SANZIE HEALTHCARE SERVICES ORIENTATION CURRICULUM

Policy Subject: Reporting TB exposure
Policy Number: Q1

Policy Statement:
This requirement applies to all employees. The Department relied on CDC guidelines to determine what an adequate, TB screening is:
All employees should have a TB skin test every year unless;

- The employee is being treated for latent TB or has been diagnosed with latent TB and has refused treatment;
- The employee was treated in the past for TB; or
- Was turned down for a skin test by the Health Dept.

If any of the above exclusions apply ABD Healthcare Services must have in the employee file a physician ' s documentation of the applicable exception, evidence of initial evaluation by a physician to determine that the individual is free of active disease, and annually completed checklists to assure that the individual shows none of the signs and symptoms of TB. (History of BCG vaccine does not qualify as an exception to the requirement for annual TB skin test.)

A. **POLICY**
It is the policy to protect employees and clients from occupational/instructional injuries and illnesses. The overall safety of staff, and clients is the main focus of this program so as to not to subject them to avoidable risks and/or accidental injury or illness. No employee or client will be required to perform any task that would be considered unsafe or unreasonably hazardous.

B. **PURPOSE**
The purpose of this program is to control occupational exposure to the TB bacteria.
Exposure control will be carried out through:

1. The identification and subsequent referral of suspect TB source cases,
2. Exposure incident reporting and infection evaluation,
3. Tuberculin skin test screening or radiological exams and
4. Training.

This program will establish regulatory authority and responsibility of persons designated to implement and manage this program. It will assist in safeguarding the overall health and safety of the employees that may come in contact with infected individuals.

C. **SCOPE**
The scope of this exposure control program focuses on risk group employees

D. **DEFINITIONS**
1. Confirmed Infectious TB Case -- an individual who has been diagnosed with pulmonary or laryngeal TB by positive culture of body fluid or tissue. A confirmed infectious case may also refer to an individual who has a positive acid-fast bacilli (AFB) smear or any test result that is positive for Mycobacterium bacilli, in the AFB smear or other test result that was obtained for the purpose of diagnosing or ruling out pulmonary or laryngeal TB as confirmed qualified hospital.

2. **Exposure Incident** -- an event where an employee or student sustain an exposure to a confirmed infectious TB case, or to a suspect infectious TB case who is determined to have been an infectious TB case at the time of the incident, without the benefit of all applicable exposure control measures. In determining whether the event involves substantial exposure, the following factors shall be taken into account:

a. The infectivity of the exposure source,
b. The proximity of the employee to the exposure source,
c. The extent to which the employee was protected from exposure,
d. The length of the exposure event.

3. **High Risk Procedure** -- any procedure performed on an infected individual that is reasonably likely to aerosolize body fluids contaminated with TB bacteria. Examples include but are not limited to:

a. Diagnostic procedures such as sputum induction,
b. Bronchoscopy
c. Pulmonary function testing
d. Resuscitative procedures performed by emergency personnel.

4. Suspect Infectious TB Case -- any individual that exhibits the following symptoms: night sweats, weight loss, chronic coughing with bloody expectoration, chest pain, and fatigue. In addition, individuals with positive Tuberculin skin tests and suspicious chest X-rays shall be also considered suspect cases.

E. **EXPOSURE CONTROL PLAN**

1. Tuberculosis Case Determination and Surveillance

a. New Employees- Newly hired employees reporting to identified departments as identified in Section 5.0, are required to undergo Tuberculin skin testing offered at the Health Services. Individuals that have tested positive must submit to a chest X-ray to determine the disease's state of activity. If the chest X-ray reveals an active TB condition, the individual will be referred to their medical advisor for treatment.

b. **Current Employees-**
Employees placed in at risk groups will undergo Tuberculin testing annually. If PPD tests' results are positive, the individual will complete a chest X-ray examination. If the subsequent X-ray examination yields positive results, the individual will be reported to the DOH or medical advisor and will not be allowed to return to work until cleared by the DOH or their physician. Medicative therapy, such as INH, shall be recommended to non-active individuals. However, the choice of medicative therapy compliance must be at the discretion of the individual and their physician. Individuals, whose PPD test results are positive yet have negative chest X- ray results, will no longer undergo annual PPD testing and X-ray examinations unless they become symptomatic. Non-symptomatic positive individuals will e issued a statement of non-communicability based on the negative chest X-ray by the DOH.

c. **Symptomatic Individuals-** Supervisory personnel employed with affected departments should be suspicious of individuals exhibiting symptoms of infectious or active TB. Symptoms of pulmonary TB include night sweats, weight loss, chronic coughing, and blood

in expectoration, fatigue and chest pain. Suspect infectious individuals shall be referred to Health Services or their medical advisor for Tuberculin testing and if tested positive, subsequent referral to DOH as indicated.

d. **Exposed Individuals-**
Exposed individuals shall undergo Tuberculin skin testing immediately. If test results are negative, the individual shall undergo follow-up testing in 12 weeks to allow sufficient time for antibody generation. Individuals testing shall complete the routine outlined in Sections 8.1.A or B for positive individuals.

e. **Case Determination Matrix-**
(1) Booster test required (2) Post exposure form must be completed (3) Individual will be issued a waiver of non-communicability by the Student Health Center.
Tuberculosis awareness training shall be provided by EHSO to all new employees. Training shall consist of the following subject matter:
1) Factors that place individuals at risk,
2) modes of transmission and the differences between TB infection and disease,
3) Symptoms and consequences of TB
4) Outline of UH"s Exposure Control Plan
5) Tuberculin testing and preventative therapy medical treatment and the prevalence of drug resistant TB strains
6) Personal Protective Equipment (PPE) use.

Reporting TB exposure:

Attachment
1. Physical Exam form

DISASTER PREPAREDNESS PLAN

This Disaster Preparedness Plan has been constructed to prepare our staff and residents for emergencies. The On-site Manager and/or staff personnel shall be responsible for the following:

o Conduct fire drills monthly and complete monthly log
o Conduct disaster preparedness plan rehearsals regularly with a minimum of two rehearsals in each calendar year.
o Conduct at least two fire drills at night.
o Contact 911 within the first 30 minutes in the event of an emergency.
o Check all fire extinguishers monthly.
o Check smoke detectors monthly and change batteries on first day of January annually.
o Check windows for operation monthly.
o Ensure that medical records accompany Resident in evacuations and Fire drills.
o Ensure that extension cords are not used throughout the home, no wiring is under rugs, over nails or in high traffic areas.
o All outlets not in use have cover plates.
o Maintain a three day supply of non-perishable food items at all times.
o Maintain a disaster supplies kit to include:

- A battery operated radio, flashlight and extra batteries
- A first aid kit
- A list of family and for each Resident
- A non-electric can opener
- Ensure that Residents in need of medical care are taken to hospital via EMS

The Director shall:

Ensure that all residents exit the home safely through their window and everyone is to meet at the mailbox then cross the street.
o Notify the DCH within 24 hours if an emergency situation occurs, which dictates implementation of plan and results in injury or loss of life.
o Notify physician and responsible party of incident and care needed and given.
o Provide necessary record to hospital or other parties requiring such information within 24 hours.
o Assist Resident in arranging alternative living arrangement if Grace and Mercy Home Health facility can no longer adequately care for Residents.

