility to inform *island* when PPE needs reordering.

### **Living Wills**

A terminal patient, or their representative, may sign a document stating that no extraordinary measures should be taken to revive the patient at the time of death. This is only initiated by the nursing supervisor after careful discussion with the patient, family and physician. If a living will has been signed, and a non-hospital DNR order must be obtained, and written on the doctor's order sheet. A copy of the living will and D.O.H.non-hospital DNR order form will be displayed prominently on the patient's chart. The DNR shall be binding upon ambulance personnel during transport of the patient. Should the patient then expire at home, no attempt should be made to resuscitate the patient.

## **Death of a Patient**

In the absence of a Living Will, all appropriate measures should be taken to revive the patient. Call 911 for an ambulance and initiate artificial respiration, CPR, or whatever emergency measures are required. If a living will and a non-hospital DNR order has been signed, and the patient expires at home, the patient's physician "must" be notified. He/she may come to the home to pronounce the patient. If he/she does not, the nurse may do so. The nurse should assist the family in contacting a funeral director who can arrange with the physician for the death certificate to be signed. The funeral director will then come and remove the body. They should be advised if the patient had any infectious disease. There is no need to transport a dead body to the hospital for a declaration of death.

**The Last Nurse On The Case Is Responsible For Removing The Patients Chart From The Home And Returning It To The Office.**

## **Disposal of Narcotics**

After the death of a patient, all narcotics should be disposed of in a manner that will avoid accidental ingestion. Do this only after obtaining permission of a family member, and in the presence of a witness. Document the disposal on your nurse's note, and have the witness sign.

## **Emergency Disaster Preparedness**

### **DISASTER PLAN**

**PURPOSE:** Emergency and Disaster preparedness is a planned coordination of efforts which includes procedures to be followed to assure that the health care needs of patients continue to be met in emergencies which interfere with the delivery of service.

**STORM ALERTS:** If a pending storm is predicted by the weather service, the employee will assure that their vehicle will be filled with gas, that their cell phones will have PSEG, their patients, and Island Home Care's contact information in their contact list.

#### **INTRODUCTION:**

- I. Under routine procedures, each patient generally receives that highest quality of care that Island Home Care Agency is able to provide. In the event of a disaster, the philosophy of Island Home Care Agency may be altered to that of providing care for the greatest number of patients.
- II. Steps which have been considered in developing this Disaster Plan are as follows:
  - A. To review the various types of disasters which can occur, emphasizing the types of disasters which are most likely to affect our patients.
  - B. Assess the resources at hand (facilities, material and personnel) and resources necessary to effectively cope with the disaster.
  - C. Allowing sufficient flexibility within the plan to meet unexpected contingencies.
- III. The Governing body of Island Home Care Agency has appointed the Administrator to develop this Disaster Plan and review and revise it as necessary. During a disaster, all activities will be coordinated with the Nursing Supervisors.

IV. For the purpose of this Plan, a disaster is defined as any situation which seriously overtaxes or threatens to seriously overtax the routine capabilities of deliverance of patient care in the home.

#### V. CAUSES OF DISASTERS

- A. Common natural disasters including but not limited to earthquake, hurricane, tornado and flood...
- B. Industrial accidents involving explosion or environmental release of toxic chemicals.
- C. Fire
- D. Extensive or prolonged utility failure.
- E. Collapse of building or other occupied structures.
- F. Bomb threats

#### VI. TYPES OF DISASTERS

##### A. INTERNAL DISASTERS

- 1. An event which causes or threatens to cause physical damage and injury to the home, family, patient or nursing personnel.
- 2. Examples of internal disasters are fire, explosion, telephoned bomb threats or extensive or prolonged utility failure.
- 3. An internal disaster may require removal of the patient from threatened or affected areas.
- 4. Internal coordination is necessary to assure that each professional staff member is aware of his/her individual role in the Disaster Plan and to assure that all available resources are most efficiently and effectively utilized. Each Supervisor must assure that the field staff is aware of his/her individual role and responsibility during a disaster.

##### B. EXTERNAL DISASTERS

- 1. An external disaster may require that contact be made to the local fire department, police, ambulance services, volunteer agencies, local hospitals and other residential health care facilities.

#### VII. PERSONNEL IDENTIFICATION

During a declared disaster situation, all personnel and authorized volunteers will be issued identification cards, cards or labels. Identification cards must be used upon entrance to the home in order to have access. If an employee terminates association with Agency, this card must be returned.

#### GENERAL INSTRUCTIONS

- 1. Don't panic, keep calm
- 2. Stop, look and listen
- 3. Follow instructions-have your cars gassed up and cell phones charged prior to pending storms.
- 4. Reassure patients
- 5. Know locations of exiting premises and fire extinguishers and method for use
- 6. Do not tie up telephone lines
- 7. Do not obstruct doors and passageways

The Disaster team of Island Home Care Agency shall consist of all available employees. Team leaders shall be:

- 1. Administrator
- 2. Nursing Supervisor
- 3. Administrative Assistant
- 4. Staffing Coordinators

The Administrative Assistant and Staffing Coordinators shall man the telephones at Island Home Care Agency and coordinate services needed as assessed by the Administrator and/or Nursing Supervisors. Nursing supervisors will be available in order to meet the demands of the patients and/or families as needed. If telephone lines are down, all available staff will meet at the following locations:

1. LIE Park and Ride Exit 61 (North Service Road)
2. 193 Montauk Hwy, Speonk, NY, 11972

#### EMERGENCY PLAN

In the event a RN, LPN, HHA or PCA is sick or an emergency occurs, Island Home Care Agency will begin to secure a replacement immediately when the call is received and will endeavor to obtain coverage as soon as possible.

