EMPLOYEE MANUAL
WELCOME TO OUR STAFF
Revised 05/03/2013

Advantage Home Care, Inc. provides health care services in the homes of our patients. More importantly, we are in the business of keeping patients happy and well, in the comfort of their own homes.

As one of our carefully chosen staff members, we have made a commitment to treat you with respect and to value your contribution. We welcome you to the special group of individuals who join us in providing quality home health care.

This "Red Book" is our employee manual and part of your orientation process. You are required to know our policies and are accountable for the contents of this manual. This book will answer your questions about our operations and job description. Ignorance of the following materials is no excuse for violations of company policy.

These policies are not intended to constitute a contract. We reserve the right to amend, add to, repeal or deviate from any or all of the rules and regulations described in these policies wherever we believe it is necessary or desirable to do so.

Thank you for choosing Advantage and welcome to our family. We are honored that you have chosen to be part of our health care "team".

EMPLOYMENT OPPORTUNITIES AT ADVANTAGE HOME HEALTH CARE

Employment and Non-Discrimination
Advantage Home Care Inc. provides equal opportunity for all employees and applicants for employment without unlawful discrimination on the basis of race, creed, color, religion, sex, age, disability, citizenship, national or ethnic origin or other bias prohibited by law. Equal employment opportunity includes, but is not limited to, hiring, promotion, transfer, demotion, termination and training.

OFFICE STAFF

The office staff function is to assist you in doing your job in a concerned and competent manner.

Nursing Supervisor
The Nursing Supervisor develops the care plan and supervises the patient's medical care. They will provide your instruction and special training as needed. They are the liaison with the patient's physician and coordinate care between the patient, physician and other health care professionals. You must always speak directly to the NS for any change in patient condition, medication change, patient accident or injury, or any other unusual occurrence that might jeopardize your patient's well being.

Staffing Manager
The Staffing Manager supervises scheduling and personnel. They are **not** responsible in areas relating to your patient's physical condition, but will contact the Nursing Supervisor as needed. If you're unsure of who to report to, call your Staffing Manager.

Regional Operations Director
The Regional Operations Directors supervise Staffing Managers and handle problems of a non-nursing nature that cannot be resolved by your Staffing Manager. Personnel issues, worker's compensation claims, insurance investigations, and payroll concerns are all matters handled by these Non-Nursing Administrators. They handle insurance investigations, policy decisions, administrative matters and complaints regarding Staffing Managers.

Director of Nursing/Alternate Director of Nursing
The Director of Nursing and Alternates oversee the Nursing Supervisors and handle problems concerning patient care that cannot be resolved by your Nursing Supervisor. They also oversee development of nursing policy and practice issues. Complaints regarding your Nursing Supervisor will be handled by these Nursing Administrators.

Administrator/Alternate Administrator
The Administrator and Alternates have the final authority on all policies and procedures as well as disciplinary issues. They supervise both the nursing and non-nursing administrative staff and oversee all personnel concerns. Complaints regarding the administrative staff may be directed to the administrators.

DIRECT CARE STAFF

Registered Nurse Employment Profile
Direct Supervisor: Nursing Supervisor (NS)

The RN is utilized in accordance with the policies of the Indiana State board of Nursing, Indiana Nurse Practice Act, and other health care bodies, for the purpose of providing professional, skilled and technical functions to AHHC's patients.

Responsibilities Include:
1. Functions permitted and defined by the Indiana Nurse Practice Act as it pertains to the RN.
2. Carrying out orders from the NS and the patient's physician.
3. Documentation and summary of patient care and events pertaining to the patient's progress and development.
4. Working with other members of the health care team for the purpose of providing sound and continuous patient care.
5. Participation in programs and in-service of AHHC.
6. Initiation of rehabilitative and constructive procedures to aid in the patient's status and or progress.
7. Maintains communication with appropriate AHHC staff to avoid misunderstandings.
8. To complete a supervisory form weekly for each patient assigned to.

9. Other responsibilities that may be indicated orally or in writing that have to do with patient care and the role of the Registered Nurse regarding individual cases.

Qualifications Include:
1. Current Indiana license to practice as a Registered Nurse
2. A sincere and genuine interest in patient care, home care, and compassion for the sick.
3. Six months experience as a RN preferred.

Licensed Practical Nurse Employment Profile
Director Supervisor: Nursing Supervisor (NS)

The LPN is utilized in accordance with the policies of the Indiana State Board of Nursing, Indiana Nurse Practice Act, and other health care bodies, for the purpose of providing skilled and technical functions to the AHHC's patients.

Responsibilities Include:
1. Functions permitted and defined by the Indiana Nurse Practice Act as it pertains to the LPN.
2. Carrying out orders from the Nursing Supervisor and the patient's physician.
3. Documentation and summary of patient care and events pertaining to the patient's progress and development.
4. Working with other members of the health care team for the purpose of providing sound and continuous patient care.
5. Participation in programs and in-service of AHHC.
6. Initiation of rehabilitative and constructive procedures to aid in the patient's status and /or progress.
7. Maintaining communication with appropriate AHHC staff in an effort to avoid mistakes and misunderstandings.
8. Other responsibilities that may be indicated orally or in writing that have to do with patient care and the role of the Licensed Practical Nurse regarding individual cases.

Qualifications Include:
1. Current Indiana license to practice as a Licensed Practical Nurse.
2. A sincere and genuine interest in patient care, home care, and compassion for the sick.
3. Six months experience as a LPN preferred.

Certified Home Health Aide Employment Profile
Direct Supervisor: Nursing Supervisor (NS)

Home Health Aides are recognized as key part of our home health care program. Certified Home Health Aides perform "hands-on" assistance with a patient's physical dependency needs as well as non-skilled medical procedures ordered by the physician and delegated in writing by the Nursing Supervisor.

Responsibilities include, but are not limited to:

1. Assist patient with Bathing
2. Mouth and denture care.
3. Assist patient to and in bathroom.
4. Assist patient with ambulation.
5. Hair care.
6. Assist in and out of bed
7. Assist with dressing and undressing
8. Housekeeping and meal preparation.

The Following Duties May Be Allowed IF DIRECTED by the Nursing Supervisor in Conjunction with a Physician.

1. Assist patient with wheelchair, cane, walker or crutch
2. Range of motion exercise (ROM)
3. Skin care.
4. Assist with oxygen
5. Change of ostomy device
6. Vital Signs
7. Application of non-sterile dressing on intact skin
8. Preparation of special meals.
9. Catheter care.
10. Measure intake & output (1 &0).

The following **MAY NOT** be Performed by the Home Health Aide

1. Tube feedings
2. Cold or heat application
3. Administration of an enema.
4. Care of a tracheostomy tube
5. Catheter or colostomy irrigation
6. Administration of any medication.
7. Providing medical advice.
8. Cutting finger or toe nails.

Qualifications:

1. Is at least 18 years of age.
2. Is a high school graduate, has a GED, or demonstrates ability to read and write adequately to complete required forms and reports of visits and follow verbal and written instructions.
3. Current Home Health Aide certification.
4. Adequate physical & mental health to perform the job and free from communicable disease.
5. Interest in and empathy for the ill.
6. Interpersonal skills necessary to work well with clients, families, and co-workers.

Attendant Employment Profile

Direct Supervisor: Nursing Supervisor (NS)

Attendant Caregivers are recognized as a prominent part of our home health care programs. Attendant Care consists of patient safety, maintenance and support primarily involving a combination of personal assistance and homemaker activities. As with other services, these activities are performed under the direction of the Nursing Supervisor and the Care Plan is to be followed exactly.

Attendant Care responsibilities include:

1. Bathing (tub, shower)
2. Partial bath (hands, face, back, bottom)
3. Oral hygiene
5. Shaving/Cosmetics application
6. Intact skin care
7. Dressing client

4. Hair care
8. Hand and foot care.

Other Activities Essential to Assisting the Patient with Attendant Care are:

1. Homemaker duties.
2. Mobility
3. Nutrition
4. Elimination
5. Safety
6. Reminding client to self administer medication.
7. Assistance with correspondence

The Following MAY NOT be performed by the Attendant Care are:

1. Bed bath.
2. Occupied bed changes.
3. Non-weight bearing transfer
4. Supervision of dispensing of medication
5. Skin care of broken skin
6. Passive range of motion exercises turns, and positions.
7. Assistance with crutch ambulation

Qualifications:
Attendant Care givers are generally Certified Home Health Aides and adhere to the qualifications of the Certified Home Health Aide profile. Exceptions may be made depending on the unique needs of the individual patients.

Live-In Employment Profile
Direct Supervisor: Nursing Supervisor (NS)

The Live-in will follow exactly the Care Plan designed by the Nursing Supervisor. The Live-in will also follow the Home Health Aide Employment Profile if they are a home health aide Live-in, the Attendant Profile if they are an attendant Live-in, or the Homemaker/Companion Employment Profile if they are a homemaker or companion Live-in.

As a LIVE IN, there are a Number of Special Considerations and Concerns.

1. Live-in employees are to stay at the home at all times and need to call the office if this cannot be done.
2. Live-in shifts are in 24 hour blocks of time (24, 48, 72, etc.)
3. Meals are prepared by the Live-in and the Live-in usually eats with the patient.
4. We want you to get a normal night's sleep and the office needs to be notified if you do not.
5. Personal visits are not allowed and personal calls need to be approved.
6. Live-in employees may do no more than two hours per day of housework.

Homemaker/Companion Employment Profile
Director Supervisor: Nursing Director (NS) and Office Staff

The Homemaker/Companion will follow exactly the Assignment Sheet designed specifically by the Nursing Supervisor for each patient. If there is a reason why the Homemaker/Companion cannot follow the instructions, they must call the Office to discuss the situation.