- Provide a written incident report and critique of performance when other emergency situations dictate implementation of plan.
- Submit a copy of plans if any revisions are made to the DCH, Healthcare Facility Regulation Division for approval.

Have a Plan

Although local officials and relief workers will be there after a disaster strikes, they cannot reach everyone immediately. It may be hours or days before you receive assistance. The best way to be prepared is to have a plan and know in advance what to do. Here are steps to creating a disaster plan for you and your family:

o **Find out and discuss what types of disasters are most likely to happen to your family, and plan what to do in each case.**

□Request information from your local emergency management, civil defense office, and American Red Cross chapter.

□ Learn about your community warning signals.

□ Find out about the emergency response plan for your workplaces, schools, daycare facilities, and other places your family spends time.

□ Create a list of important phone numbers (doctor, hospital, relatives, school, work, etc.) and place them in a prominent place in the home.

o **Choose two places to meet.**

□ Right outside your home, in case of a fire or other sudden emergency at home.

□ Outside your neighborhood, in case you can't return home. (Make sure everyone in the family knows the address and phone number.)

o **Ask a friend out-of-state to be your "family contact."**

□ It is often easier to call long distance after a disaster. Have each family member call this friend and tell them where they are, in case of separation during a disaster. Make sure each family member knows the family contact's phone number.

o **Discuss what to do during an evacuation.**

□ Be sure to prepare appropriately for infants, elderly persons, disabled persons, and pets.

o **Prepare a family supply kit.**

□ Be sure to prepare a kit for at home and for in the car, in case of evacuation.

Prepare a supply kit

The first 72 hours following a disaster are the most critical for families. This is the time when you are most likely to be left alone. For this reason, it is essential for you and your family to have a disaster kit, which should provide for all your family's basic needs during these first hours.

To prepare your family supply kit, you will need an easy to carry container, such as a: Covered trash container, Camping backpack, or Duffle bag in which to store your kit.

Your kit should contain six basics:
1. Water
2. Food
3. First aid kit
4. Clothing and bedding
5. Tools and emergency supplies
6. Special items tailored to meet your particular family needs.

Keep a three-day supply in your kit for each family member.

Water
Store one gallon of water per day, per person (two quarts for drinking, two quarts for food preparation and personal hygiene). Children, mothers, ill people, and those living in hot environments will require more water.

Use plastic containers (such as soft drink bottles) for storing water. Never use contaminated or breakable bottles.

Replace stored water every six months.

Store household chlorine bleach and a medicine dropper, or purification tablets containing 5.25% sodium hypochlorite (as the only active ingredient) for water purification.

Food
Store a three-day supply of non-perishable foods.
Select foods that require no refrigeration, preparation or cooking, and little or no water.
Select foods that are compact and lightweight.
Pack a can of Sterno or a camp stove and fuel for heating purposes (store any fuel safely).
Select foods that your family will eat and enjoy (this will boost spirits in addition to fueling the body).

Suggested Food Selections for Your Supply Kit :

Ready-to eat canned meats, vegetables, and fruits

Dried meats (beef jerky)

High energy foods such as peanut butter, jelly, crackers, unsalted nuts, health food bars, granola bars and dried fruit

Canned or powdered juices, milk, and soup (extra water required for powdered)

Staples including sugar, flour, salt, and pepper

Stress/comfort foods like cookies, hard candy, sweetened cereal, coffee or tea

Vitamins

Non-perishable foods and water for pets

First Aid Kit

Assemble a first aid kit for your home and one for each car.

Store four types of items:
1. Medicines
2. Medical supplies
3. Self-care books
4. Home medical records.

Keep your kit current. Update your kit once a year; replace self-care books every 3 to 5 years; update medical histories after each immunization, illness, health care provider visit, health screening, etc; discard old or outdated prescriptions and over-the-counter medicines.

Keep your kit at a reasonable cost by starting with 5 items and adding to it gradually; buy generic, rather than brand name items.

Locate your kit in a place known to all family members of age to administer medical care.

Clothing and Bedding

Include at least one complete change of clothing and footwear (sturdy shoes or work boots) for each person in the family.

Consider temperature changes; store rain gear, hats, gloves, thermal underwear, and sunglasses for each family member.

Include blankets and/or sleeping bags for each family member.

First Aid Kit Checklist :

Medicines :

Non-prescription drugs

- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medicine
- Antacid for upset stomach
- Syrup of Ipecac (to induce vomiting if directed by the Poison Control Center)
- Activated charcoal (use if directed by the Poison Control Center)
- Laxative

Prescription drugs

- Three-day supply of current prescriptions of each family member

Medical Supplies :

Scissors
Tweezers
Needle
Moist towelettes
Antiseptic
Thermometer

Petroleum jelly or other lubricant
Safety pins
Cleansing agent/soap
Latex gloves (2 pair)
Sterile adhesive bandages (assorted sizes)
Two- and four-inch sterile gauze pads (4 to 6 of each size)
Two- and three-inch sterile roller bandages (3 rolls of each size)
Tongue blades (2)
Sunscreen

Self-care Books :
American Red Cross Basic First Aid Manual
Health wise Handbook Self-Care Manual

Home Medical Records

Home medical history for each family member, including diagnosed chronic conditions, emergency information such as health care provider name and telephone number, list of medications being taken on a regular basis, immunization records, health screening results, and major illnesses.

Disclaimer:

It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order.
At a time of a disaster, it is imperative that the Director be contacted in order to give staff proper direction. This policy and procedure is written so that there are clear guidelines for providing resident care and ensuring their safety in the event of a disaster.

Sound judgment and common sense are the best practices in an emergency. Therefore, the Director and charge persons will have to make the best judgment at that time.

This plan will be in cooperation with the American Red Cross, the County Emergency Government office, and local Police and County Sheriff's Departments.

Special Items
Remember the requirements of family members with special needs, such as infants, elderly persons, and disabled persons.

Infant requirements may include:

- Formula
- Baby food
- Bottles
- Powdered milk
- Medication
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Adult requirements may include:
Prescription drugs and supplies

- Diabetes supplies

- Dentures and supplies
- Contact lenses and supplies
- Extra glasses

Keep important family documents in a portable, waterproof container, including:

Will and insurance policies

Contracts and deeds

Stocks and bonds

Passports, social security cards, and immunization records

Bank account numbers and credit card account numbers and companies

Household inventory

Important telephone numbers

Family records (birth, marriage, death certificates)

Don't forget to include a few games and books for entertainment.

Evacuation Essentials

In the event that you are asked to evacuate, you should follow the instructions of local officials, wear protective clothing and sturdy shoes, take your disaster supplies kit, and lock your home.

If you know you have time...