- a) It is the responsibility of the family or responsible party to stay with the patient until such coverage is obtained and Island Home Care Agency relinquishes any liability deriving therefrom.
- b) Island Home Care Agency will, however, if the situation deems necessary, supply auxiliary personnel either via telephone or spot visits to instruct the family on the care of the patient until such a time as a RN, LPN, HHA or PCA can arrive on the scene or transportation to a facility or shelter is arranged. Staff can accompany and care for patients at alternate sites (shelters, facilities, hospitals, nursing homes or significant others homes) during an emergency.

#### DISRUPTION OF SERVICES

Notify PSEG for any power disruption. Prepare your cell phone - Have the PSEG Emergency number programmed in your contacts.

In the event of an electrical/power shut off or interruption, the following shall prevail:

- 1) Every patient of Island Home Care Agency is on the Priority List with the appropriate utility company so that each patient will be serviced as soon as possible.
- 2) For any patient who is on life saving devices such as a respirator, the nurse/family or designated person shall contact the nearest Fire Department for the use of an emergency generator.
- 3) In the event, a patient cannot be serviced, then the patient will be rushed to the nearest hospital for services he/she requires at the time.

#### DISRUPTION OF WATER SUPPLY

In the event of an extended failure, Island Home Care Agency will advise the family to provide bottled water and keep it on hand. Deer Park Water Supplier will deliver to all Island Home Care Agency patient's in need in the event of an emergency.

#### GAS EMERGENCY

In the event of a suspected or known gas leakage, contact PSEG/National Grid/ConEd immediately. The nurse on duty shall remove the patient to a safe area and carry out the instructions of the LIPA/ConEd representative upon arrival to the home.

The following shall prevail in a Gas Emergency:

- 1) The employee on duty after assessing the situation and determination that there is an interruption of gas or gas leaking he/she shall:
  - a) Notify National Grid/PSEG/ConEd and the Fire Department
  - b) Eliminate sources of possible ignition immediately
    - 1) Extinguish all open flames
    - 2) Shut off electrically operated motors
    - 3) Prohibit smoking in the home
    - 4) Eliminate any other potential sources of ignition

- c) Ventilate the area using natural ventilation
- d) Shut down air circulating equipment to prevent gas from being distributed more widely
- e) Alert all family members in the home
- f) Other actions may have to be taken and on the spot decisions made depending on the location of the leak, amount of gas in the atmosphere and upon the advice of the utility company and fire department personnel

## HEAT EMERGENCY

The following shall be enforced by the RN, LPN, HHA or PCA assigned to a home care case in the event of a rise in air temperature, usually above 90 degrees (F) with a high humidity content:

- a) Assure that patients maintain adequate hydration (fluid intake).
- b) Monitor temperature and other vital signs closely and report radical changes to patient's physician.
- c) Assure that patients are dressed in non-constrictive, loose, light, comfortable clothing.
- d) Identify medications which may be contraindicated and obtain attending physician orders for any modifications during heat emergency.
- e) Utilize preventative and treatment measures such as bathing, sponge baths, moving patients to cooler areas as indicated.
- f) Do not permit patients to remain in direct sunlight.
- g) RN, LPN, HHA, PCA on duty should be alert to monitoring patients for signs of developing heat stroke (e.g. absence of perspiration or a drop in blood pressure).

The following dietary requirements will be followed:

- a) Offer additional cool drinks during the day.
- b) Ascertain if menu changes are necessary.
- c) Ascertain if sodium and potassium intake is adequate.
- d) So as to reduce caloric expenditure, curtailment of activities shall be enforced.

If indicated, alert hospital to the emergency situation and to the potential need to transfer patients.

## TRANSPORTATION

In the event that transportation may be difficult for an employee, the local fire department will be called to assist with transportation to patient's homes.

# **PATIENT IDENTIFICATION PROCESS**

## **PURPOSE:**

To identify patient priority levels for emergency preparedness.

## **DEFINITIONS:**

1. **PRIORITY Red:** Patient needs skilled nursing to maintain physiological needs and safety needs.
  - These patients will need skilled nursing care shelters and should be considered for admission into hospital, facility or nursing home.
  - 1. Ventilator
  - 2. Oxygen - more than 24 minutes
  - 3. Infusion – ongoing that cannot be placed on hold
  - 4. Dialysis – more than 3 visits weekly
  - 5. Comatose
  - 6. Immobilized paralyzed persons
  - 7. Complex medical care – dressing changes, medical monitoring (not stable)
  - 8. Unstable cardiac
  - 9. New discharge major surgery within week

10. Severe Alzheimer/Dementia
11. Severely mentally disturbed
12. Severely mentally retarded
13. Severely obese

2. PRIORITY Yellow: Patients with impairments who are not self-sufficient and are incapable or need assistance performing ADL's would be included in special care facility shelters. Special Care Facilities will be designated to care for people with special care requirements as listed below:

1. HIV/AIDS immunocompromised who may require medical assistance
2. Oxygen nasal cannule
3. Oxygen prn regardless of flow rate
4. Chronic respiratory patients
5. All gravity feeds/pumps
6. Ostomy requiring care or new ostomies
7. Mental handicaps that are not violent
8. Physically handicapped – non-ventilator with special need
9. Assistance with activities of daily living
10. Vital signs/medications who cannot do without assistance
11. Medical conditions that require p.o. skilled observation, assessment and maintenance
12. Outpatient surgical clients
13. Catheters
14. Infants on apnea monitor
15. Bedbound patients
16. Unstable diabetics

3. PRIORITY Green: Patients that are self sufficient and capable of performing ADLs without assistance (including self-administration of medication) may seek public shelters.