Responsibilities Include:

The Homemaker/Companion functions will vary with each specific case, but these

guidelines should always be kept in mind:

1. Work with the Nursing Supervisor and Office Staff Members to follow directions.
2. Communicate problems to the office nurse, especially an unusual event.
3. Follow the ASSIGNMENT SHEET and keep a daily record of activities of the sheet.
4. Cleaning, laundry, meal preparation, and other duties only according to directions.
5. Remember, as a HOMEMAKER/COMPANION, you are not allowed to provide any "hands on" or direct patient care. When in doubt, call the office.
6. Reading to the patient, enjoying television, talking, or playing games are good activities that can make the patient feel better. Selectively, do things that will be of benefit to the patient.

ASSIGNMENT POLICIES

Accepting Assignment

You may accept or refuse any assignment without penalty. Staffing Managers will contact employees when openings become available and describe the skills, hours, duties, and special considerations. Questions are encouraged at that time. If you have no interest tell us when the Staffing Manager calls.

When you accept a case we expect you to be fair and reasonable with scheduling. Don't accept cases if you know you cannot fulfill the requirements. For example: if a case includes weekend coverage, you must be prepared to accept and complete your share of weekend hours (usually at least every other weekend).

If you don't have the skills for a case, talk with the Nursing Supervisor. A training session may be arranged to give you instructions.

Scheduling

Routine scheduling is generally completed by the 15th of the month prior to the month the care is delivered.

Employees are expected to work every other weekend. Employees that work for clients that have weekend coverage will be required to do their fair "share" of weekend hours. Employees will also be expected to "share" holidays when care is required.

Staffing Managers will take time off requests after the schedule has been completed but may be unable to accommodate these requests.

ALL STAFFING MUST BE DONE THROUGH THE OFFICE. If you must stay past the scheduled time or come in early, the staffing manager must be notified for approval **before** the care is provided. **Employees will not be paid for care that has not been scheduled in advance through the office.** Do not ask patients to change scheduled work hours for your convenience.

There is often a period of adjustment at the start of care as we work with the patient and family to meet their wishes as well as provide the necessary care. During this adjustment time there may be

several staffing and/or scheduling changes as we work together to find the solutions that best meet the needs of the patient. These first few weeks of care can be very stressful until schedules stabilize and the patient's needs are clearly defined. Ultimately, things work best with a routine schedule and consistent staff.

Unscheduled absences by employees do occur. When unable to work, call the office at least 2 hours prior to the shift starting and we will in turn notify the patient. Employees should never call the patient directly if they are unable to work or need to change hours.

If a client or family member wishes to change hours after you arrive, call the office for approval.

Staffing Managers need to know well in advance when you are, and are not, available for work.

It's your responsibility to know your schedule. You may be working with more than one Staffing Manager so know who is responsible for your cases.

Team Work

Most patients have more than one employee working for them so you need to be a team player. This includes supporting each other, sharing the work load fairly, adjusting hours when a problem arises and reporting any problems to the Staffing Manager or Nursing Supervisor.

You should arrive a few minutes early to receive a report on your patient, prior to starting your shift. When you are reporting information to a family member or another employee be thorough and to the point.

Remember it's common for a patient to have a "favorite" employee. If this happens, be particularly supportive of the others, keeping in mind it is the team effort that creates good continuity of care.

Never criticize your fellow employees or office staff in front of the patient! If you're having a problem, inform the Staffing Manager and they will intervene to resolve the problem.

It's our job to give you the necessary information to provide patient care. It's your job to discover the little things that help you succeed on each assignment.

Safety

We are concerned about safety! You, our employee, and our patients matter to us. Use safe procedures at all times when you are providing patient care. The safe way is always the correct way to do each job. Shortcuts-----→ HURT!!!

The following are some basic rules to assure your safety in the home setting:

1. Use safe lifting techniques. Lifting in-services are mandatory each year but are always available for review. Contact your Nursing Supervisor if you need in serviced on a specific patient or piece of equipment.
2. Arrive at work well rested, clean and in good health. Report any infections if you feel ill. Keep health tests up to date.
3. Dress properly. Loose fitting clothing, jewelry, high heels and sandals can cause

accidents. Wear low heeled, rubber soled shoes.

4. Always follow the care plan and your job description. If you do not know something Do Not Guess!! Call the office for instructions. Do not operate equipment without authorization.
5. When driving, seat belts are mandatory. You must be properly licensed and insured. Do not eat, drink, smoke or use a cellular phone while driving. Obey all traffic laws at all times.
6. When driving your car, it must be properly insured, maintained and in safe operating condition.
7. Pick up clutter underfoot. Wipe up spills completely as soon as they happen. Never climb on ladders, or chairs.- Keep your feet on the ground!
8. Correct or report unsafe conditions or actions immediately. Make safety your business!
9. Do not pet, play with, or otherwise encourage interaction with animals in the home. All animals have the ability to bite and scratch! If possible, keep pets out of the room when you are doing personal care.
10. When an injury, accident or exposure occurs, follow policy immediately! Call the office as soon as possible (always within 24 hours) Follow up with a written statement within 72 hours

Urgency is NEVER a reason to neglect safety. Take Responsibility! Keep a Safe Environment!

Body Mechanics

Employees lift and move clients, supplies and equipment every day. If not performed correctly, these activities can result in serious injury or damage to you or your client.

DO:

1. Make sure you have good posture.
2. Maintain a wide base of support. Stand with your feet about 12 inches apart.
3. Bend your knees, not your back. This will put pressure on the leg muscles which can better absorb the pressure. Use the stronger and larger muscles of your body. These are the shoulders, upper arms, thighs and hips.
4. Hold objects close to your body when lifting, moving or carrying them.
5. Avoid unnecessary bending and reaching. Leaning and reaching may strain your back and muscles.
6. Avoid lifting when possible. Push, slide, or pull heavy objects when you can.
7. Turn your whole body when you change directions.

DON'T:

1. Twist your neck, back or upper body.
2. Bend your back.
3. Strain; the object is too heavy.
4. Jerk at objects or make sudden moves.
5. Try at anything you are not sure you can handle.
6. Lift heavy objects when you are weak or dizzy.

Always ask your supervisor when in doubt before moving or lifting any object or patient!

Leaving The Patient Alone
Don't Leave!! Patents should never be left during scheduled working hours. "Breaks" may only be taken when the patient does not need active care and must be taken while still able to provide care when needed. You must always stay close enough to recognize and intercede if a medical emergency occurs. Advantage is a smoke free agency and so smoking is never allowed during a "break" either inside or outside the home.

If you leave the home at any time during your shift you must have a qualified caregiver take over for you and you must "clock out". Your time slip should reflect the time you were out of the home, your documentation should reflect who has assumed care for the patient during the time you are gone and you will need to notify the office for permission.

Occasionally a patent might order you to leave. Don't leave, explain you must call the office and do so immediately! If you are physically threatened or in danger, you may leave the premises but immediately notify the office and the proper authorities. If you have a personal emergency and must leave, call the office and we will arrange for a replacement.

Care Plans: Your Instructions
A clinical file folder is in the home of each patient. A nursing plan of care is in each folder and it outlines the care you are to provide and how it's to be provided. Care plans may differ in format and content but all should clearly outline your role in the home.

Care plans are developed by the Nursing Supervisor in conjunction with the doctor, family, and patient. Any suggestions you have to update the patient care plan are appreciated. If you do not find a care plan or red folder in the home, please call the office before providing care.

You are to provide the care as it is outlined in the care plan. If the patient or family requests care that is not on the care plan, or the care needed is not on the care plan, please contact the office immediately and report the need for changes to the Nursing Supervisor. Do not provide care that is not on the care plan without the Nursing Supervisor's approval.

Documentation of your activities and care provided is required each time you see a patient and must be completed before you leave the home each day. Caregivers should maintain **clear and accurate** records for the care provided. Documentation must be thorough, concise, and reflect the care plan goals. Our records are legal documents admissible in a court of law.

Reason for the Care We Provide
There are several reasons a client may need our services and most payment sources are very specific about what they will pay for so it is important to know the reason for the care and what payer pays for what care. For example, Medicaid will pay for care while the family is at work but requires the family to provide the client's care while they are at home. Insurance companies generally will not pay for work time but only pay for skilled care that the family is not trained or able to provide. Please make sure you are aware of the "why" we are providing care and contact the office if the family's circumstances have changed.

You Are Never Alone
Communication between field and office staff is of primary importance to good patient care. From Staffing Managers to Operations Directors our job is to make your job easier and to provide the best patient care.

And you're never alone. After hours and on weekend, the Staffing Managers are available for problem solving and scheduling emergencies. Most problems can be solved during office hours, but if an urgent concern arises, call your local office number and the answering service will contact the appropriate person. Be very clear when you talk to the answering service so they can relay your message correctly. Then, keep phone lines open so someone can get back with you. We are happy to discuss all aspects of your job and any other concerns you may have, but if it isn't an urgent matter, please call during normal business hours.

DOCUMENTATION POLICIES

General Documentation Policies
All care must be documented at the time it is provided and must follow the "care plan" or "instruction summary" that is located in the patient's red folder located in the home. This folder should be reviewed each time the employee enters the home for changes so that the employee may provide the care that is needed for the patient to be safely maintained in the home setting. Call the nursing Supervisor immediately if you cannot locate the red folder in the home.

When a "condition change" is observed, call the Nursing Supervisor. A condition change is something you find or observe with the patient that is not on the original care plan such as level of assistance needed, patient injury, or any other patient concern.

Call the office immediately if the patient is not at home or does not answer the door when you arrive to provide care. Call to report if your Medicare patient has been out of the home at all.

Write neatly, and legibly. If an error is made, line through it once, write the correct information beside it, date and initial. Never erase, white out, or write over previous notes. If an entry is forgotten, write it as a "late entry".

Waiver Personal File Documentation Form
The "Waiver Personal File Documentation" form is to be used each time Medicad Waiver services are provided for any type of "hands-on" care. This includes attendant care, respite home health aide and respite skilled nursing. This form is to be completed for each shift, signed and dated at the bottom. This must accompany your time slip and all other documentation when submitted for payment. Contact your Nursing Supervisor immediately if you document any change in the patient's care or condition.