- Shut off water, gas, and electricity, if instructed to do so.
- Let others know where you are going.
- Make arrangements for pets; they may not be allowed in public shelters.

Have an emergency kit prepared and in the trunk of your car, including the following essentials:
Confine or secure pets to protect them.

Listen to your battery-powered radio for news and instructions. Evacuate if so advised.

Check on your neighbors, especially elderly and disabled persons.

Call your family contact -- do not use the telephone again unless it is an emergency. This will leave lines free for others to make necessary calls.

- Battery powered radio and extra batteries
- Flashlight and extra batteries
- Blanket
- Booster cables
- 5 pound, ABC fire extinguisher
- First aid kit and manual
- Bottled water and high energy non-perishable foods
- Maps

- Shovel
- Flares
- Tire repair kit

Check for a gas leak starting at the hot water heater. If you smell gas or suspect a leak, get everyone outside quickly, turn off the main gas valve, open windows, turn off all appliances and shut off all utilities.

Check for fires, fire hazards, and other household hazards. Clean up spilled medicines, cleaners, gasoline, and other flammable liquids immediately and safely.

FIRE:
Signals:
Smoke Detectors will sound
Steps of action

Fire on first floor bedrooms:
The Director, On-site Manager or responsible staff person finding the fire will:
Call 911 immediately

- Direct Residents to stay low and exit through the closet door or window if the fire is contained in a bedroom and if the hallway is safe.
- Direct Residents to stay low and exit through their bedroom windows, if fire is in the main hallway and Residents are in their bedrooms.
- Direct Residents to meet at the mailbox
- Account for all Residents
- Inform fire department or other safety officials of the last place Residents were seen or location of Resident's bedroom.

Fire in kitchen, dayroom or living room:
The Director, On-site Manager or responsible staff person finding the fire will:

- Direct Residents on to stay low and exit the facility through the front door or back door, whichever one is the safest.
- Direct Residents to meet at mailbox

If person is on fire:
The Director, On-site Manager or responsible staff person will:

- Roll the Resident on the ground and get or send someone to get a blanket from linen closet to smother flames
- Have someone call the ambulance

When possible, On-site Manager should close the door in each room after escaping to delay the spread of the fire

AFTER THE FIRE:

- The Director, On-site Manager or responsible staff person will:
- Give first aid when needed
- Ascertain the name of the hospital where person are being taken
- Direct Residents to stay out of damage building until fire authority gives permission to return
- Contact family and Resident's physician
- Contact ORS if a Resident is injured or dies
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Fire Drill and Evacuation Drill

The Director and On-site Manager will be responsible for conducting fire and evacuation drills in order to instruct Residents and staff in exiting the facility in an emergency in the shortest time possible and without confusion and panic. Fire and evacuation drills will include instructions on fire drill exits, as well as fire drill and evacuation procedures. Such drills will be held at least six times in a calendar year.

Each room of the facility shall maintain a detailed floor plan for exiting the facility during fire drills and real drills. Staff will gather every one present and direct them to the mailbox. Staff will make sure all residents are accounted for. Staff shall strive to conduct this drill Under Three (3) Minutes.
The Director, On-site Manager, or responsible staff person shall complete a written review of the fire drill.

Procedure:
The Director and On-site Manager will:

- ✓ Inform Residents one week prior to fire drill without giving specific date;
- ✓ Ensure that all Residents are present when fire drill and evacuation drill are carried out;
- ✓ Ring bell to inform Residents of fire and evacuation drill;
- ✓ Start stop-watch at immediately after ringing the bell;
- ✓ Direct Residents to exit through primary exits;
- ✓ Direct Residents to meet at mailbox until further directed;
- ✓ Count Residents to ensure all residents are accounted for;
- ✓ Stop-watch and direct Resident to return to facility;
- ✓ Complete fire drill and evacuation form and sign;
- ✓ Review procedures with Residents and give corrective instructions if needed.

Overview of Fire

Purpose: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all personnel to follow in the event of a fire.
Procedure:

R - Rescue anyone in immediate danger.

A - Alert other staff members of the fire and location over the intercom system. Pull the nearest fire **alarm**. The Person in Charge shall contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. The extinguisher should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.
Never aim high at the middle or top of the flames as this will cause the fire to spread.
If you cannot extinguish the fire, **evacuate** the building immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

Duties of Personnel: Person in Charge:

- ✓ Call the fire department at 9-1-1. Give exact location of the fire and its extent.
- ✓ Call the Director.
- ✓ Assist with residents if evacuation is necessary.
- ✓ Assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of residents if evacuation is necessary. Assign a staff member to answer the telephone and relay messages and instructions.

NATURAL GAS LEAK EXPLOSION

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.
Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home.
When you learn the proper shut-off procedure for your meter, share the information with everyone in your household. Be sure not to actually turn off the gas when practicing the proper gas shut-off procedure.
If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas, using the outside main valve if you can, and call the gas company from a neighbor's home.

CAUTION - If you turn off the gas for any reason, a qualified professional must turn it back on. NEVER attempt to turn the gas back on yourself.

- The Director, Manager or staff will be responsible for the following:
- Check the site for safety
- Press fire button on alarm or call 911 from a neighbor's home
- Direct all persons to leave the facility to meet and remain at the mailbox
- Account for all Residents
- Inform fire department or other safety officials of the last place Residents was seen or location of Resident's bedroom
- Have all Residents checked by EMS
- If there are superficial burns:

  o Stop the burning

o Cool the burned area with a large amount of water.
o Cover the burn with dry, clean dressings or cloth.

Contact family and client's Physician

Contact client's Immediate family/ and or payee

Contact DCH, Healthcare Facility Regulation Division if a Resident is injured or dies.

BOMB THREAT POLICY & PROCEDURE

Purpose:
The purpose of this policy is to inform staff of precautions to be taken in the event of a bomb threat. The current national situation of increased bombings, bomb threats, and bomb scares must be given immediate consideration. In the past, the vast majority of bomb threats were hoaxes. However, the current trend nationally is that more of the threats are materializing.
Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of our residents and employees.

Procedure:
If you receive a bomb threat over the phone, follow these procedures:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. Record every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
8. Complete the bomb threat form, attached, to record the caller's characteristics.

If possible, during the call, try to notify the charge immediately. The charge shall:

1. Call the Police Department at 9-1-1.
2. Call the Director if not present.
3. Organize staff to evacuate residents upon police or administrative order.

Once the Police have arrived:

Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.

The Director or designee shall remain with the Search Commander during the entire search to provide assistance and counsel during the search.

If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

- ✓ Direct all Residents to leave the facility
- ✓ Protect face and head from flying debris with arms, coats, etc.
- ✓ Keep face and head protected until flying debris ceases
- ✓ Direct Residents to meet at the mailbox
- ✓ Account for all Residents
- ✓ Inform 911 or other safety officials of the last place Resident was seen or location of Resident's bedroom
- ✓ Take Resident's to (EMERGENCY ADDRESS HERE_____ _)
- ✓ Call Director
- ✓ Obtain as many details as possible if a bomb threat is made. Use checklist provided in this section.