1. Wheelchair – mobile individuals
2. Epilepsy
3. Mild to moderate muscular disease
4. Diabetics on insulin (self administered)
5. Heart patients with mechanical devices (pacemakers, implanted defibrillator)
6. Hemophiliacs
7. Person(s) with artificial limbs
8. Visually or hearing impaired persons
9. Persons in a non-walking cast
10. Persons on special diets
11. Asthmatics
12. Significant speech impediments
13. Colostomy patients
14. Persons with urinary catheters
15. Dialysis patients requiring 2 or less dialysis visits weekly
16. Persons with HIV/AIDS not immunocompromised

*The above patient will be educated in agency evacuation plan and shelter availability. Agency will be aware of patient/ significant other plan for evacuation.*

## **TRANSPORTATION ASSISTANCE LEVELS (TALs)**

The TAL's should not be confused with the Home Care levels of care. They serve a different purpose and have different definitions. The three TAL's are:

1. **TAL 1** – Patients are unable to travel in a sitting position (e.g. they require stretcher transport). They must be transported in an ambulance or other specialized vehicle.
2. **TAL 2** – Patients cannot walk on their own but are able to sit for an extended period of time. They may be transported as a group in a wheelchair appropriate vehicle.
3. **TAL 3** – Patients are able to walk on their own at a reasonable pace. They can be transported as a group in a passenger vehicle.

## **PERSONAL PROTECTIVE EQUIPMENT CUTS RISK**

Wearing gloves, gowns, masks, and eye protection can significantly reduce health risks for workers exposed to blood or other potentially infectious materials. The standard covering bloodborne disease requires employers to provide appropriate personal protective equipment (PPE) and clothing free of charge to employees. Workers who have direct exposure to blood and other potentially infectious materials on their jobs run the risk of contracting bloodborne infections from Hepatitis B virus (HBV), Hepatitis C virus (HCV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens. Although the risk of contracting AIDS through occupational exposure is much lower, wearing protective equipment can greatly reduce potential exposure to all bloodborne infections.

### **Selecting PPE**

Personal protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is drawing blood, whereas a pathologist conducting an autopsy would need considerably more protective clothing.

PPE may include gloves, gowns, laboratory coats, face shields, or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes. If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he or she must wear gloves. Single use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. If employees are allergic to standard gloves, the employer must provide hypoallergenic gloves or similar alternatives. Employees should wear eye and mouth protection such as goggles and masks, glasses with solid side shield, and masks or chin length face shields when splashes, sprays, splatters, or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. More extensive coverings such as gowns, aprons, surgical caps and hoods, and shoe covers and boots are needed when gross contamination is expected. This often occurs, for example, during orthopedic surgery or autopsies.

### **Avoiding Contamination**

The key is that blood or other infectious materials must not reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of exposure. Employers must provide the PPE and ensure that their workers wear it. This means that if a lab coat is considered PPE it must be supplied by the employer rather than the employee. The employer must clean or launder clothing and equipment and repair or replace it as necessary.

### **Exception**

There is one exception to the requirement for protective gear. An employee may choose, temporarily and briefly, under the rare and extraordinary circumstances, to forego the equipment. It must be the employee's professional judgment that using the protective equipment would prevent the delivery of health care or public safety of the worker or co-worker. When one of these expected situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. For example, if a firefighter's resuscitation device is damaged, perhaps another type of device should be used or the device should be carried in a different manner. Exceptions must be limited - this is not a blanket exception

### **Decontaminating and Disposing of PPE**

Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

### **Other Protective Practices**

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employers may provide other handwashing measures such as moist towelettes. Employees still must wash with soap and water as soon as possible. Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

## **PROTECT YOURSELF WHEN HANDLING SHARPS**

A needlestick or a cut from a contaminated scalpel can lead to infection from Hepatitis B virus (HBV), Hepatitis C virus (HCV), or human immunodeficiency virus (HIV) which causes AIDS.

### **Prompt Disposal**

The best way to prevent cuts and sticks is to minimize contact with sharps. That means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps - either for disposal or, for reusable sharps, later decontamination for re-use. When reprocessing contaminated reusable sharps, employees must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must

use either a mechanical device or a one-handed technique. If recapping is essential - for example, between multiple injections for the same patient - employees must avoid using both hands to recap.

Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

### **Sharps Containers**

Containers used for sharps must be puncture resistant. The sides and the bottom must be leak-proof. They must be labeled or color coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and sharps inside. Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually. Containers need to be located as near to as feasible the area of use. In some cases, they may be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. The containers must be replaced routinely and not overfilled, which can increase the risk of needlesticks or cuts.

### **Handling Containers**

When employees are ready to discard containers, they should first close the lids. If there is a chance of leakage from the primary container, the employees should use a secondary container that is closable, labeled, or color coded and leak resistant. Careful handling of sharps can prevent injury and reduce the risk of infection. By following these work practices, employees can decrease their chances of contracting bloodborne illness.

## **REPORTING EXPOSURE INCIDENTS**

The bloodborne pathogens standard includes provisions for medical follow-up for workers who have an exposure incident. The most obvious exposure incident is a needlestick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer. Exposure incidents can lead to infection from Hepatitis B virus (HBV), Hepatitis C virus (HCV), or human immunodeficiency virus (HIV) which causes AIDS.

### **Why Report?**

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again. Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HIV, HBV, and HCV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these tests. Employers must tell the employee what to do if an exposure incident occurs.