Skilled Nursing Documentation
All skilled care requires documentation each time the patient is seen and at least hourly when providing extended hours. Documentation will be done at the residence when care is given and must be completed before the employee leaves the home each day or visit.

Nursing notes must be clear, concise and complete. Remember, if you did not document it, you did not do it! All notes must be dated, time of day recorded (no military time) and each entry signed as you have signed your "Master File Signature Sheet." Do not leave any blank areas. Draw a line through all unused spaces. If you have a concern that needs to be documented, but you don't want it left in the home, contact the Nursing Supervisor for instructions.

Arrangements are made on an individual patient basis for collection of notes. Please clarify with the office what arrangements have been made for each patient you care for. Notes must be incorporated into the clinical record in the office within 14 days of the day they are written. Submit all paperwork per HIPAA guidelines.

Observe the following guidelines regarding documentation:

1. Nursing notes are maintained on all patients each day services are rendered. Entries must be made at least hourly and each time care is given.
2. All care provided including assessments, condition changes, behavior, and mental status should be reflected in the notes,
3. Notes must reflect nursing care, patient activity and significant family interaction. Third party reimbursement for your services depends on your ability to make skilled observations and follow skilled documentation criteria.
4. Observation must be specific and objective. Do not state opinions or make judgments.
5. At the beginning of the shift:
    a) Record the time and date shift begins and from whom you received the report.
    b) Check and document all equipment for function, appropriate settings and availability, including emergency equipment
    c) Perform and document brief head to toe assessment of client including involved systems (respiratory, GI, musculoskeletal, etc.) vital signs, blood pressure and equipment. This assessment may be performed later in the shift in some cases. Check with the NS.
6. At the end of the shift:
    d) Recheck equipment settings and condition and document.
    e) Document time, date, how the patient was left, and who assumes responsibility for care.
    f) Check to make sure all sheets/ notes are signed, numbered, and dated.
    g) Last shift of the week: Cross off all unused lines on the sheets. The new week begins with a new sheet of notes.
7. Red Nursing folders (or binders), notes, medication sheets, flow sheets, and other types of materials are distributed by the Nursing Supervisor at the supervisory visit. If your supplies are low, call the office. Be sure you receive enough materials to last until the next visit.
8. Care Plans, schedule sheets, emergency numbers and special instructions are in the red folder or binder and it should be reviewed each time you provide care.
9. You should always carry a watch with a second hand, bandage scissors, and a stethoscope. All other equipment should be provided at the home. Contact the office if you need something.

10. Remember that nursing documentation in the home is as legal, confidential and as important as it is in the institutional setting. Please make every effort to be thorough, complete, and accurate in all documentation you provide.

HHA's/Attendants/Live-In Documentation

Home Health Aides, Attendants, and Live-in's complete a "work log" to provide documentation about the day's events. The log corresponds to the care plan written by the Nursing Supervisor that may be found in the red patient folder. Work from the care plan when completing your daily documentation. To use the work log, circle the activities the Nursing Supervisor circled on the care plan and check the boxes that correspond to the care you provided on that day. Do not provide care that is not on the care plan and notify the Nursing Supervisor is the patient refuses care that is on the care plan.

Worklogs are blue for "Certified Home Health Aide" level care and pink for "Attendant" level care. Be sure you understand the level of care, the hours for each payer source and the care to be provided under each payer source before providing care. It is not unusual to have more than one level of care and more than one payer source during the course of care on any given day. Never put more than one payer source, level of care or visit per day on a single worklog. Never provide care to a patient that is not printed on the worklog.

Complete the work log as the care is provided, sign and date it at the end of each day you provide care. All signatures must match your "Master File Signature Sheet". Submit all paperwork weekly to office per HIPPA regulations.

Worklogs must be properly completed (this includes the upper portion) for each patient and payer source and submitted weekly to document the specific times you worked. Worklogs are the basis for determining your paycheck as well as how we bill. BOTH office copies (one is a full sheet and other is a 1/3 sheet) must be submitted to process them for payment. They should be signed by you daily and the patient or responsible family member should sign them at the end of the week to verify your times. The worklog should remain in the home until the last shift of the week and the patient or family should not sign them until all care has been performed for the week.

Worklogs must be mailed or hand delivered by the employee to the local office as soon as you have completed your last shift of the week. REMEMBER: Worklogs are confidential patient records and should be maintained in a HIPAA compliant manner.

You will receive one (1) worklog per week in your paycheck envelope. More worklogs are available in the Red Patent folder in the home. If the Folder is running low, contact the office.

Homemakers/Companions Documentation

Homemakers and Companions complete an assignment sheet to provide documentation about the day's events. The sheet corresponds to the instruction summary written by the Nursing Supervisor. Work from the instruction summary when completing your daily documentation.

To use the assignment sheet, circle the activities the Nursing Supervisor circled and check the

appropriate areas daily. When a "condition change" is observed call the Nursing Supervisor immediately for direction. A condition change is something you find or observe with the patient that is not on the original care plan such as a need for "hands-on" care, patient injury or any other patient concern.

Never provide "hands-on" care to a "homemaker/companion" client but call the Nursing Supervisor immediately if the client has a need for "hands-on" care.

TIME SLIP POLICIES

Time slips must be completed and turned in every week with the supporting documentation to verify the specific times you worked. They determine your wages as well as how and who we bill, so accuracy is essential to avoid false claims and potential health care fraud.

The week ends on Friday night at midnight for hourly employees. Shift change on Saturday is the week's ending time for Live-in(s) and Sleepover(s). All time slips must be received in the local office by noon (12:00pm) Monday or the Muncie office by noon (12:00pm) Tuesday to insure your paycheck is timely and correct. Time slips may be mailed directly but allow at least 3 days for mail delivery. Advantage is not responsible for mail delivery that is delayed.

Payroll is deposited directly to your account on Friday or checks are mailed after hours on Thursdays for time slips that have been submitted to agency in a timely and correct manner. Offices also have an established payroll pickup program. Please check with your Staffing Managers for the plans available at your local office.

Mail delivery varies so allow at least 3 working days for your check to arrive. Please check with your local post office before calling the office. Banking Policy requires a 10 day waiting period before a replacement check can be issued. A check can be replaced and issued in less than 10 days at the employee's expense. **We advise direct deposit as the preferred method of payroll delivery.**

If you change your address you need to notify your Staffing Manager at once so we may send your check to your new address. Sending a separate note with your time slip will also allow us to change your address. **Do not put this information on your time slip envelope**.

Please follow these steps to fill out your time slip:

1) Enter the patient's full name.
2) Enter your full name.
3) Enter week ending date (Friday date)
4) Enter the office the patient is staffed from.
5) Circle the "service" (payer source) for care to be billed to the patient or circle (check box on home health aide time slips) "orientation" when appropriate.
6) Check the "Show-up Time" box if the patient is not at home at the scheduled time only after you have called the office to verify the time, location and patient is correct and you have approval from the Staffing Manager. The Staffing manager will need to co-sign any "show-up" times to be paid. "Show-up" times

must be on a separate time slip.

For each shift worked:

7) Enter the date next to the day of the week.
8) At the start of care enter starting time in the proper “am” or “pm” slot. Starting time begins after you enter the patient’s home and begin to provide care.
9) At the end of the shift enter the ending time in the proper “am” or “pm” slot and calculate the hours completed for the day. Ending time is prior to leaving the home when the last task is completed and documentation is finished.
10) Sign or initial daily as directed on the time slip. Signatures are required and must match your signature on the “Master File Signature Sheet”.
10) After the last care is provided for the week, calculate and enter the weekly total of hours provided. If indicated on the time slip sign at the bottom. Worklogs need to be signed and dated on the worksheet.
11) Have the patient/client sign the time slip to verify the hours worked and the care provided. Make no changes or additions after the time slip has been signed (it is a legal document).
12) Send the white office copy and written documentation of the care to the office, the “patient” copy goes to the patient and keep the “employee” copy for your records.
13) Your written documentation verifies that the work was completed and is required along with the signed time slip to be paid.

Payroll checks can be produced only for correct, complete time slips. Time slips that are not complete or not correct will not be accepted and will be returned to the employee for completion prior to being eligible for payment.

Correct, complete time slips will include at least one of the following types of documentation: Work logs, Nurse’s Notes, Homemaker/Companion assignment sheets. Additional documentation may be necessary on a case by case basis.

The time slip may only reflect time that the patient is present in the home. If the patient is not in the home when the shift is scheduled to start call the Staffing Manager immediately for instructions.

Travel time to and from the work, and mileage are not reimbursable and should not be noted on the time slip.

Starting and ending times will be scheduled from the local office. Any deviation from these times must be reported to the office for permission prior to the care being delivered.

Orientation must be approved and documented as “orientation” and will be paid at a standard “orientation” rate.

Visit based care is paid at a flat rate. Starting and ending times will be documented as above, but the “hours worked” columns will reflect the number of visits made.

Information placed on the time slip must be accurate and reflect care actually performed for the patient by the employee**. Any falsification, including but not limited to, times, days, signatures, care performed and level of care will be grounds for dismissal and may constitute felony health care fraud.**

ADVANTAGE HOME HEALTH EMPLOYEE POLICIES

Absences, Sickness, Tardiness

If you cannot work due to sickness or emergency, contact the office immediately, regardless of the time. Absences must be reported at least 2 hours prior to the time you are scheduled to work. True emergencies that preclude a 2 hour advance notice will require written verification to avoid an "unexcused absence".

All absences and/or changes must be reported prior to the start of the shift. Unreported or excessive absences will not be tolerated. Tardiness must be reported to the office and documented on your time slip. Excessive tardiness and/or unexcused or excessive absences may result in termination of employment. All changes must be reported to the office.