Bomb scare questions to ask check list

1. When is bomb going to explode?
2. Where did you place the bomb?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Did you place the bomb?
7. What is your name?
8. What is your address?

Steps of action:

Missing Resident Policy & Procedure

Purpose:

The purpose of a Missing Resident Policy and Procedure is to ensure that all necessary steps are taken in the event that a resident wanders away from the facility.

Procedures:

1. Any staff member observing a patient attempting to leave the facility shall with proper conduct attempt to prevent such departure. Should the attempt fail or a resident is determined missing on scheduled checks, the following should be done:

- o The charge professional should be notified.
- o All available staff will be directed by the charge professional to systematically search the entire premises, both inside and outside, patient rooms, bathrooms, closets, kitchen, basement, lobby, and offices.

Should a facility search prove unsuccessful, the person-in-charge shall carry out the following steps:

2. Assign available staff to begin neighborhood search. Some staff members should always remain in the building with residents.

3. Contact the Supervisor on call if none in the building. The Director of Services should be called if possible.

Should a neighborhood search prove unsuccessful, the person-in-charge shall carry out these steps:

4. Notify local law enforcement agency via the telephone number 911 within the first 30 minutes. Ask for assistance to locate a wanderer, give them description of the resident.

5. When the authorities have arrived, give them a picture of the resident if available.

6. The authorities will assume command and direction of the search from this point. The briefing to authorities shall consist of identification and other pertinent information about the resident that could assist in determining the resident's whereabouts.

7. The family and/ of the resident shall be notified. Explain what is being done to find the resident and encourage them to assist if able.

8. All previously contacted persons and organizations shall be notified of the return to the facility of the resident.
Upon return of the resident to the facility, the person-in-charge (Director) should:

9. Examine the resident for injuries, and contact the attending physician and report findings and conditions of the resident. Follow orders

10. An incident report shall be written and signed by the Director providing detailed accounting of the incident in its entirety.

11. The person-in-charge shall be responsible for documenting the incident in the nursing notes of the resident's chart. All documentation must be concise and reflect the actual facts as they relate to the incident including:

- times

- persons contacted
- condition of resident upon return to the facility
- physician notification
- physician's orders
- treatment indicated
- any other pertinent information

12. The maintenance personnel are responsible for seeing that alarms are operational for 24 hour service and are checked on a routine basis.

13. In the event of an alarm malfunction, maintenance shall be notified immediately. In event of the inability to locate maintenance personnel, contact the alarm company.

Contact family and client's Physician

Contact client's immediate family and/or payee

Contact DCH, Department of Healthcare Facility Regulation Division if a Resident is injured or dies.

Persons Who Wander, or are at Risk of Wandering

The following preventive measures are recommended for the care and supervision of persons who are apt to wander:
1. Identify all persons who have a history of confusion with associated wandering. Also evaluate those who are at risk but may not yet have had an episode of wandering.
Persons with cognitive impairment or judgment impairment who are ambulatory or have wheelchair mobility are at particular risk of hypothermia in every setting, even if they have not yet exhibited a history of wandering.
2. Evaluate all instances of wandering and all at-risk persons to establish individual interventions that will prevent the person from leaving the warm environment or will provide staff with foolproof signals and procedures if someone starts to leave unexpectedly.
3. For In-home residents, certain sections of the Minimum Data Set (MDS), version 2.0, may help identify individuals with potential risk for wandering who need further assessment.
A comprehensive assessment is needed for resident evaluation (not limited to) Wandering:

- Mood and behavior patterns
- Alterations in cognitive patterns

- Difficulties in communication
- Incontinence
- Dehydration, unsteady gait
- Hypothyroidism, diabetes mellitus, cardiovascular disease, arthritis, Parkinsonism, Alzheimer's disease, dementia, mental illness

4. **Antipsychotic, Anti-anxiety or Antidepressant medications**

5. For each individual at risk, regardless of the type of provider, a comprehensive assessment of the person should identify the areas needing attention in order to develop and implement an effective care plan or service plan. The preventative plan should:

- Establish a pattern and root cause for wandering and proactively eliminate triggers.
- Promote participation in group activities.
- Encourage communication with persons who have similar interests.
- Work with family members or other volunteers to establish visit patterns if possible, especially at times when the person is most restless.
- Promote comfort, meaningful activities and programming, safe ambulation and mobility, as well as good nutrition, hydration and elimination assistance that will meet his/her needs.

Often a person who wanders is searching to find a way to meet unmet needs, such as hunger or loneliness.

- Promote increased exercise and fresh air to combat restlessness and sleeplessness.
- Review the care or service plan to assess effectiveness and ensure that it contains sufficient measures to prevent wandering or elopement.
- Assure that persons are dressed in appropriately warm clothes, even when indoors, as hypothermia can also occur in indoor settings among individuals who are at risk.

Interruption or Loss of: ELECTRICITY

Purpose:
It is the policy of this facility to provide auxiliary power to designated areas within the facility to operate life-support equipment should our normal power supply fail.

Procedure:

- In the event of a power outage, the following steps should be followed:
- Assure Residents that you have control of the situation
- Call Georgia Power phone number located on emergency phone list and report outage
- Get a flashlight to direct Residents to the day room. Direct Residents one at a time.
- Open all doors to bedrooms and bathrooms
- Open blinds to allow natural daylight in.
- Turn on battery operated radio to determine if outage is countrywide or may exist for several hours.
- Remain with the Residents at all times during outage
- Refrain from opening refrigerator or freezer
- If electricity is interrupted for a period that allows temperature to fall below 70-75 degrees during waking hours and 62 degrees during sleeping hours and above 80 degrees throughout the day:
  - **Call Director**

If the Director is home take residents to

- (EMERGENCY ADDRESS HERE)_____

o If not, drive residents to the local hotel

o If cooling system does not get repaired residents will be placed at a local hotel, GRACE AND MERCY HOME HEALTH will pay for Resident's hotel fee.

o Contact family and Resident's Physician if Resident is injured or dies

o Contact family and inform of relocation

GAS or HEAT

- The Director, Manager or staff will be responsible for the following:
- Call phone number located on emergency phone list for repair service immediately
- Call Director and inform.
- Check temperature in home every 30 minutes to insure temperature of 70-75 degrees during waking hours and 68 degrees during sleeping hours.
- If gas is interrupted for a period that allows temperature to fall below 70-75 degrees during waking hour and 68 degrees during sleeping hours direct all residents to leave the facility:
  o Inform Director and take Residents to closest hotel with vacancies to accommodate all Residents
  o Inform responsible parties of relocation

Water Shortage Policy & Procedure

Purpose:

The purpose of this policy is to ensure that there will be adequate water supply, on hand to supply residents with water for their personal and hygienic needs.

Procedure:

If the water supply is suddenly disrupted for any reason, the following steps will be taken by the person-in-charge.

1. Notify the Director and the Maintenance Director immediately.

2. All attempts will be made to determine the cause for water disruption and the probable length of shut down.

3. The Dietary Department will distribute emergency meals and provide juice and other beverages that are on hand for resident consumption.