### **Medical Evaluation and Follow-up**

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate any reported illness to determine if the symptoms may be related to HIV, HBV, or HCV development. The first step is to test the blood of the exposed employees. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at that time. The employer must maintain the employee's blood sample for 90 days in case the employee changes his or her mind about testing - should symptoms develop that might relate to HIV, HBV, or HCV infection.

The standard requires that the employer make the Hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood or other potentially infectious materials. This requirement is in addition to post-exposure testing and treatment responsibilities.

### **Written Opinion**

In addition to counseling the employee, the health care provider will provide a written report to the employer. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment. Any added findings must be kept confidential.

### **Confidentiality**

Medical records must remain confidential. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

## **HEPATITIS B VACCINATION - PROTECTION FOR YOU**

### **What is HBV ?**

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection. Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B is vaccination.

### **Who Needs Vaccination ?**

The new OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, laundries, as well as others. The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated".

### **What Does Vaccination Involve ?**

The Hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition for receiving the vaccination nor are employers required to provide prescreening. Each employee should receive counseling from a health care professional when vaccination is offered. This discussion will help an employee determine whether inoculation is necessary.

### **What If I Decline Vaccination ?**

Workers who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

### **What If I Am Exposed But Have Not Yet Been Vaccinated ?**

If a worker experiences an exposure incident, such as a needlestick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as HCV, and human immunodeficiency virus (HIV) infectivity. The worker's blood will also be screened if he or she agrees. The health care professional is to follow the guidelines of the US Public Health Service in providing treatment. This would include Hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential.

## **HIV CONFIDENTIALITY**

### **DEFINITIONS:**

**HIV INFECTION** - Infection with the human immunodeficiency virus or any other agent identified as a probable cause of AIDS.

**AIDS** - Means acquired immune deficiency syndrome, as defined by the center for disease control of the United States Public Health Service.

**HIV RELATED ILLNESS** - Any clinical illness that may result from or be associated with HIV infection.

**HIV RELATED TEST** - Means any laboratory test series of tests for any virus, antibody, antigen or etiologic agent, thought to cause or indicate the presence of HIV infection.

**CAPACITY TO CONSENT** - Means an individual's ability determined without regard to such individual's age, to understand and appreciate the nature and consequences of a proposed health care service, treatment or procedure or of a proposed disclosure of confidential HIV related information and to make an informed decision concerning (such) the service, treatment (or) procedure or disclosure.

**PROTECTED INDIVIDUAL** - Means a person who is the subject of an HIV related test or who has been diagnosed as having HIV infection, aids or HIV related illness.

**CONFIDENTIAL HIV RELATED INFORMATION** - Means any information, in the possession of a person who provides health or social services or who obtains the information pursuant to a release of confidential HIV related information, concerning whether an individual has been the subject of an HIV related test, or has HIV infection, HIV related illness or Aids, or information which identifies or reasonably could identify an individual as having one or more of such condition, including information pertaining to such individual's contacts.

**HEALTH OR SOCIAL SERVICE** - Means any care, treatment, clinical laboratory test, counseling or education service for adults or children, and acute, chronic, custodial, residential, outpatient, home or other health care; public assistance, including disability payments available pursuant to the social security act; employment-related services, housing services, foster care, shelter, protective services, day care, or preventive services, services for the mentally disabled; probation services, parole services, correctional services; detention and rehabilitative services; ALL as defined in section 2780(8) of the public health law.

**HEALTH FACILITY** - Means a hospital as defined in section 2801 of the Public Health Law, Blood Bank or Center, Sperm Bank, Organ or Tissue Bank, Clinical Laboratory, or facility providing care or treatment to persons with a mental disability.

**HEALTH CARE PROVIDER** - Means any physician, nurse, provider of services for the mentally disabled or other person involved in providing medical, nursing, counseling, or other health care, or mental health service including those associated with, or under contract to, a health maintenance organization or medical services plan.

**CONTACT** - Means an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual.

**PERSON** - Includes any natural person, partnership, association, joint venture, trust, public or private corporation, or state or local government agency.

**RELEASE OF CONFIDENTIAL HIV RELATED INFORMATION** - Means a written authorization for disclosure of confidential HIV related information which is signed by the protected individual, or if the protected individual lacks capacity to consent, a person authorized pursuant to law to consent to health care for the individual. Such release shall be dated and shall specify to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information shall not be construed as a release of confidential HIV related information, unless such authorization specifically indicates its

dual purpose as a general authorization and an authorization for the release of confidential HIV related information and complies with this definition.

**INSURANCE INSTITUTION** - Means any corporation, association, partnership, reciprocal exchange, interinsurer, fraternal benefits society, agent, broker or any other entity in the business of providing health, life and disability coverage including, but not limited to, any health maintenance organization, medical service plan, or hospital plan which: (A) is engaged in the business of insurance, (B) provides health services coverage plans; or (C) provides benefits under, administers, or provides services for, an employee welfare benefit as defined in 29 U.S.C. 1002(1).

### **APPLICATION**

These regulations apply to persons who order an HIV related test, to persons who receive confidential HIV related information in the course of providing any health or social service or who receive confidential HIV related information pursuant to a release. ALL disclosures of confidential HIV related information are subject to regulations. These regulations do not apply to information which is received by the commissioner under subpart to a health maintenance organization or other medical services plan are subject to these regulations.

### **HIV RELATED TESTING**

Except as noted (where informed consent is not required), no physician or other person authorized pursuant to law may order an HIV related test without first obtaining written informed consent.