Report directly to a Staffing Manager and don't just leave a message with the answering service. We need to know why you cannot work and when you will return. **Failure to speak directly with a Staffing Manager will result in your absence being documented as "unexcused" and will result in reprimand or discharge.**

Staffing Limitations

You may work no more than sixteen (16) hours in any one twenty-four hour period. Exceptions are made by the Administrative Staff and are only approved for emergency situations. If you are requested to work more than sixteen hours in any twenty-four hour period make sure that the Staffing Manager is aware of all the hours you are working.

RNs, LPNs and homemakers may not routinely work over 40 hours per week. Overtime requires administrative approval **in advance** and cannot be used for routine scheduling. Overtime may never be used for providing "respite care".

Homemakers work Monday through Friday and may not work holidays.

Hands-on care **not** provided on a daily basis, attendant and respite care may not be provided on holidays.

Personal Appearance

You represent AHHC when you are in the patient's home so appearance is important. Daily bathing, clean clothes, clean hair and good oral hygiene are the minimum requirements. Please do not wear perfume. Many patients have allergies.

Wearing regular clothing is appropriate, shirts and slacks, skirts or dresses are fine as long as they're neat and clean. Make sure what you wear fits properly and you can perform your duties in it.

Wear low heeled, rubber soled shoes. Short shorts, miniskirts, tattered clothing, T-shirts with advertisements or obscene language and midriff tops are not appropriate. Jewelry should be kept simple, practical and to a minimum. Scrubs may be acceptable for some patients, check with your Nursing Supervisor.

Professional Behavior
You are a health care professional and are expected to always behave in a professional manner in a patient's home. Your language, attitude and behavior should always be courteous and professional even if the client and/or patient is not acting in a reasonable manner. You must use personal restraint in difficult situations and report any concerns to the office immediately.

Failure to maintain professional behavior may violate a patient's rights and may be grounds for immediate termination.

Courtesy & Respect
Employees are expected to be courteous to patients and others in the home at all times. Patients and their families will not be subjected to yelling, foul language, sexual misconduct, discrimination, threats or battery of any kind by the employee. Advantage will investigate all such allegations and, if substantiated, will be grounds for discharge.

If the employee experiences any of the above behaviors from the patient or others in the home they are to report it to the Nursing Supervisor immediately.

Personal Relationships
Employees are expected to maintain a professional relationship with all clients while providing care. Do not discuss your personal lives with clients, give them your phone number or address, or have contact with them outside of your work hours. Do not offer to assist them with additional needs or call them for any reason outside of your regularly scheduled hours.

Personal relationships outside of the workplace disrupt the professionalism needed to assure the patient's needs are the sole priority of care. The line between work and friendship often becomes blurred and can lead to fraud, abuse and violation of the patient's confidentiality.

Please notify the Nursing Supervisor immediately if a client asks you to do anything outside your normal work hours or indicates they want to pursue a friendship outside of work. Also notify your Nursing Supervisor if you see a need the client may have that is not being met.

Drug Free Workplace
The use of, or being under the influence of, alcohol and illegal drugs while on duty is grounds for immediate dismissal If you are taking medication ordered by a physician that may affect your job performance, please inform your Nursing Supervisor before accepting work.

In an effort to maintain the safest environment for both patient and employees, Advantage Home Health Care Inc. will promote, monitor, and enforce a drug free work place.

It is strictly prohibited for any Advantage Home Health Care employee to be involved in an unlawful manufacture, distribution, possession or use of a controlled substance in the work place or patient's home. This type of conduct will not be tolerated and will result in an immediate discharge of that employee.

As a condition of continued employment, all employees will abide by the above guidelines. Any criminal drug statute conviction for a violation occurring in the work place must be reported to Advantage Home Health Care no later than five (5) days after conviction.

Drugs & Alcohol in the Home
In an effort to maintain the safest environment for both client and employee, Advantage will promote, monitor and enforce a drug free work place. Please report any recreational drug or alcohol use in a patient's home to the Nursing Supervisor immediately.

You may not provide care in a home where illegal or recreational drug activity is occurring. Alcohol use by the patient during hours of care is prohibited as well as excessive use of alcohol by individuals in the home during times of care.

Call the Nursing supervisor immediately if you suspect drug activity or excessive alcohol use in the home by anyone.

Sleeping
Hourly employees may not sleep or nap while on duty. Sleeping is grounds for immediate dismissal for these employees. "Live-In" and "Sleepover" aides may sleep during the night while the patient is sleeping but they must have a procedure in place for the patient to wake them when needed.

Non-Harassment Policy
In keeping with the spirit and the intent of Federal and State law, Advantage strives to provide a comfortable work environment. We are committed to a workplace that is free of discrimination and harassment based on race, color, religion, age, sex, national origin, disability, citizenship or any other protected status. Same sex harassment is also unlawful. Offensive or harassing behavior will not be tolerated against any employee. In addition, those in the supervisory or managerial position will be responsible for taking proper action to end such behavior in their work areas. In an effort to prevent sexual harassment and other forms of harassment from occurring, this policy against harassment will be communicated to each employee. No employee of this company is exempt from this policy. Every Advantage employee has the right, as well as the responsibility, to communicate any harassment allegations directly to Administration.

Prohibited Behavior. Offensive conduct or harassment that is of a sexual nature or based on race, color, religion, age, sex, national origin, disability, citizenship or any protected status is prohibited. This includes but is not limited to:

- Physical action, written or spoken language and graphic communications
- Expressed unwelcome and unwanted physical contact.
- Demands or pressure for sexual favors

The above mentioned conducts are prohibited forms of harassment when any or all of the following is/are true:

- There is a promise or implied promise of preferential treatment or negative consequence regarding employment decisions or status.
- Such conduct is intended to, or has the effect of, creating an intimidating, hostile or offensive work environment or unreasonably interferes with a person's work performance.

Disciplinary Actions. Harassment is considered a form of employee misconduct. Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination. Any employee, who has knowledge of such behavior, yet takes no action to report it, or in the case of supervisors and managers, to end it, is also subject to disciplinary action. Each employee will be held responsible for their actions and must maintain compliance to this policy, accepting full liability of all damages and associated legal costs if determined culpable of an offense.

Retaliation is prohibited. Complaints made in good faith will in not be held against an employee. Under no circumstances will an employee be penalized for the valid reporting of improper conduct. It is our goal to stop unlawful behavior and prevent it from recurring.

Smoking

Advantage Home Health Care is a smoke free environment. **Do not smoke in patient's homes and while on company time.**

Telephone Use

Do not use your personal cell phone while on duty in a patient's home. Personal calls made from work must be limited to urgent concerns that cannot wait until you are off duty and **must** be approved by the office. Never place a personal long distance call on the patient's bill. Have the operator bill your home phone number instead.

All emergency calls from your family or friends must come through the office.

If you need to contact the office and it is long distance, use one of the toll free numbers.

When answering the phone at a patient's home, answer it by saying "Mr. or Mrs. (patient's name) Residence."

Clients are required to have a working telephone in the home for emergency use. Notify the office immediately if one is not available.

Do not give the client your telephone number and do not contact them directly. All communication with the client should come through the local office.

Personal Visits

It is never permissible for an employee to bring another individual, including children and pets, into any patient's home for any reason. Personal visits are not permitted during working

hours. Explain to your family and friends they are not to visit you while at work. If you need to be picked up or dropped off by another person do not allow them to enter the client's home or have any personal information about the client.

Gifts & Favors
Do not accept gifts of any kind from the patient or the client including gifts of money or "tips". Do not remove anything from the client's house with or without permission from the office. Do not accept or give "loans" of money or possessions to clients. In the rare instance that you will need to handle money for the client notify the Nursing Supervisor for instruction and inclusion on the care plan. Contact the office if a patient wants you to have a special gift.

Theft
Unauthorized removal of anything from a client's house or property is theft and you will be prosecuted. We will not tolerate theft and it is grounds for immediate dismissal.

All allegations of theft made by a client will be referred to the local police department or sheriff's office for investigation. If contacted by the agency or the local authorities you will need to cooperate fully with the investigation. Failure to cooperate in a criminal investigation will be grounds for dismissal.

Dependents in the Home
Employees may not be responsible for anyone in the home other than the client(s) assigned to them by the office. If you are left in the home with individuals, other than the client, that require care or supervision call the office immediately.

Where Care May be Provided
All care must be provided in the patient's home. Exceptions may be made under certain circumstances for school or medical appointments. Any exceptions must be noted in the care plan and you must have permission from the local office. All absences from the home for the above reasons must be reported to the office prior to the absence with each occurrence.

Care may <u>never</u> be provided in the employee's home.

Videotaping in the Home
Videotaping employees in the home while they are providing direct patient care is becoming a common occurrence in home care. This videotaping may be done with, or without, the knowledge of the agency or the employee. If the agency is aware that videotaping is being done we will inform the employee prior to assigning them to a case. However, an employee's behavior and conduct should always be above reproach at all times so that any video taping done, with or without their knowledge, will only confirm that the employee provided safe, effective and compassionate care in accordance with state and federal regulations.

Pictures
Do not take pictures of patients or their families without written permission from the office.

Automobiles, Transportation
Employees are **never** to transport clients to or from the home in either their own vehicle or the client's vehicle **for any reason**.

Nurses or CHHAs may accompany client's to school or medical appointments when transported by licensed transportation provider (i.e. school bus, handicapped city bus, cab, ambulance, etc) only when it is part of the written instructions placed in the home **and** it has been approved by the Nursing Supervisor. Approval will be given only when it is medically necessary for the employee to accompany the client and not for the convenience of the client or their family. Approval will not be given for the employee to be out of the home for any other reason.

Attendants and Homemakers may perform "essential" errands for clients under some payer sources. "Essential" errands are defined as errands provided to clients with no other means to obtain food, medicine or laundry services and without these services the patient would be unable to continue to live at home. **This must be included as part of the written instructions in the home** and approved by the Nursing Supervisor and Administrator. The employee must have a current driver's license and current insurance on file with the office to run errands and may **not** allow the client to accompany them. **They must report to the office when they are leaving the home and when they return** and if they know of any other resources the patient has for obtaining these necessities. Nurses and Certified Home Health Aides may **never** perform errands for clients.