4. The hot water in the hot water tanks will be utilized by kitchen staff for cooking purposes if necessary.

5. Disposable dishes and utensils may be used during emergencies.

6. If necessary, water will be brought in and dispensed as needed. This water supply is only for necessary circumstances, and should be used conservatively.

7. If it becomes apparent that a water shortage will last for an undetermined length of time, the Director will order emergency measures to be taken to ensure proper care for those whose care has been disrupted

by lack of water supply. Arrangements will be made to transfer those residents to the hospital or to other facilities for care.

Loss of Telephone Service Policy & Procedure
Purpose:
In the event that there is a power outage, or other circumstances in which the facility is out of telephone service, it is important that staff know how to respond in such a situation. The facility's operation depends on the use of telephone a great deal.
It is important that the nursing personnel are able to communicate with physicians regarding resident care. It is also important that we be able to make emergency contacts if need be. The following procedures should provide clear guidelines for staff to follow if this situation occurs.

Procedures:
1. In the event that telephone service is lost due to outside causes, the telephone company must be notified immediately.

2. Unplug the fax machine, and plug in the Emergency Phone.

3. If the Emergency Phone does not work, the Maintenance Director, or other designated person, shall be directed to go to the nearest operating telephone available in order to report the loss, and as much information concerning the outage as possible.
4. If the telephone service is anticipated to be out for an indefinite period of time, the shift charge staff shall contact the local radio station to inform them of the phone outage so that weather and other major announcements can be relayed to the facility during the telephone outage.

5. A designated person and vehicle must be ready at all times to depart in an emergency in order to report any disaster requiring emergency services from the police, fire department, or ambulance.

LOSS OF AIR CONDITIONING
The Director, Manager or staff will be responsible for the following:

- Call phone number located on emergency phone list for repair service immediately
- Call Director and inform
- Give residents hand fans
- Open windows and pull shades
- Turn on fans
- Provide cool water
- Check temperature in home every 30 minutes. When temperature reaches 80 degrees, direct all Residents to leave the facility.

Call Director to find out if you can take Residents to

(INSERT EMERGENCY ADDRESS HERE) _____

If not, take Residents to local hotel and remain with Residents at all times.

- Director will wait at facility for the repairperson.

- Director will inform Residents either by phone or in person when repairs are made.
- If repairs cannot be made before the end of the business day:

  ✓ Residents will be placed with family members or at a local hotel
  ✓ On-site Manager will pack clothes for one day for all Residents and take to hotel or have them ready for Resident's family to pick up.

If Resident shows signs of heat related illnesses the Director, On-site Manager or responsible staff person will follow as directed below:

HEAT CRAMPS
Signals: Painful muscle spasms, usually in the legs and abdomen

- Have person rest in a cool place
- Give cool water or a commercial sports drink
- Lightly stretch and gently massage the muscle

Hurricane Policy:

If a hurricane watch is posted for your area, take the following steps:

- Listen frequently to radio, TV or weather radio broadcasts.
- Top off fuel tanks and make sure vehicles are ready if you have to evacuate.
- Have extra cash on hand. (If power is lost, ATM's won't work!)
- If you live in a mobile home, make sure all tie-downs are secure.
- Prepare to cover windows and doors with shutters or other shielding material.
- Check batteries and stock up on canned food, first-aid supplies, drinking water and medications.
- Bring light-weight objects, such as garden tools, garbage cans, toys and lawn furniture, inside.

Once a warning is issued, additional steps are recommended including these:

- Continue to monitor radio, TV or weather radio.
- Complete preparation activities, such as installing storm shutters, storing loose objects, etc.
- Follow instructions of local officials. If told to leave the area, do so immediately.
- Try to evacuate during daylight hours. Stay with relatives or friends farther from the danger zone, in a low-rise inland hotel or motel, or in a designated public shelter outside the flood zone.
- Take pets with you.
- If you have not been ordered to leave, turn the refrigerator to its coldest setting and keep the door closed to protect food if there is a power failure.
- Turn off utilities if told to do so by local authorities, turn off propane tanks and unplug small appliances.
- Fill the bathtub and large containers with water for sanitary purposes.

The danger does not pass as soon as the storm abates. Here are some of the recommended precautions:

- Keep abreast of road conditions through the media.
- If you see water flowing across the road, do not attempt to drive through it. Turn around and go the other way. As little as 6 inches of water is enough to make you lose control of your car.
- Do not allow children to play in flooded areas.
- Stay away from standing water; it may be charged from a downed electrical wire.
- Let professionals handle rescues.
- Have professionals check gas, water and electric lines, and appliances, for possible damage.

Important Precautions During and After a Hurricane
Avoid Dangerous Areas

- If waters continue to rise, evacuate the area immediately.
- Do not walk in, play in or drive through flooded areas. Flood water contains hidden hazards and may be deeper and faster-moving than it appears. Wear shoes at all times.
- Stay away from downed power lines.
- If you get a cut or puncture wound, get a tetanus booster shot if you have not had one in the past 5 years.
- Drinking Water
- Public and private wells that have been flooded or have lost electricity may have become contaminated. Water must be treated before use (see below). Contact your health department about well water testing.
- Use only bottled water for drinking and cooking, if available.
- Tap water used for drinking, cooking, brushing teeth or making ice must be boiled for at least five minutes before use.

- Pregnant women and children should use bottled water instead of tap water or boiled water. Baby formula should be made with bottled water. Boiled water is not good for babies and pregnant women. However, if bottled water is not available, do not use untreated water--use boiled water until bottled water becomes available.
- If you cannot boil your tap water, it can be treated with liquid chlorine bleach, using 8 drops (1/4 teaspoon) to one gallon of tap water. (WARNING! Do not use bleach that is scented or contains soap.) Mix thoroughly and let stand for 30 minutes before using.

Do not use floodwaters for any use.

Food and Medicines

- Any foods (including those in cans, plastic or glass), medicines and cosmetics that have come in contact with floodwaters should not be eaten. Throw them away.
- Food in the refrigerator should be thrown away if the power has been off for more than 4 hours or if food is warmer than 41 degrees Fahrenheit.
- Frozen food should be thrown away if it has thawed. Do not re-freeze thawed food.
- Medicines and cosmetics that have been in flood waters should be thrown away.

Septic tanks

- If your septic tank has been flooded, do not use the plumbing system while the septic tank is still under water.
- Do not use your plumbing system if sewage water has backed up into your home.
- Try to reduce the amount of debris that enters the septic tank or drains.
- Avoid contact with sewage from a septic tank that is not operating.
- For information on repairing or constructing a septic tank system, contact your local health department.

THE SIMPLE TASKS THAT COULD SAVE YOUR LIFE AND YOUR HOME

- Listen for weather updates on local stations and on NOAA Weather Radio. Don't trust rumors, and stay tuned to the latest information.