**INFORMED CONSENT** - Shall include providing pre-test counseling to the person to be tested or, if such person lacks capacity to consent, to the person lawfully authorized to consent to health care for such person. Institutions in which a person other than the test subject consents for the test, pretest counseling shall also be provided to the test subject to the extent that the person responsible for ordering the test deems that the test subject will benefit from counseling. At the time at which informed consent is obtained, the subject must be offered a copy of the informed consent form and a document that provides all pertinent information contained on the informed consent form

### **PRETEST COUNSELING SHALL INCLUDE: -**

1. Explanations regarding the nature of HIV infection and HIV related illness. An explanation of the HIV related test. A description of the procedure to be followed, meaning of the test results, and the benefits of taking the test, early diagnosis and medical intervention.
2. An explanation that discrimination problems may result from disclosure of confidential HIV related information and the legal protections that exist which prohibit discrimination.
3. Information on preventing exposure of transmission of HIV infection; including behavior which poses a risk to HIV transmission.
4. An explanation that the test is voluntary, that consent may be withdrawn at any time, and that anonymous testing is available including the location and telephone numbers of anonymous test sites, and that for the purpose of insurance coverage, confidential as opposed to anonymous testing is required.
5. Information regarding psychological and emotional consequences of receiving the test result;

**WRITTEN INFORMED CONSENT** – The source individual's blood should be tested as soon as feasible and after consent is obtained in order to determine HIV infectivity. Must be executed on a form developed by the New York State Department of Health or on another form approved specifically by the New York State Department of Health. Consent form must be provided to the subject (person). At the

time at which informed consent is obtained, the subject must be offered a copy of the informed consent form and a document that provides all pertinent information contained on the informed consent form. If consent is not obtained for HIV testing, documentation is necessary.

**INFORMED CONSENT IS NOT REQUIRED IN THE FOLLOWING SITUATIONS -**

1. Court ordered testing (pursuant to civil practice law and rules section 3121).
2. When testing without informed consent is otherwise specifically authorized or required by state or federal law;
3. For testing related to procuring, processing, distributing or use of a human body part, including organs, tissues, eyes, bones, arteries, blood, semen or other body fluid for use in medical research or therapy, or for transplantation to persons, provided if the test results are communicated to the tested person, with post test counseling required;
4. For research - If the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.
5. Testing of a deceased to determine cause of death or for epidemiological purposes.

**POST TEST COUNSELING** - When a person other than the test subject consents for the test, post-test counseling and referrals should also be provided to the test subject, to the extent the person responsible for ordering the test deems that the test subject will benefit from counseling. Post-test counseling and referrals must include specific referral information and must address:

1. Coping emotionally with the test results.
2. Discrimination issues relating to employment, housing, public accommodations, health care and social services.
3. Information on the ability to release or revoke the release of confidential HIV related information.
4. Information on preventing exposure to or transmission of HIV infection.
5. The need to notify contacts to prevent transmission, including information on state or county assistance.
6. Information on the availability of medical evaluation and treatment, including use of HIV chemotherapeutics for prophylaxis and treatment and peer group support.

**VERIFYING OBTAINED CONSENT** - A physician for other person authorized pursuant to law to order an HIV related test shall certify on a laboratory requisition form that informed consent has been obtained. Authorized employees or agents of the department of health may order HIV related tests and certify, as appropriate with respect to obtaining informed consent in approved anonymous testing sites.

**DISCLOSURE PURSUANT TO A RELEASE** - No confidential HIV related information shall be disclosed pursuant to a general release except to:

- 1) insurance companies as noted in section 63.5 (A) (9).
- 2) If already part of a healthcare team, the exposed employee may have access to the medical record and know the HIV status of the patient, as well as information about drug resistance.
- 3) disclosure is permitted for HIV related information pursuant to a specific release form for a limited time period which has been developed or approved by the department. The release must be signed by the protected individual, or if the protected individual lacks capacity to consent, by a person authorized pursuant to law to consent to health care for the individual.

When neither of 2 or 3 apply, New York State regulations (10NYCRR part 63.8m) authorize disclosure of existing HIV-related information to persons who have been exposed in the workplace when significant risk has occurred.

**WRITTEN DISCLOSURES** - of confidential HIV information must be accompanied by a statement prohibiting redisclosure. The statement shall include the following language; "This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical information is not, except in limited circumstances set forth in this part, sufficient authorization for further disclosure. Disclosure of confidential HIV information that occurs the result of a general authorization for the release of medical or other information will be in violation of the state law and may result in a fine or a jail sentence or both.

**ORAL DISCLOSURES** - If oral disclosures are necessary, they must be accompanied or followed as soon as possible, but no later than days, by the statement required.

**STATEMENT REQUIRED** - (subdivisions B&C) is not required for release to the protected person or when a person lacks the capacity to consent to a person authorized pursuant to law to consent to health care. For disclosures of confidential HIV related information from the patient's medical record to persons who are permitted to access this information and for the statements required by law to appear as part of the medical record when a medical record is disclosed.

#### **CONFIDENTIALITY AND DISCLOSURES**

No person who obtains confidential HIV related information in the course of providing and health or social service or pursuant to release of confidential HIV related information may disclose or be compelled to disclose such information, except to the following:

1. The protected individual or when the protected individual lacks capacity to consent, a person authorized pursuant to law to consent to health care for the individual.
2. Any person to whom disclosure is authorized pursuant to a release of confidential HIV related information;
3. An agent or employee of a health facility or health care provider if the agent or employee is authorized to access medical records; the health facility or health care provider itself is authorized to obtain the HIV related information, and the agent or employee provides health care to the protected individual, or maintains or processes medical records for billing or reimbursement.
4. A health care provider or health facility when knowledge of the HIV related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual.
5. A health facility or health care provider, in relation to the procurement, processing, distributing or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen or other body fluids for use in medical education, research, therapy or for transplantation to individuals.
6. Health facility staff committees, or accreditation or oversight review organizations authorized to access medical records; provided that such committees or organizations may only disclose confidential HIV related information back to the facility or provider of a health or social service, to carry out monitoring, evaluation for service review for which it was obtained or to a federal, state or local government agency for the purposes of and subject to the conditions provided.
7. Federal, state, county or local health officer when such disclosure is mandated by federal or state law.
8. Authorized agencies as defined by social services, corporations, incorporated or organized to receive children for adoption or foster care, in connection with foster care of adoption of child; such agency shall be authorized to redisclose such information.