Under certain extreme circumstances a nurse may need to accompany a client to school or a medical appointment in a private vehicle. This will only be allowed when public transportation is not available, the client has medical needs that cannot be met by the individual driving the vehicle and no other caregiver is available to assist the driver. This requires proof of need, driver's license and current insurance for the individual driving the vehicle. **They must report to the office when they are leaving the home and when they return.** No other individual may be in the vehicle other than the driver, the nurse and the patient. The nurse may **never** do the driving.

Arranging transportation to and from work is the employee's responsibility.

Privacy & Confidentiality
Information regarding the diagnosis and treatment of a patient is **private and confidential.** Employees should only discuss patient information when reporting off to other employees/caregivers or when reporting concerns to the office staff.

Never discuss other patients with your current patient and do not answer questions about other patients even if you know the patients know each other. If a patient continues to ask about other patients notify your Nursing Supervisor.

Do not discuss a patient's diagnosis or treatment (or any other medical information) with their family members unless they are assuming the care of the patient.

Do not give **anyone** a client's name, telephone number or address. Tell your family and friends to call our office in an emergency. We will contact you immediately.

The patient's red folder should be kept in a secure location determined by the client and Nursing Supervisor. Make sure it is secured before you leave the home each day and do not disclose its location to anyone.

Concerns regarding a potential violation of a patient's privacy should be reported to your Nursing Supervisor immediately for investigation. If you feel that the situation has not been addressed please contact Wm. Jones, Asst. Administrator, at 765-284-1211 or 800-884-5088.

Violation of a patient's right to privacy may be grounds for immediate termination.

Resignations
Should you plan to leave the agency, a two (2) weeks written notice is required for resignation. Failure to adhere to this policy will not allow us to provide you with a reference and will make you ineligible for rehire.

Verbal & Written Reprimands
Except in a case where the Administrator concludes the circumstances warrant discharge, a progressive discipline procedure will generally be used in an effort to give employees advance notice of unacceptable performance and an opportunity to correct the problem. Under this approach the employee will be counseled concerning the unacceptable behavior and a verbal reprimand will be issued. If the behavior continues, then a written reprimand will be issued and the individual will be again counseled concerning the unacceptable behavior by a Nursing Supervisor. If the unacceptable behavior still continues the employee will be discharged.

Examples of the types of conduct for which a reprimand may be issued, but are not limited to:

1. Tardiness.
2. Unwillingness or failure to satisfactorily perform the duties of your job.
3. Unsatisfactory work performance.
4. Cancellations without proper excuse/notice.
5. Leaving an assignment without proper relief/approval.
6. Failure to report to work as assigned without notifying your supervisor.
7. Failure to schedule or staff any client without notifying your supervisor.
8. Failure to report a missed shift or visit to a supervisor.
9. Poor work effort or attitude.
10. Minor insubordination.
11. Working or scheduling overtime without prior authorization from your supervisor.
12. Accepting gifts or tips from your client or client's family members without prior approval of your supervisor.
13. Failure to abide by the AHHC employee's dress code.
14. Discussing personal problems with a client.
15. Failure to abide by AHHC policies or procedures.
16. Providing a client with another AHHC employee's telephone number or personal information.
17. Failure to follow requirements for the storage, transportation, treatment or disposal of

infectious wastes.

18. Failure to use universal precautions, when the employee has direct contact with blood or other bodily fluid.

The preceding list is not all inclusive. Other types of unacceptable conduct may occur for which written reprimands may be issued. Furthermore, under the circumstances of a particular case, a written reprimand may not be issued. The exercise of the discretion by the Administrator of AHHC is not a waiver of the agency's right to issue a written reprimand to the same employee or any other employee for the same type of offense in the future.

Discharge

If at any time a report of patient endangerment against AHHC employee is substantiated, immediate discharge of that employee will result. It must be remembered that your employment with AHHC is at the mutual consent of AHHC, and yourself, and either may terminate employment at will, at any time, for any reason. The Administrator of AHHC, therefore, may immediately discharge an employee without a prior written reprimand whenever the Administrator believes the circumstances warrant discharge.

Examples of other types of conduct which can result in an immediate discharge include:

1. Submitting a false reason for absence from work.
2. Placing false or misleading information on an application for employment or other AHHC records.
3. Theft, destruction or waste of agency or a client's property.
4. Serious insubordination.
5. Solicitation during working time.
6. Rudeness, discourtesy, verbal or physical abuse of any client, client's family member, visitor, or AHHC employee.
7. Failure to obtain and submit to AHHC acceptable health test, physical examinations, license or certification as required by license regulations.
8. Use, possession, or appearing under the influence of intoxicants or controlled substances on working time.
9. Two (2) complaints of poor work performance from client or client's family members which the Administrator determines to be valid complaints.
10. Sleeping on duty (except when permitted, i.e. live ins)
11. Contacting clients or client's family members without prior approval from the supervisor.
12. Excessive cancellations or other absences.
13. Hiring privately with a client without prior written approval of AHHC administrator.
14. Signing the client's or any other persons' name for any reason.
15. Dishonesty, including being untruthful to anyone.
16. Failure to pay any debt owed to AHHC.
17. Performing techniques beyond the employee's level of training or qualification.
18. Loss or restriction of appropriate license or certification to practice.
19. Driving a client's automobile or allowing a client to drive an employee's automobile.
20. Falsification of any AHHC record, including time slip.

21. Major failure to follow requirements for storage, transportation, treatment, and disposal of infectious waste.
22. Major failure to use universal precautions when employee has direct contact with blood or other bodily waste.
23. Violating a patient's "rights".
24. Failure to cooperate in a police investigation.

The preceding list is not all-inclusive. Other types of unacceptable conduct may occur for which immediate discharge may occur. Furthermore, under the circumstances of a particular case, a written reprimand may be issued rather than immediate discharge or no disciplinary action may be taken. The exercise of the discretion by the Administrator of AHHC is not a waiver of AHHC's right to discharge or discipline the same employee or any other employee for the same type of offices in the future.

Discharge Appeal Mechanism
An employee who disagrees with a disciplinary or discharge action taken concerning the employee or with another decision relating to his or her employment may appeal the action to his or her supervisor. A probationary employee, however, may not appeal a disciplinary or discharge action which occurs during his or her probationary period.

To appeal an action or decision, the employee may present the appeal in writing to the employee's supervisor within seven (7) calendar days after the employee becomes aware or should have become aware of the circumstances giving rise to the appeal. The written appeal must state the specific action or decision that was in error.

The supervisor will answer the appeal in writing within the longer of:
1. Fourteen (14) calendar days after the date the supervisor receives the employee's written appeal, or
2. "if either the supervisor or the employee requests a meeting between the supervisor and the employee to discuss the appeal within ten (10) calendar days after the date of that meeting

If the appeal is not settled as a result of the supervisor's decision, the employee may appeal to the Administrator. The appeal must be in writing and be received by the Administrator within seven (7) calendar days after the employee receives the supervisor's decision. The written appeal must state the specific reason (s) the employee believes the decision was in error. The decision of the Administrator is final.

EMPLOYEE BENEFITS.

Wages
Experience, skill level, type and location of case and other factors influence your rate of pay. Pay rates are confidential and you will be asked to sign an agreement of confidentiality. Violation of this agreement will result in your pay rate dropping to an entry level. Never discuss your pay rate with your client or other employees other than your supervisor.

Employees are paid weekly. Our work week is Saturday morning through the Friday night shift and wages are paid on the following Friday. Read the section on TIME SLIPS for more information.

Holiday Pay

If you work a recognized holiday shift you will be paid one and one half (1 ½) times your regular rate. A recognized holiday shift is one of the following:

1) Night shift of the EVE of the recognized holiday.
2) Day shift on the DAY of the recognized holiday.
3) Afternoon shift on the DAY of the recognized holiday.

The live-in who works the majority of the holiday's hours is paid the holiday rate. If the hours are divided evenly the employees split the holiday pay.

The six recognized holidays are: Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas and New Year's Day. If you have questions concerning holiday pay, clarify it before you work the shift.

Overtime

Hours worked over 40 hours per week are paid at one and a half (1 ½) times the regular rate of pay. Live ins, home health aides and sleepovers fall under the companionship exemption" are not subject to overtime compensation.

Evaluations

Yearly Evaluations for all field staff are completed in the month of February.

Vacations/ Leave of Absence

Please notify the Staffing Manager, in writing, at least one month in advance of the time you wish to be gone. If you are working with other employees, please schedule time off on different days. You must give a two week notice for a leave of absence except in emergencies. You may or may not be assigned to the same case on your return.

Health Insurance

Advantage offers a group voluntary limited benefit medical insurance plan. This plan is eligible to employees who have worked 30 days or longer and work an average of 20 hours or more per week. The limited health insurance plans are designed to provide basic health care services. Enrollment is at hire and at open enrollment January 1st. Please contact your office for additional information or your desire to participate. This program is Limited Medical Insurance and is not intended or recommended to replace any comprehensive program of insurance. In an ongoing effort to provide health care programs at an affordable premium, plans and/or benefit programs may change

401K

Advantage has partnered with John Hancock USA and Wells Fargo to bring you an excellent opportunity to save for your retirement. Advantage offers enrollment for all eligible employees two times a year, January 1st and July 1st. You will be eligible to participate for purposes of salary deferrals when you have completed one (1) Year of Service and have attained age 21. You will

have completed a Year of Service if, at the end of your first twelve months of employment, you have been credited with at least 1,000 Hours of Service. To find out more about the 401K program, Notification of Eligible Employees, or the Summary Plan Description, call William Jones in the Muncie office or select "Employee Benefits" at the Advantage Home Health Care Web Site: www.advantagehh.com. If you have worked for Advantage previously and have questions regarding how plan participation or eligibility may individually have an impact on you, please call.