Insects and other animals

- Bees, wasps, fire ants, snakes and other animals have lost their homes and may be very dangerous. Avoid contact with these animals as much as possible. Be cautious in moving items where animals could be hiding.
- Standing waters are breeding grounds for mosquitoes. Use insect repellant, long sleeves, pants, socks and shoes, if possible. Empty standing water from containers inside and outside the home.
- Avoid touching dead animals.
- Take extra precautions to protect your health and safety. If your home was flooded during the hurricane, assume that everything touched by flood water is contaminated and will have to be disinfected or thrown out. Most clean up can be done with household cleaning products. **Remember to wash your hands**

frequently during clean up and always wear rubber gloves, a disposable dust/mist face mask (NIOSH approved N-95 type) and, if possible, waterproof boots. If your ceiling was damaged, wear a hard hat and safety glasses.

- If your home has been flooded, you should:
- Before turning the power back on, have your home's electrical system checked out by an electrician.
- If the pilot light on your natural gas furnace, hot-water heater or stove has gone out, have it re-lit by a professional.
- Throw away flood-contaminated mattresses, upholstered furniture, carpets and padding, wallboard and wallpaper because they cannot be cleaned all the way through.
- Clean plaster or tile walls, hard-surface floors and other household surfaces by scrubbing with soap and water and disinfect them with a solution of one cup of bleach to four gallons of water. Pay particular attention to areas that come in contact with food, or where small children play. After cleaning a room or item, go over it again with disinfectant to kill germs and odors left by flood waters. Dry everything completely after cleaning.
- Use a two-bucket method when cleaning. Put cleaning solution in one bucket and rinse water in the other. Replace rinse water frequently.
- Wash all linens and clothing in hot water with a disinfectant, or dry clean them. Throw them away if they are moldy or mildewed.
- Check your survival kit. Obtain any needed items.
- Refill prescriptions. Maintain at least a one-month supply during hurricane season.
- Clear yard of all loose objects, such as potted plants, bicycles and trash cans.
- Protect your windows and glass doors! Brace double entry and garage doors at the top and bottom. (see Protecting Your Windows)
- Fill your car's gas tank, check oil, water, and tires. Gas pumps don't operate without electricity.
- Secure your boat early. Drawbridges will be closed to boat traffic after an evacuation order is issued.
- Leave the swimming pool filled and super-chlorinated. Cover the filtration system.
- Get cash. Banks and ATMs won't be in operation without electricity and few stores will be able to accept credit cards.
-

IF YOU CAN STAY HOME

- Clean containers for drinking water and your bath tub for storing cleaning water. Line the tub with plastic sheeting or clean shower curtain, or caulk the drain with silicone caulking - it will hold water for weeks and it cleans up easily when dry. Plan on three gallons per person, per day for all uses.
- Obtain at least a two-week supply of non-perishable foods. **Don't forget a non-electric can opener.**
- During the storm, stay inside and away from windows, skylights and glass doors. Find a safe area in your home - an interior, reinforced room, closet or bathroom on the lower floor.
- Wait for official word that the danger is over. Don't be fooled by the storm's calm "eye".
- If flooding threatens your home, turn off electricity at the main breaker.
- Offer your home as shelter to friends or relatives who live in vulnerable areas or mobile homes.
- If you lose power, turn off major appliances, such as the air conditioner and water heater to reduce damage.

IF YOU MUST EVACUATE

- Take your Hurricane Survival Kit with you!
- Take important papers with you, including your driver's license, special medical information, insurance policies and property inventories.
- Let friends and relatives know where you are going.
- Make sure your neighbors have a safe ride.
- Lock windows and doors.
- Turn off electricity at the main breaker.

HOME HEALTH CARE PATIENTS

- Notify your health agency where you will be during a hurricane and when care can be re-established.
- If you are homebound and under the care of a physician, but not a home health agency, contact your physician.
- If you require respirators or other electric-dependent medical equipment, you should make prior medical arrangements with your physician.
- If you require oxygen, check with your supplier about emergency plans.
- If you evacuate, remember to take medications, written instructions regarding your care, special equipment and bedding with you.
- If you need assistance in an evacuation, please register NOW with your County Emergency Management Agency.

Procedure:
(NOTE: LIGHTNING KILLS MORE PEOPLE IN THIS COUNTRY THAN TORNADOES, FLOODS OR HURRICANES. THUNDERSTORM ACTIVITY IS GREATEST DURING JULY AND AUGUST.)

These simple precautions can save lives during a lightning storm. **Stay Alert**

- Monitor local weather conditions regularly with a special weather radio or AM/FM radio.
- Recognize the signs of an oncoming thunder and lightning storm - towering clouds with a "cauliflower" shape, dark skies and distant rumbles of thunder or flashes of lightning. Do not wait for lightning to strike nearby before taking cover.

Seek Shelter

- Look for a large, enclosed building when a thunder or lightning storm threatens. That's the best choice.
- If you are in a car and it has a hard top, stay inside and keep the windows rolled up.
- Avoid small sheds and lean-tos or partial shelters, like pavilions.
- Stay at least a few feet away from open windows, sinks, toilets, tubs, showers, electric boxes and outlets, and appliances. Lightning can flow through these symptoms and "jump" to a person.
- Do not shower or take a bath during a thunder or lightning storm
- Avoid using regular telephones, except in an emergency. If lightning hits the telephone lines, it could flow to the phone. Cell or cordless phones, not connected to the building's wiring, are safe to use.

If you are caught outside: (If you are unable to reach a safe building or car, knowing what to do can save your life.)

- If your skin tingles or your hair stands on the end, a lightning strike may be about to happen. Crouch down on the balls of your feet with your feet close together. Keep your hands on your knees and lower your head. Get as low as possible without touching your hands or knees to the ground. **DO NOT LIE DOWN!**
- If you are swimming, fishing or boating and there are clouds, dark skies and distant rumbles of thunder or flashes of lightning, get to land immediately and seek shelter.
- If you are in a boat and cannot get to shore, crouch down in the middle of the boat. Go below if possible.
- If you are on land, find a low spot away from trees, metal fences, pipes, tall or long objects.
- If you are in the woods, look for an area of shorter trees. Crouch down away from tree trunks.

Helping someone who is struck by lightning

When someone is struck by lightning, get emergency medical help as soon as possible. If more than one person is struck by lightning, treat those who are unconscious first. They are at greatest risk of dying. A person struck by lightning may appear dead, with no pulse or breath. Often the person can be revived with cardiopulmonary resuscitation (CPR). There is no danger to anyone helping a person who has been struck by lightning - no electric charge remains. CPR should be attempted immediately.
Treat those who are injured but conscious next. Common injuries from being struck by lightning are burns, wounds and fractures.