9. Third party reimburses or their agents to the extent necessary to reimburse health care providers, including health agencies, for health services, provided that, at otherwise appropriate authorization for such disclosures has been secured.

10. An insurance institution, provided the insurance institution secures a dated and written authorization that indicates health care providers, health facilities, insurance institutions and other person are authorized to disclose information about the protected individual. The nature of the information to be disclosed, the purposes for which the information is to be disclosed and which is signed by 1. The protected individual 2. If the protected individual lacks the capacity to consent, such other person authorized pursuant to law to consent for such individual; or 3. If the protected individual is deceased, the beneficiary or claimant for benefits under an insurance policy, a health service plan or an employee welfare benefit plan.

11. A funeral director upon taking charge of the remains of a deceased person when such funeral director has access in the ordinary course of business to HIV related information on the death certificate of the deceased individual.

12. Any person to whom disclosure is ordered by a court of competent jurisdiction:

13. An employee or Agency of the New York City Board of Corrections so that the Board may continue to access records of inmates who die in custody of the New York City Department of Corrections when necessary for the Board to carry out its duties, functions and powers with respect to the protected individual, pursuant to the New York City charter.

14. A law guardian appointed to represent a minor pursuant to the social services law or the family court act, for the purpose of representing a minor. If the minor has the capacity to consent, the law Guardian may not redisclose confidential HIV related information without the minor's permission. If the minor lacks capacity to consent, the law guardian may redisclose confidential HIV related information for the purpose of representing the minor.

**STATE, COUNTY OR LOCAL HEALTH OFFICER-** may disclose confidential HIV related information when;

1. Disclosure is specifically authorized by federal or state law.

2. Disclosure is made pursuant to a release of confidential HIV related information; or

3. Disclosure is requested by a physician pursuant to section 63.7 or if the contact resides outside the jurisdiction of the public health officer; the officer may inform a public health officer in the contact's jurisdiction.

4. Disclosure is authorized by court order.

#### **A PHYSICIAN MAY DISCLOSE THE CONFIDENTIAL HIV RELATED INFORMATION ENSURING CONTACT NOTIFICATION.**

A physician may upon the consent of a parent or guardian disclose confidential HIV related information to a state, county or local health officer for the purpose of reviewing the medical history of a child to determine the fitness of the child to attend school.

**AUTHORIZED AGENTS OR EMPLOYEES OF GOVERNMENT AGENCY -** Confidential HIV related information of a protected person may be disclosed to authorized employees or agents of a government agency pursuant to the regulations of the governmental agency when the person providing health or social services is regulated, supervised and monitored by the governmental agency or when the governmental agency administers the health program or a social service program and when such employees or agents have access to records in the ordinary course of the business and when access to reasonably necessary for regulation, supervision, monitoring, administration of provision of services.

Such authorized employees or agents may include attorney authorized by a government agency when access occurs in the ordinary course of providing legal services and may include public health officers as required for conducting epidemiological or surveillance investigation.

**PROVIDERS OF HEALTH OR SOCIAL SERVICES** - Confidential HIV related information of a protected person may be disclosed to authorized employees or agents of a provider of health or social services when such provider is either regulated, supervised, or monitored by a governmental agency or when a governmental agency administers the providers health or social service program. Such employees or agents have access to records in the ordinary course of business and when access is reasonably necessary for regulation, supervision, monitoring, administration or provision of services. Attorneys authorized by persons providing health services when access occurs in the ordinary course of providing legal services.

**PHYSICIANS** - A physician may disclose confidential HIV related information pertaining to a protected individual to a person, known to the physician, authorized pursuant to law to consent to the health care for a protected individual when the physician reasonably believes that:

1. Disclosure is medically necessary in order to provide timely care and treatment.
2. After appropriate counseling as to the need for such disclosure the protected individual will not inform a person authorized by law to consent to health care; provided, however, that the physician shall not make disclosure if, in the judgment of the physician:
  - A. The disclosure would not be in the best interest of the protected individual.
  - B. The protected individual is authorized pursuant to law to consent to such care and treatment;

**PHYSICIANS DECISION TO DISCLOSE AND BASIS FOR THAT DECISION MUST BE RECORDED IN THE MEDICAL RECORD.**

**NON-DISCLOSURE BY RECEIVING INDIVIDUALS** - No person to whom confidential HIV related information has been disclosed shall disclose information to another person except as authorized by this part, provided, however, that the provision of this part shall not apply to:

1. The protected individual (or);
2. A natural person who is authorized pursuant to law to consent to health care for the protected individual.
3. A protected individual's foster parent, subject to Department of Social Services regulations for the purpose of providing care, treatment or supervision to the protected individual; or
4. A prospective adoptive parent, subject to Department of Social Services Regulations, with whom a child has been placed for adoption.

**CHILD AND ADULT PROTECTIVE** -Nothing in this section shall limit a person's or agency's responsibilities or authority to report, investigate or redisclose child protective and adult protective services information in accordance with title 6.