Training/Education/ In-Service
Employees will be responsible to attend in-service training or to pick up written in-service materials to maintain active status. Written in-service materials are distributed quarterly and may be picked up in the local office at any time. The in-service will be completed when the post test is completed in the local office. Universal precautions, TB, Fraud & Abuse, and lifting in-services are required each year and are offered the first quarter of the year. The local Nursing Supervisor may also provide in-services in the home setting.

Certified Home Health Aides are required to have 12 hours of in-service each year to maintain their certification. This requirement may be met by completing all 3 in-services offered each quarter to maintain active status.

Specialized training may be necessary in certain situations. Ventilator, CPAP, CPR, and other hi-tech equipment training is available without cost to nurses and will meet the in-service requirements when the documentation is submitted to the office.

All employees must have in-service requirements current and be ready to work to receive unemployment benefits, temporary disability benefits through workers compensation or to be considered for a pay increase.

Liability Insurance
All categories of employees are covered by liability insurance for hours scheduled by the office that are actually worked providing care to the scheduled patient. This insurance protects the employee and this agency. For your own protection we encourage licensed personnel to have individual malpractice insurance as well.

Workers Compensation
Work related injuries or exposures are covered by Worker's Compensation and must be reported at the time they occur. Employees that require medical treatment beyond first aid are required to come into the local office to document the injury and be drug tested prior to being seen by an advantage approved physician.

More serious injuries that require immediate attention in an emergency room setting will be drug tested at the facility at the time of treatment.

A written statement of the events leading up to the injury will need to be submitted by you within 72 hours of the time of the injury or within 72 hours of your release from treatment in a hospital.

Employees not working due to workers compensation injuries will be required to call the local office daily to report their medical status unless they are in the hospital. All scheduled medical visits will be reported at that time. Medical appointments will be scheduled at the earliest possible time convenient for the medical provider and failure to keep an appointment or rescheduling appointments may result in forfeiture of disability benefits.

Beginning one week after an employee has begun treatment for a work related injury that prevents them from performing their regular job they will report to the local office daily. They will be assigned to work within their restrictions at the discretion of the office staff.

Failure to follow the guidelines above may result in forfeiture of disability benefits. Advantage Home Health believes it is our responsibility to assist our employees in the process of getting well. It is our goal to keep our valued employees active and productive and not facing a loss of income during work related injuries.

Employment Insurance

Any employee filing or collecting employment insurance benefits must be available to work. Your license or certification must be up to date, your physical or TB current and a copy of all of the above items must have been provided to the local office. Quarterly in-services, CPR and first aide training must also be up to date including completion, with a passing grade, of all tests.

Any employee collecting employment insurance benefits from Advantage is required to call their local office Monday through Friday between 1:00pm and 5:00pm to report their work availability. Failure to do so will be reported to the local employment agency and may affect your benefit payments.

Refusal to accept work offered within the service area that you have previously accepted employment with Advantage may also affect your benefit payments.

Family and Medical Leave Act

The Family and Medical Leave Act mandates that an employer provides up to 12 weeks of unpaid leave for certain medical and family related reasons. Unpaid leave must be granted for any of the following:

Basic Leave:

1. For incapacity due to pregnancy, prenatal medical care, or child birth.
2. To care for the employee's child after birth, or placement for adoption or foster care.
3. To care for an employee's spouse, son or daughter, or parent, who has a serious health condition.
4. For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements:

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave to address certain qualifying necessities. FMLA also includes a special

leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period.

For further information about qualifications, restrictions, and requirements of the Family Leave and Medical Care Act, please call the Muncie office. A company representative is available to supply you with the detailed information pertaining to the FMLA and be able to answer any questions or concerns you may have.

PATIENTS RIGHTS

Our clients have a "Patients Bill of Rights" mandated by federal law and we expect you to follow these rights. Our patients are special people who have the right to retain their life styles and routines. Treat them with the dignity they deserve. It is our responsibility as health care providers to recognize and encourage our patient's need to maintain their autonomy and individuality. Included here is a copy of our "Patient's Bill of Rights". Please review it carefully. Violation of a patient's rights is grounds for dismissal. Patients of Advantage Home Health Care, Inc. have a right:

* To appropriate care regardless of sex, age, race, religion, national origin or source of payment.

* To be informed, in advance, and to participate in planning care and treatment regarding the care to be furnished, any changes in the care to be furnished, the disciplines that will furnish care and the frequency of care proposed to be furnished. The patient's family/guardian or legal representative may exercise the patient's rights when the patient has been judged incompetent or the patient is a minor.

* To participate in the planning of care and to be advised, in advance, of any change in the plan of care before the change is made.

* To privacy and confidentiality concerning medical treatment.

* To have access to, or receive a copy of , their clinical record upon written request. A written authorization of release of information shall be required when not authorized by law.

* To voice complaints/grievances regarding treatment or care that is (or fails to be) furnished or lack of respect for property without reprisal or discrimination for same and be informed of the procedure to voice complaints/grievances with Advantage Home Health Care, Inc. Complaints or questions may be registered with the Administrator or Asst. Administrator at **1-800-884-5088**. They may also submit complaints in person or in writing to the Muncie office. Advantage Home Health Care, Inc. will investigate the complaint and resolution of same.

* To be free form verbal, physical and psychological abuse and to be treated with dignity.

* To have their property treated with respect.

* To decide what medical treatments they want or do not want. They may choose someone they trust to make these decisions for them if they become unable to make them themself. They record these decisions in a document called an Advance Directive.

* To know the extent to which payment may be expected from Medicare, Medicaid or any other federally funded program known to Advantage Home Health Care, Inc. and to know the charges for services that the client may have to pay.

* To be advised orally and or in writing of any changes in expected payer sources and charges that the individual may have to pay. Advantage Home Health Care, Inc. will advise them of these changes within 30 days from the date Advantage Home Health Care, Inc. becomes aware of the change.

* To know Advantage Home Health Care, Inc. policies and procedures regarding Universal Precautions in the home setting.

* To have, upon written request, in advance of furnishing care, a listing of all individual's or other legal entities who have an ownership or control interest in the agency.

* To contact the Indiana State Department of Health concerning the Implementation of Advance Directive requirements, to lodge complaints regarding treatment/care or to discuss questions or concerns regarding local home health care agencies.

PATIENT CARE GOALS

Physical, Rehabilitative Goals:
We implement and pursue a care plan that includes helping the patient improve their physical health and condition. The case outline may specify ambulation, range of motion and other forms of toning and conditioning that your patient needs. Patients may need assistance in bathing, cleaning, and grooming to maintain a feeling of optimal well being. All care is to be provided as directed on the care plan. Any changes need to be reported to the Nursing Supervisor immediately.

Family, Home, Environment Goals:
The home is the focal point of attention for the patient and the care of the patient. Special attention needs to be given to the patient's life style, condition of the home, atmosphere, and other factors that influence whether the patient is happy or unhappy at home. Again, we strive to develop a plan which incorporates these considerations in the interest of providing complete and total patient care.

Emotional, Personal, Mental Goals:
Many patients live with personal problems involving depression, anxiety, confusion, and pain. Efforts to reduce or alleviate these problems are undertaken for the sake of making them as happy and comfortable as possible. IMPORTANT! Don't bring your own problems to work. Your patient needs a pleasant atmosphere and probably has enough to deal with already.

EMERGENCY PROCEDURES

In the event of an extraordinary occurrence call the office immediately. Some examples are:

1. Patient injury or illness.
2. Injury or illness to yourself.
3. Unusual or dangerous patient/family behavior.
4. Any occurrence requiring police or emergency service.
5. Change in patient condition.
6. Failure of Universal Precautions or an incident of exposure to blood, bodily fluids . or other infectious waste.

When you call the office answer all questions thoroughly and follow instructions carefully.

Document what took place and what was done, and send your documentation to the office within 24 hours after the incident. The office staff will also need to fill out our special incident report form and will follow up for insurance and legal purposes. Please cooperate with the office staff!

Fire, Police, Ambulance
Call for Help! Emergency telephone numbers are in the red patient folder and should be readily accessible while you are in the home providing care. Most areas use 911 for all emergency services. While waiting for help to arrive try to provide the best assistance you can according to the situation and your abilities. Contact the office as soon as possible.

Medical
Nursing supervisors are always available for non-urgent medical concerns. For true medical emergencies the emergency medical system in the area should be activated. In most communities it is 911. Other emergency numbers should be in the red client folder.

Provide any emergency interventions noted in the care plan until help arrives and notify the office and document the care provided as soon as possible.

Patient Death
Take the following steps in the event of suspected and possible patient death. The only exception would be when you have specific instructions in the red folder, and you are attending to a terminally ill patient with an expected death.

1. Provide whatever emergency intervention you can
2. Call 911or the emergency number (located in the red Client Folder) to get help
3. Notify the office and follow instructions
4. Stay in the home until the office instructs you to leave
5. Document all occurrences when time allows

OFFICE INFORMATION

Anderson	765-640-0101	Indianapolis	317-577-1555
Brownsburg	317-852-3517	Kokomo	765-868-9735
Columbus	812-373-0405	Lawrenceburg	812-537-0325
Connersville	765-827-6933	Marion	765-664-1192
Greensburg	812-662-9696	Muncie	765-284-1211
Greenfield	317-462-3911	New Castle	765-521-0220
Greenwood	317-882-7067	Portland	260-726-6606
Hartford City	765-348-2079	Richmond	765-966-1147
Huntington	260-358-1004	Wabash	260-563-1411

TOLL FREE HOME HEALTH INFORMATION CARE LINE NUMBERS

Anderson	1-800-640-5564	Kokomo	1-800-383-4903
Brownsburg	1-800-615-0086	Lawrenceburg	1-800-807-6839
Columbus	1-800-807-6782	Marion	1-800-424-9310

Connersville	1-800-807-6838	Muncie	1-800-884-5088
Greensburg	1-800-807-6787	New Castle	1-800-332-0220
Greenwood	1-800-807-6840	Richmond	1-800-526-9640
Huntington	1-800-807-6766	TDD	1-800-884-5088
Indianapolis	1-800-222-1812		

FRAUD AND ABUSE PREVENTION

ETHICS STATEMENT

Advantage Home Health Care, Inc. (Advantage) is committed to provide quality services to patients in the home care setting according to all Federal, State and Local laws and within applicable regulatory guidelines. The Board of Directors and Administrative Staff have implemented the following policies to show our commitment to a comprehensive program to prevent fraud and abuse in the agency and to comply with the Federal Deficit Reduction Act of 2005 and Indiana False Claims Act as part of the nationwide effort to reduce fraud and abuse in our health care programs.