FLOOD/ FLASH FLOOD

Signals: None
Steps of action:

- ✓ The Director, On-site Manager or responsible staff person will:
- ✓ Check the site for safety
- ✓ Press the alarm button or call 911 from a neighbor's home
- ✓ Direct all persons to leave the facility, to meet and remain at higher grounds
- ✓ Account for all Residents
- ✓ Inform fire department or other safety officials of the last place Residents was seen or location or Resident's bedroom
- ✓ Have all Residents checked by EMS
- ✓ Change all Residents wet clothing
- ✓ Take Residents to the alternate living arrangement or hotel:

(INSERT EMERGENCY ADDRESS HERE)_____

Contact family and Resident's Physician

Contact DCH Department of Healthcare Facility Regulation Division

Severe Weather Policy & Procedure
Purpose:
The purpose of a Severe Weather Policy and Procedures is to educate and inform staff of weather conditions that warrant their attention.

It is Grace and Mercy's Home Health responsibility to keep the residents and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

Definitions: ***Watch*** -- Means that conditions are favorable for a thunderstorm or tornado to develop.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

Procedure:

1. Account for all residents and staff. Make sure everyone is inside.
2. Close all windows and pull all curtains.
3. Keep all residents away from windows.

If there is a tornado warning, further precautions need to be taken:

4. Gather residents in hallways behind fire doors, or in the bathroom. If residents are in bed, pull the beds into the hallway. If this is not possible, make sure all curtains in room are pulled, including cubicle curtains.
    - o Cover the resident with extra blankets and pillows, especially near the head.
5. Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.

Stay calm and provide reassurance to the residents. Keep them as comfortable as possible

Winter Storms Safety Precautions

Purpose:

The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Keep posted on all area weather bulletins and relay to others.
2. Have portable radio available. Make sure extra batteries are available.
3. Be prepared for isolation at the facility.
4. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
5. Make sure emergency food supplies and equipment are on hand.
6. Make sure emergency supply of water is available.
7. Make sure emergency power supply is operable.
8. Make sure heating system is operable.
9. Have extra blankets available and keep residents as warm as possible.
10. Make sure adequate staff is available.
11. Keep flashlights handy and extra batteries available.
12. Close drapes on cloudy days and at night.
13. Travel only when necessary and only during daylight hours. Never travel alone. Travel only assigned routes.
14. Be prepared to evacuate residents if necessary.
15. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
16. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
17. Do not panic; remain calm.

Heat & Humidity Policy & Procedure

Purpose:

The purpose of this policy is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Residents are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion*:*

A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke:
A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.
The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Make sure there is adequate ventilation to keep the air circulating.
2. Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
3. Remove residents from areas that are exposed to direct sunlight.
4. Keep outdoor activities to a minimum.
5. Check to see that residents are appropriately dressed.
6. Provide ample fluids, and provide as many fluids as the resident will take.
7. Increase the number of baths given.

Policy Tornado drills

Before A Tornado

- Determine the best location in your home and office to seek shelter when threatened by a tornado. A basement or cellar will usually afford the best protection. In an underground shelter is not available, identify an interior room or hallway on the lowest level.
- Conduct periodic tornado safety drills with your family.
- Learn how to shut off the utilities to your home.
- Decide how and where your family will reunite.
- If you live in a mobile home, identify a safe shelter outside of your mobile home such as a community park shelter, a neighbor or friend's house, or a nearby public building.
- In a mobile home, consider installation of an underground shelter that is large enough to accommodate you, your family or several others nearby mobile home residents.
- Consider retrofitting your house with special fasteners, connectors and reinforcing bands to strengthen the structural integrity. Also, consider installing a reinforced concrete and steel "safe room" as a small room within your house.

During a Tornado
At Home-

- Go at once to your predetermined shelter. Into a basement (if possible), go under the stairs, under a heavy piece of furniture or a workbench. Stay there until the danger has passed.
- If there is no basement, go to an inner hallway or a small inner room without windows, such as a bathroom or closet.
- Stay away from windows, doors and outside walls.

- Go to the center of the room. Outside windows and walls may be penetrated by high-speed, wind-borne missiles.
- Get under a piece of sturdy furniture, such as a workbench or heavy table, and hold onto it.
- Use pillows, mattresses or cushions to protect your head and neck.
- If in a mobile home, get out and seek shelter elsewhere. A mobile home can overturn very easily if precautions have been taken to tie down the unit. If there isn't a substantial shelter nearby, seek shelter in a low-lying area. Shield your head with your hands.

In A School, Nursing Home, Hospital, Shopping Center or at Work-

- Go to the designated storm shelter, basement, or to an inside hallway on the lowest level.
- Avoid places with wide-span roofs, such an auditoriums, cafeterias, gymnasiums and large hallways. Stay away from windows and open spaces.
- Get under a piece of sturdy furniture, such as a workbench, or heavy table or desk, and hold onto it. If sturdy furniture is not available, make yourself the smallest target possible. Squat low to the ground. Put your head down and cover your head and neck with your hands.
- If in a high-rise building, go to small, interior rooms or hallways on the lowest level possible and seek protection as detailed above. Stay away from windows and outside walls.

Outdoors-

- If possible, get inside a substantial building.
- If shelter is not available or there is no time to get indoors, lie in a ditch, culvert or low-lying area or crouch near a strong building. Use arms to protect head and neck. Stay aware of the potential for flash floods.

In A Vehicle-

- Never try to outrun a tornado in a vehicle. Heavy rain, hail and traffic may impede your movement. Tornadoes can change directions quickly and can easily lift up a vehicle and toss it through the air.
- Get out of the vehicle immediately and try to take shelter in a nearby building. **DO NOT** park under a bridge or underpass.
- If there is not time to get indoors, get out of the vehicle and lie in a ditch, culvert or low-lying area away from the vehicle.

After A Tornado-

- Monitor the radio or television for emergency information or instructions.
- Check for injured victims. Render first aid if necessary.
- Check on neighbors or relatives who may need special assistance.
- Do not attempt to move severely injured victims unless absolutely necessary. Wait fire emergency medical assistance to arrive.
- Use the telephone only for emergency calls.
- Exit damaged buildings. Re-enter only if absolutely necessary. Using extreme caution.
- Take photos or videotape the damage to your home or property.
- If driving, be alert for hazard on the roadway.

- If unaffected by the tornado, stay out of the damaged area until allowed entering by officials. Your presence may hamper emergency operations.

If repairs cannot be made before the end of the business day:

- Residents will be placed with family members, tamp alternate arrangement or at a local hotel. G Grace and Mercy Home Health facility will pay for resident's hotel fees.
- On-site Manager will pack clothes for one day for all Residents have ready for Resident's family to pick up
- Inform responsible parties of relocation
- On-site Manager will remain with Residents until repairs are made and will provide services as usual
- Contact family, Resident's Physician and DCH if Resident is injured or dies.