**IMPLEMENTATION OF INFECTION CONTROL** - Confidential HIV related information shall not be disclosed to a health care provider or health care facility for the sole purpose of implementing infection control precautions when such provider or facility is regulated under the public health law and required to implement such precautions with all individuals. This restriction shall not limit access to HIV related information by a facility's infection control personnel for purposes of fulfilling their designated responsibilities to the facility.

**SUBPOENA** - Confidentially HIV related information shall not be released pursuant to a subpoena. A court order pursuant to public health law section 2785 is required for release of confidential HIV related information.

### **DOCUMENTATION OF HIV RELATED INFORMATION AND DISCLOSURES**

1. Confidential HIV related information shall be recorded in the medical record such that it is readily accessible to provide proper care and treatment.
2. All disclosures of confidential HIV related institutions must be noted;
  - A. Only initial disclosures to insurance institutions must be noted;
  - B. Notation is not required for disclosure to agents or employees of health facilities or health care providers.
  - C. Notation is not required for person engaged in quality assurance, program monitoring or evaluation, nor for governmental payment agents acting pursuant to contract or law.
3. Confidential HIV related information shall be noted, as appropriate in a certificate of death, autopsy report or related documents prepared pursuant to public health law or other laws relating to documentation of cause of death.
4. The protected person shall be informed of disclosures of HIV information upon request to the protected person .

### **CONTACT NOTIFICATION**

- A. Physician may disclose HIV related information, without the protected persons consent to a contact or to a public health officer for the purposes of notifying a contact when;
  1. The physician reasonably believes disclosure is medically appropriate and a significant risk of infection exists to the contact.
  2. The protected person has been counseled to notify his/her contacts and the physician reasonably believes the protected person will not inform his contacts.
  3. The physician must inform the protected person of the physician's intent to disclose, and inform the protected person that he/she may choose whether the physician or the health officer will notify choice. All notification shall be in person, except where circumstances compel otherwise.
  4. The identify of the protected person shall not be disclosed to the contact.
  5. When a public health officer is requested to notify contacts, the officer may, at his/her own discretion, meet with the protected person to counsel and verify information prior to any notification of such person's contacts. Local health units must take provisions for HIV contact notification services.
  6. The person notifying the contact shall provide counseling services or make referral for counseling as appropriate. Such counseling must address coping emotionally with potential exposure to HIV, an explanation regarding the nature of HIV infection and HIV related illnesses, availability of anonymous and confidential testing, information on preventing exposure or transmission of HIV infection, information regarding discrimination problems that might occur, and legal protection against such disclosures.
  7. If a protected person is not deceased and the physician reasonably believes the protected person has not informed his/her contacts and reasonably believes disclosure is medically appropriate that a significant risk of infection exists. The physician may notify the contact or request a public health officer notify the contact. All such notification shall be in person, except where circumstances reasonably prevent doing so. and the identity of the deceased shall not be disclosed. Person notifying contact shall provide counseling.
  8. A physician or Public Health Office shall have no obligation to identify or locate any contact.

## **HEALTH CARE PROVIDER AND HEALTH FACILITY POLICY AND PROCEDURE**

Each health care provider and health facility employing persons or contracting with persons to perform any activity related to such provider's or facility's rendering of health services shall develop and implement policies and procedures (See Island Home Care's Bloodborne Diseases and universal precautions) to maintain the confidentiality of confidential HIV related information. Such policies and procedures shall assure that such information is disclosed to employees or contracts only when appropriate; such policies and procedures shall include:

1. Initial employee education and annual inservice education of employees regarding the legal prohibition against unauthorized disclosure. A list of all employees who have had such training (instituted effective August 1990 a procedure for obtaining same list) must be maintained by health care providers and health facilities contracting with others for services in which HIV related information may be disclosed. Same must have documented evidence that such contractors have been informed of the confidentiality and disclosure requirements.
2. Maintenance of a list of job titles and the specific employee functions within those titles for which employees are authorized to access such information. The list shall describe the limits of such access to information and must be provided to the employees during employee education sessions.
3. A requirement that only full time or part time employees, contractors and medical, nursing or health related students who have received such education on HIV confidentially, or can document that they have received such education on HIV confidentially, or can document that they received such education or training, shall have access to confidential HIV related information.
4. Protocols for ensuring that records are maintained securely and used for the purpose intended.
5. Procedures for handling requests by other parties for confidential HIV related information.
6. Protocols prohibiting employees/agents, contractors from discriminating against persons having or suspected of having HIV infection.
7. Review of the policies and procedures on at least an annual basis.

## **SIGNIFICANT RISK**

Three factors necessary to create a significant risk of contracting or transmitting HIV infection are:

1. The presence of a significant risk body substance
2. A circumstance which constitutes significant risk for transmitting or contracting HIV infection
3. The presence of an infectious source and a non-infected person.

**SIGNIFICANT RISK BODY SUBSTANCES ARE:** - Blood, Semen, Vaginal Secretions, Breast Milk, Tissue and the following body fluids, cerebrospinal, amniotic, peritoneal, synovial, pericardial, and pleural.

## **SIGNIFICANT RISK OF TRANSMITTING OR CONTRACTING HIV INFECTION ARE:**

1. Sexual intercourse (vaginal, anal, oral) which exposes non- infected individual to blood, semen or vaginal secretions.
2. Sharing of needles and other paraphernalia used for preparing and injecting drugs between infected and non-infected individuals
3. Gestation: birthing or breast feeding of an infant when the mother is infected with HIV.
4. Transfusion; or transplantation of blood, organs, or other tissues from an infected individual to an uninfected individual, provided such blood, organs and other tissues have not tested negatively for antibody or antigen and have not been rendered non-infectious by heat or chemical treatment.