We will strive to provide quality home care to our clients in an honest and ethical manner and expect all employees to provide care based on these principles. Advantage expects its employees to do everything they can to prevent and detect false claims and potentially fraudulent behavior in the workplace.
All job performances and all written documentation will reflect a true and accurate picture of the care provided to patients by our employees. Failure to comply with these standards will result in discipline and/or discharge. Advantage has a zero tolerance policy towards fraud and abuse. **If you know, or suspect, fraud and /or abuse you must notify the Compliance Officer at 1-800-884-5088.**

HOME HEALTH CARE FRAUD

What is Fraud as it Relates to Home Health Care and the False Claims Laws?

Simply put, fraud is making claims for services that have not been provided. Functionally, it means intentionally falsifying any document for the purpose of being paid.

Am I Committing Fraud?

There are many examples of how fraud can occur in home health care. The following are examples of how home health care employees can become involved in fraud.

1) **Submitting time slips (claims) for visits not made.** The employee documents that a visit was made to provide necessary services when it was not.

2) **Submitting time slips (claims) that include time that was not used to provide approved services.** The employee completes care at 1:45 pm but puts 2:00 pm on the time slip so they will get paid for the additional time.
3) **Misrepresenting services provided.** The employee documents care that was not given in order to justify the visit or provides services not covered by the payer source.
4) **Misrepresenting (or lying about) the patient's condition.** This can include many things but always involves documenting inaccurate information about the care the patient needs and/or receives in order to receive more services for the patient than they need.

Employees who make these mistakes, intentional or not, may be well meaning, but it is still fraud in the eyes of the law and claims made based on this fraudulent information violate both Federal and State "False Claims" laws.

Fraudulent activities are a risk to the employee's job and to the future of the agency. Employees must guard against participating in fraudulent activities themselves and must be committed to reporting suspected fraudulent activities of other employees or patients.

What is Being Done to Combat Health Care Fraud?

The cost of health care fraud in the United States has been rising at an alarming rate. Fraud has become such a problem that the Federal and State governments have enacted the Federal False Claims Act and the Indiana False Claims Act. As proud members of the home health industry, and as taxpayers, we all have an obligation to understand these laws and to enforce them to help combat fraud.

TITLE 31 3729. FEDERAL FALSE CLAIMS ACT*

(a) Liability for Certain Acts. Any person who-
(1) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
(2) knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Government;
(3) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;
(4) has possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;
(5) authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
(6) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer of employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or
(7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United states Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person, except that if the court finds that-

(A) The person committing the violation of this subsection furnished officials of the United States responsible for investigating false claims violations with all information known to such person about the violation within 30 days after the date on which the defendant first obtained the information;

(B) Such person fully cooperated with any Government investigation of such violation; and

(C) At the time such person furnished the United States with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to such violation, and the person did not have actual knowledge of the existence of an investigation into such violation;

The court may assess not less than 2 times the amount of damages which the Government sustains because of the act of the person. A person violating this subsection shall also be liable to the United States Government for the costs of civil action brought to recover any such penalty or damages.

(b) Knowing and Knowingly Defined. For the purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information-

(1) has actual knowledge of the information;
(2) acts in deliberate ignorance of the truth or falsity of the information; or
(3) acts in reckless disregard of the truth or falsity of the information,
And no proof of specific intent to defraud is required.

(c) Claim Defined. For purposes of this section, "claim" includes any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

(d) Exemption from Disclosure. Any information furnished pursuant to subparagraphs (A) through (C) of subsection (a) shall be exempt from disclosure under section 552 of title 5.

(e) Exclusion. This section does not apply to claims, records or statements made under the IRS Code of 1986.

INDIANA FALSE CLAIMS ACT – IC 5-11-5.5-2*

False claims; civil penalty; reduced penalty for certain disclosures

(a) This section does not apply to a claim, record, or statement concerning income tax (IC 6-3).

(b) A person who knowingly or intentionally:

(1) presents a false claim to the state for payment or approval;

(2) makes or uses a false record or statement to obtain payment or approval of a false claim from the state;

(3) with intent to defraud the state, delivers less money or property to the state than the amount recorded on the certificate or receipt the person receives from the state;

(4) with intent to defraud the state, authorizes issuance of a receipt without knowing that the information on the receipt is true;

(5) receives public property as a pledge of an obligation on a debt from an employee who is not lawfully authorized to sell or pledge the property;

(6) makes or uses a false record or statement to avoid an obligation to pay or transmit property to the state;

(7) conspires with another person to perform an act described in subdivisions (1) through (6); or

(8) causes or induces another person to perform an act described in subdivisions (1) through (6);

is, except as provided in subsection (c), liable to the state for a civil penalty of at least five thousand dollars ($5,000) and for up to three (3) times the amount of damages sustained by the state. In addition, a person who violates this section is liable to the state for the costs of a civil action brought to recover a penalty or damages.

(c) If the factfinder determines that the person who violated this section:

(1) furnished state officials with all information known to the person about the violation not later than thirty (30) days after the date on which the person obtained the information;

(2) fully cooperated with the investigation of the violation; and

(3) did not have knowledge of the existence of an investigation, a criminal prosecution, a civil action, or an administrative action concerning the violation at the time the person provided information to state officials;

the person is liable for a penalty of not less than two (2) times the amount of damages that the state sustained because of the violation. A person who violates this section is also liable to the state for the costs of a civil action brought to recover a penalty or damages.

What is "Zero Tolerance"?

Advantage is taking a "zero tolerance" approach to fraud and abuse. This simply means that intentional fraud and abuse will not be tolerated. All Advantage employees must follow this policy or face termination from the agency.

How do Employees Make Sure Federal and State Laws are Not Being Violated?

1) Employees should support all the laws designed to protect home health care patients and must report any changes in patient care, needs or any other irregularities noted.
2) Time slips must be completed accurately, signed appropriately and submitted with the matching clinical documentation.
3) Clinical documentation must be complete, accurate and comprehensive to assure care has been provided as required. Inaccurate documentation must be corrected in a manner that meets documentation standards and agency policy.
4) Supervising Nurses will assess patients to assure employees are providing appropriate care.
5) Patient or family complaints will be handled according to CMS and ISDH guidelines.
6) Employees will only submit claims from time slips that have been properly completed.
7) Employees are notified in writing, through in-services and personnel policies that any fraudulent behaviors, such as falsifying time slips or recording care that has not been provided will result in immediate termination.

These steps are necessary for a "zero tolerance" approach to fraud and false claims. All employees must support them.

What Do My Patients Need to Know?

Advantage and their employees should also help inform the public about health care fraud. In protecting the patient we also protect ourselves. Share these important "dos and don'ts" for avoiding health care fraud with your patients.

1) Don't sign time slips that are not accurate. The patient/client signature is verifying that the time is correct and it is the basis for billing Medicaid and/or Medicare.
2) Don't ask the employee to do things that are not on the patient's plan of care. Contact the Nursing supervisor if the plan of care needs to be changed.
3) Don't refuse the "hands-on" care that is on the plan of care. Most care is approved because the patient needs "hands-on" assistance – if it is not needed the care will need to be reduced.
4) Don't contact the physician to request care you don't need or accept care you don't need.

5) Don't give out your Medicaid/Medicare numbers to people you don't know.
6) Do contact Administration at 1-800-884-5088 if anyone asks you to sign inaccurate or falsified information regarding services that you did or did not receive.
7) Do be careful to sign only those time slips that are complete and accurate. Never sign a time slip for care that has not yet been provided or is blank.
8) Do avoid health care providers who tell you that the item or service you need is not usually covered but they know how to bill to get it paid.

What Can I Do?

As an Advantage employee there are a few simple things you can do to prevent fraud and false claims.

1) **Remember that patients are our valued customers**. They expect:
   a. Safe practice
   b. Appropriate and timely care.
   c. Respect
   d. Compassion
   e. Fair and accurate billing
2) **Always be honest and accurate in your documenting and reporting.** Falsification of time slips and/or patient care documentation is the major cause of potential "false claims" in home care.
3) **Be part of Advantage's team effort to combat fraud.** Report changes in care and suspicious or unusual activity to your Nursing Supervisor immediately.
4) **Report suspected fraud or abuse to the Advantage Compliance Officer at 1-800-884-5088** if your concerns have not been addressed by your local office. There are both state and federal laws that protect you, the employee, when you report fraud in the workplace.

Title 31, 3730(h)* "Civil Actions for False Claims" is the federal law and it states:

(h) Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of the lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Indiana False Claims Act (IC 5-11-5.5-8)* also protects employees that report fraud in the workplace. Section 8 of the act reads as follows:

Sec. 8 (a) An employee who has been discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against in the terms and conditions of employment by the employee's employer because the employee:

1) Objected to an act or omission described in Section 2 of this chapter; or
2) Initiated, testified, assisted or participated in an investigation, an action, or a hearing under this chapter; is entitled to all relief necessary to make the employee whole.

(b) Relief under this section may include:

1) reinstatement with the same seniority status the employee would have had but for the act described in subsection (a);
2) two (2) times the amount of back pay owed the employee; and
3) interest on the back pay owed the employee; and
4) compensation for any special damages sustained as a result of the act described in subsection (a), including costs and expenses of litigation and reasonable attorney fees.