5. Other circumstances not identified in 1 thru 4 during which a significant risk body substance (other than breast milk) or an infected individual contracts mucous membranes, non-intact skin or the vascular system of a non-infected person. Such circumstances include, but are not limited to needlestick or puncture wound injuries and direct saturation or permeation of these body surfaces by the infectious body substance;

6. Circumstances that involve significant risk shall not include;

A. Exposure to urine, feces, sputum, nasal secretions, saliva, sweat, tears, or vomitus that does not contain blood that is visible to the naked eye.

B. Human bites where there is no direct blood to blood or blood to mucous membrane contact.

C. Exposure of intact skin to blood or any other body substance.

D. Occupational settings where individuals use scientifically accepted barrier techniques and preventive practices in circumstances which would otherwise pose a significant risk.

This prepared paper in its entire format will be handed to all newly hired employees and employees will sign a statement that the employee has, in fact, received information on HIV confidentiality.

### **UNIVERSAL PRECAUTIONS**

To be used in the care of all patients.

#### **GLOVES**

- For Touching Any Patient's Blood Or Body Fluids.
- For Handling Any Soiled Items.
- For Performing Venipuncture.
- Should Be Changed After Contact And Between Patients.

#### **GOWNS**

- Worn During Any Procedure Likely To Generate Droplets Of Blood Or Body Fluids

#### **HANDS**

- Wash Immediately If Contaminated With Blood Or Body Fluids
- Wash Immediately After Gloves Are Removed
- Wash Between Patients

To Prevent Needle stick Injuries; Needles Should Not Be Recapped, Intentionally Bent, Broken Or Removed From Disposable Syringes Or Otherwise Manipulated By Hand.

Disposable Syringes And Needles, Scalpel Blades And Other Sharp Items Should Be Placed Into Puncture-Resistant Containers Located, As Close As Is Practical, To Area In Which They Are Used.

Mouth-Pieces, Resuscitation Bags Or Other Ventilation Devices Should Be Available For Use In The Area Where The Need For Resuscitation Is Predictable To Minimize The Need For Emergency Mouth-To-Mouth Resuscitation.

As A General Guideline - See Next Page

**UNIVERSAL PRECAUTIONS**

<b>PROCEDURES</b>	<b>PRECAUTIONS</b>
Talking to Patient	No Precautions need to be taken.
Examining patient without blood or body fluid contact	Hand washing
Examining patient including blood and body fluid contact	Hand washing and Gloves
Drawing Blood	Hand washing and Gloves
Starting I.V.	Hand washing and Gloves
Suctioning - Oral, Tracheal, Wound	Hand washing and Gloves Use gown, mask and goggles if splash of blood or body fluids possible
Handling soiled linen, trash, Or equipment	Hand washing and Gloves Use gown, mask and goggles if splash of blood or body fluids possible
Handling specimens	Hand washing and Gloves Use gown, mask and goggles if splash of blood or body fluids possible
Catheter Insertion	Hand washing and Gloves Use gown, mask and goggles if splash of blood or body fluids possible
Dialysis	Hand washing and Gloves Use gown, mask and goggles if splash of blood or body fluids possible
Resuscitation	Hand washing and Gloves Gown and Mask

## KEEPING YOUR COMPLIANCY FILE CURRENT

- We will require a yearly update of your malpractice insurance, physical, PPD, OSHA, and habituation statement. Island can do your update physical and PPD free of charge. You will receive ample notification from us. Please do not wait for a second notice before sending us your needed documents to update your file. If expired, it can mean no work for you until we receive it.
- Please keep us updated with your new Auto insurance cards *regularly*.
- **Please note: if there is any outstanding paperwork, i.e. your patient notes or your personal file for compliancy, your paycheck will not be mailed, it will be waiting here for you to pick up once we receive the necessary forms.**

We must maintain and keep your confidential personnel file current at all times with the following documentation; all files are kept confidential:

Annually:	Physical Assessment	PPD	OSHA
Quarterly (RN/LPN)	Sanctions checklist from: The NYS Office of Medicaid Inspector General The US Dept of Health & Human Services Office of Inspector General and The Office of Professional Medical Conduct		
Upon Expiration:	Professional License	CPR Certification	Automobile Insurance
Upon Request:	Current Liability Insurance	Contract Form	

A letter will be sent to employees of needed updates to their personnel file two months prior to actual date needed. A reminder letter is then sent if no reply is received from employee within one month prior to actual date needed.

If employee does not respond, one phone call will be made to notify employee of being removed from “active” status and of *the removal of payroll courtesies 2 weeks prior to actual date of non-compliance*.

If no reply from the employee, the employee is placed in the “inactive” file, not being allowed to work, until file compliancy is obtained.

## Corporate Compliancy

Island Home Care Agency, Inc. advocates the importance of promoting a culture of compliance for employees that is open and where employees can feel comfortable to report potential compliance violations and not fear retaliation or retribution for their actions. The success of our business is based on understanding our customer’s needs, effectively anticipating how best we can meet their needs by delivering value in our services and providing these services in a manner that complies with all applicable rules and regulations that we are required to follow. Should you have any questions or comments regarding our corporate compliance, call our Compliance Officer at 800-649-0134 ext 11.

## **Changes In Personal Data**

We need to maintain up-to-date information about you so we would be able to aid you and/or family in matters of personal emergency. Any changes in personal information must be reported immediately to the company's personnel department.

HR/emplbook/8/93, 7/95,2/96,  
9/98, 5/99, 9/2000, 12/3 gtl  
last annual review 12/12 gtl  
rev 2014 gtl