(c) An employee may bring an action for the relief provided in this section in any court with jurisdiction.

You may also report your concerns anonymously to the 1-800-884-5088 number. Please ask to speak with an Administrative Staff Member. Remember, reporting suspected fraud and abuse is a condition of your employment and failing to report may result in termination of your employment.

CONCLUSION

Home care is one of the fastest growing and most exciting places to be in the health care field today. In no other field do you, as our employee, get the opportunity to help others with chronic and acute illnesses live happy and productive lives in their own homes. But with this opportunity also comes the huge responsibility to make sure the care we provide is safe, appropriate, medically necessary and delivered in an honest and ethical manner. Advantage Home Health Care, Inc. expects all employees to adhere to all Federal, State and Local laws, regulations and standards when providing patient care. Failure to do so will result in termination from the company and possible civil and even criminal charges.

***Federal Code for False Claims is available at http://www.law.cornell.edu/uscode/31/3729.html and the Indiana False Claims Act at http://www.in.gov/legislative/ic/code/title5/ar11/ch5.5.html. Copies are also available by contacting the Compliance Officer, Lyn Estell RN at 1-800-884-5088.

UNIVERSAL PRECAUTIONS

To help protect you from risks that can come from working around infectious diseases, you are required to know about these possible hazards. "Universal Precautions" are measures taken when caring for all patients, not just those with diagnosed communicable diseases. Emphasis is placed on protection of you, the employee. The components of "Universal Precautions" are the wearing of gloves, gowns, masks, goggles, and thorough hand washing when there is the possibility of contact with body fluids, especially blood. "Universal Precautions" is mandatory when caring for all patients.

We know that these precautions take some extra time and effort to use but they will become second

nature to you. Remember Universal Precautions weren't meant to make your life more difficult, they were meant to save it!

Training and Equipment

We will provide training and equipment to each employee to implement Universal Precautions when the employee's duties require them to have direct contact with blood or body fluids. At the time of the initial assessment, the NS will determine the patient's "at risk" factor and leave a supply of the appropriate equipment in the home and instructions on the care plan for the employee's use. The NS will also make sure the home has disposable tissues, plastic garbage bags, and either bleach or 70% Isopropyl Alcohol available for use if the patient is determined "high" or "low" risk.
It is then the responsibility of the employee in the home to make sure they have an adequate supply of equipment available at all times. Additional equipment may be picked up at the local office or request may be made for the NS to bring additional equipment to the time of his/her regularly scheduled supervisory visit. Always keep at least 2 weeks' supply of equipment at the patient's home. The employee will also be responsible to notify the NS if the patient has a condition change that may affect the patient's "risk" classification. Additional protection may be necessary.
Employees MUST protect themselves from direct exposure to blood or body fluids that are visibly contaminated with blood to prevent exposure to HIV, HVB, and other infectious agents. However, many potentially serious communicable diseases, such as cytomegalovirus or hepatitis A virus are transmitted by body fluids such as saliva, urine, feces, in the absence of contamination with blood. For this reason it is strongly *recommended* that the precautions be taken to prevent direct contact with all body fluids of all persons, *whether or not* the body fluids are visibly contaminated with blood.

Procedures to implement Universal Precautions

1. Hand washing is mandatory, BEFORE AND AFTER, contact with clients. Hands should be washed thoroughly and immediately if they become contaminated with blood. This precaution should be observed regardless of whether gloves are worn! Frequent hand washing is a must. Hands should be washed thoroughly before and after personal care, before meal preparations, before assisting with medications and after handling any soiled clothing. Hand washing is the most effective way of preventing the spread of disease and infections, and is for you and your patient's protection.
2. Disposable gloves, must be worn when touching/handling blood specimens, blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them. Remove and discard after each use.
3. The use of gowns is recommended only if soiling of clothing with blood or body fluids is anticipated.
4. The use of protective eyewear, such as goggles, is recommended in situations in which the spattering of blood, bloody secretions, or body fluids is possible.
5. Visitor Precautions: Masks should be worn by visitors who have direct and sustained contact with a coughing client in the home or when a client needs to be suctioned.
6. General Household: Soiled linen should be washed separately in very hot water and standard detergent. No special precautions are necessary; either reusable or disposable dishes may be used. Blood spills should be cleaned up promptly with a solution of

5.25% sodium hydrochloride (household bleach), diluted 1:10 with water (prepared daily), or 70% Isopropyl Alcohol.

7. Trash Disposal: Articles contaminated with blood or body fluids should be placed in a leak proof plastic bag and disposed of in the normal manner.
8. Venipuncture & Injections: Extraordinary care should be taken to avoid accidental wounds to nurses from needles and other sharp instruments. Parenteral injections and blood draws should be planned to minimize invasive procedures and should be carried out by experienced personnel. The "click-lock" or needleless extension tubing should be used for all types of intravenous therapy when available. Blood and other specimens should be labeled prominently with a warning, such as "bloody/body fluid precaution". The label should accompany the specimen through all phases of processing until its ultimate disposal. If the outside of the specimen container is visibly contaminated with blood, it should be cleaned immediately with disinfectant, such as freshly prepared (once daily) 1:10 solution of sodium hydrochloride (household bleach) or 70% isopropyl alcohol. Specimens should be placed in a second bag (impervious) for transport. This container or bag should be examined carefully for leaks or cracks. Environmental surfaces contaminated with blood or other body fluids should be cleaned in the same manner. NEEDLES SHOULD NEVER BE RECAPPED, BENT, OR BROKEN, USED NEEDLES ARE TO BE DISPOSED OF IN RIGID, PUNCTURE RESISTANT CONTAINER.
9. Cardiopulmonary Resuscitation in the Home: Disposable "Ambu bag" devices are to be available at the bedside to prevent mouth to mouth contact between the resuscitator and the client. If resuscitation is needed by a client and the resuscitation bag is not available, the decision to withhold or provide direct mouth to mouth resuscitation rests solely on the judgment of the individual employee.
10. Health care practitioners who hold a current Indiana license in the profession which is authorized to draw blood may use their judgment as to whether or not gloves are necessary when performing phlebotomy. However, if a practitioner chooses to wear gloves, appropriate gloves shall be furnished by the employer for use by licensed employees, and members of the medical staff.
11. Workers with weeping or exudative lesions or dermatitis, which cannot be securely covered, shall refrain from both direct patient care and from handling clean or soiled patient equipment.
12. Linen, clothing or other materials that are visibly contaminated with blood or bodily fluids shall be placed in bags or containers that are impervious to moisture before transport for cleaning. Gloves shall be worn, when handling these materials.
13. If a patient's diagnosis, laboratory analysis, or medical condition as determined by a physician's order requires additional contamination control or isolation, those specific measures apply in addition to this rule.

What To Do If Exposure Occurs

EXPOSURE is defined as direct contact with blood or body fluids of one person with the skin or mucous membranes of another person. Scientific evidence indicates that only direct contact with semen, vaginal secretions, blood, or visibly blood contaminated body fluids carries a potential risk

for HIV transmission. Moreover, only direct contact with blood has been implicated in occupational acquision of HIV infection.

1. The employee should wash the affected area immediately and thoroughly. If an eye or mucous membrane (mouth) is contaminated, rinse with water for fifteen (15) minutes.
2. The incident should be immediately reported to the local office. While vomitus, saliva, urine, tears, and feces have not been implicated in the transmission of HIV or HBV infections (with the exception that human bites have transmitted HBV), other communicable diseases may be transmitted by these fluids and reporting of the incident to the office is required.
3. An incident report should be completed within 24 hours. The report should include the circumstances of the incident, blood or body fluid source's name, and what protective clothing and precautions were used at the time of the exposure.
4. The ND will perform an evaluation and follow up of the employee. Exposed employees will be counseled about the risk of acquisition of HIV and other relevant communicable diseases, receive information about prevention of transmission, and be offered voluntary serologic testing.
5. All persons will be informed of their test results and should receive appropriate counseling; seropositive persons will be referred for further medical assistance.
6. If a person is exposed to body fluids or blood of an employee, that person should be informed of the exposure (without identification of the employee) and procedures similar to those outlined above should be followed.

Handling Spills of Blood or Body Fluids

The following precautions contain the necessary elements for handling spills of blood or other body fluids. In the event of a spill of blood, body fluids, or body tissues, the employee will:

1. Wear impermeable gloves.
2. Remove visible material with disposable absorbent towels.
3. If cleaning a hard surface, flood with a solution of one part household bleach to ten parts water, or use an approved household disinfectant.
4. Re-clean area with fresh towels.
5. If rug or carpet, use a sanitary absorbent agent according to the directions.
6. Place all soiled towels and gloves in a leak-proof bag or container and dispose of in the usual manner.*
7. Wash hands!
8. Notify the nursing supervisor of the spill.

*Items used in handling spills that are contaminated with small amounts of blood, such as paper towels, cotton balls, bandages, and gloves, are not considered infectious waste unless they are co-mingled with infectious waste. Items so saturated with blood that they could be considered "liquid" or "semi-liquid" as defined by the Infectious Waste Rule 410 IAC 1-3, must be considered infectious waste and handled according to Infectious Waste Policy.

For all health care workers (HCWs) who have reason to believe that they are at risk of HIV

infection it is strongly **recommended** by the Indiana State Department of Health (ISDH) that they know their HIV status.

It is also recommended that all health care workers that meet the following requirements (A&B), know their HbsAg status and if it is positive, that they know their HbeAg status (HBSAg and HbeAg are both indicators of Hepatitis B infectivity):

1. Health care workers who perform procedures during which there is recognized risk of percutaneous injury to the health care worker, and, if such injury occurs the health care worker's blood may contact the patient's body cavity, subcutaneous tissue, and mucous membrane; and,
2. Health care workers who do not have serological evidence of immunity to Hepatitis B virus from vaccination or previous infection.

If you have questions or concerns please contact Kathy Lowery, R.N. at 1-800-884-5088.