Heat Illness:

Early stages

1. Cool, moist, pale, or flushed skin
2. Headache, nausea, dizziness
3. Weakness, Exhaustion
4. Heavy sweating
5. Late stages:
6. Red, hot, dry skin
7. Changes in level of consciousness
8. Vomiting

Care:

1. Move person to a cool place
2. Loosen tight clothing
3. Remove perspiration-soaked clothing
4. Apply cool, wet cloths to the skin
5. Fan the person
6. If conscious, give cool water to drink
7. Will take one day's supply of food from emergency supply and document foods used and to be replaced
8. On-site manager will remain with Residents at temporary location until repairs are made and will provide services as usual
9. Contact family, Resident's Physician and DCH/HCFR if Resident is injured or dies

Damage to physical plant resulting from severe weather :

1. Transportation will be arranged by the governing body of Grace and Mercy Home Health and if necessary the Director will call responsible party to have them to pick up Residents
2. Check to see if Residents are injured or in need of medical assistance
3. Call 911 if resident needs medical assistance
4. Call Director to inform the governing body
5. Director is to inform the temporary alternate arrangement
6. Have Residents cover their heads if possible
7. Residents who do not have other responsible party will be placed at the temp alternate living arrangement or in a hotel.
8. (Grace and Mercy Home Health will pay for Resident's hotel fees.)
9. Director will inform Residents either by phone or in person when repairs are made.

If repairs cannot be made before the end of the business day:

- Residents will be placed with family members or at a local hotel. Grace and Mercy Home Health will pay for Resident's hotel fee.
- On-site Manager will pack clothes for one day for all Residents and take to hotel or prepare for Resident's family to pick up.
- On-site Manager will remain with Residents at hotel until repairs are made and will provide services as usual
- Director will contact family, Resident's Physician and DCH/HFRD if Resident is injured or dies
- Director will inform responsible parties of relocation

Physical plant requirements

- Grace and Mercy Home Health facility is structurally sound and safe for occupancy, uncluttered, orderly, clean, and presents no hazards or risk to residents.
- Windows and doors used for ventilation have screens that are in good repair.
- Installed supportive devices such as handrails and grab bars.
- Laundering facilities on the premises
- Floor coverings do not present a tripping hazard.
- Furnishings are kept clean and in safe, usable condition.
- All areas are well lighted and we provides all light bulbs
- Adequate heating/cooling system to ensure that temperatures are maintained at 70-80 degrees Fahrenheit year round.
- Our home and outside grounds are kept clean and free of rodents, flies, vermin, nuisances, hazards, refuse and litter.
- A working doorbell & door knocker
- The house number is easily visible from the street

Living and dining area (s)

- There is at least one centrally located living room for the free access and in formal use of the Resident's living room(s) is large enough to accommodate residents without crowding.
- Our home has an area for use by Residents and visitors, which affords privacy.
- A current calendar and working clock will be centrally located.
- There is a comfortable dining area adequate in size for the number of Residents
- GRACE AND MERCY HOME HEALTH , facility has provided locked storage for any Resident's valuables or personal belongings and all bedrooms meet the following requirements:
- Sleeping areas adjoin living areas of our home.
- Bedrooms provide 80 square feet of usable floor space per resident.
- Bedrooms have at least one-half of the room height above ground level.
- There will be no more than two Residents per bedroom.
- Bedrooms has at least one window that opens easily to the outside
- Bedrooms are well ventilated and maintained at a comfortable temperature.
- Family members, staff and Residents each have their own separate designated bedrooms.
- Duplicate keys are available to the Resident and staff for any Residents in single- occupancy bedrooms.

Bathrooms meet the following requirements:

- At least one functional toilet and lavatory is provided for each four Residents.
- At least one functional bathing or showering facility is provided for each eight Residents.

- Additional toilets and/or lavatories are available for any family members, staff or others.
- Each bathroom has either forced ventilation to the outside or a window that opens easily.
- Bathrooms are functional, clean and sanitized daily.

Each resident bedroom has the following:

1. An adequate closet or wardrobe
2. Sufficient light for reading
3. A bureau or dresser
4. At least one chair with arms per resident
5. A mirror appropriate for grooming
6. An individual bed with comfortable springs and mattress
7. Bedding for the resident

Residents are allowed to personalize their bedrooms.

GRACE AND MERCY HOME HEALTH facility meets the following safety requirements:

1. There will be one charged 5-10lb. Multipurpose ABC fire extinguisher available on each level.
2. Sufficient smoke detectors.
3. No exterior doors that require the use of a key to exit from the inside.
4. Poisons, caustics and other dangerous materials are properly stored and safeguarded.
5. All things to be posted are posted in the central living area
6. Hot water temperature; do not exceed 120 degrees Fahrenheit at the point of use by Residents.
7. Trash is removed at least daily from the kitchen and at least weekly from the premises.
8. First aid materials are available for use.
9. Soap is provided at each sink and toilet tissue at each commode. Activities are provided to promote the Physical, mental and social well-being of each Resident.
10. I understand that I cannot restrict a Resident's access to the common areas of the home or lock the Resident in to or out of the Resident's bedroom.
11. I will ensure that sufficient staff is available at all times to evacuate the Residents in case of an emergency and to provide assistance with activities of daily living as needed.
12. I have a monthly work schedule for all employees, including relief workers. The schedule shows adequate coverage for the Resident population.
13. The Director, On-site Manager and all responsible staff persons are at least 21 years of age.
14. Staff has been assigned duties consistent with their position, training and experience.
15. At least one staff person having completed the minimum training requirements is in the home at all times.
16. A personnel file is maintained in the home for each employee
17. A written admission agreement has been developed
18. Resident files will be maintained for three years after the resident's discharge
19. Medications is stored under double lock and key
20. Passed all home inspections
21. All things to be posted are posted in the central living area.

Outcomes for persons served- Organization has evidence of practice such as but not limited to:

- Preventative maintenance;
- Environmental safety and hazards;
- Equipment use; and
- Cleanliness.

Addressing emergency notification and preparedness. Supplies needed for emergency evacuation are maintained in a readily accessible manner, including consumer information, family contact information and current copies of physician's orders for all participants medications.

- Plans include detailed information regarding evacuating, transporting, and relocating individuals that coordinates with the local Emergency Management Agency and at a minimum address:
  - Medical emergencies;
  - Natural disasters known to occur;
  - Power failures;
  - Continuity of medical care as required; and
  - Notifications to families or designees.
- On a regular basis, emergency preparedness notice and plans are:
  - Reviewed;
  - Tested at least quarterly for emergencies that occur locally on a less frequent basis such as but not limited to flood, tornado or hurricane
  - Drilled with more frequency if there is a greater potential for the emergency

Residential living support service options;
Are integrated and inclusive environments within established residential?
neighborhoods;

- Are of a type ordinarily considered to be single family units;
- Have space for informal gatherings;
- Have personal space and privacy for persons supported; and
- **Are understood to be the "home" of the person supported or served.**

Cameras may be used in common areas of programs that are not personal residences such as Crisis Stabilization Programs where visualization of blind areas is necessary for an individual's safety. Cameras may not be used in the following instances:

- In an individual's personal residence;
- In lieu of staff presence; or
- In the bedroom of consumers as it is an invasion of privacy and is strictly prohibited.

Introduction

Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact and exposure to infected blood or blood components and prenatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, and urine and is likely to be isolated from other body fluids, secretions, and excretions. However, epidemiologic evidence has implicated only blood, semen, vaginal secretions, and possibly breast milk in transmission.
The increasing prevalence of HIV increases the risk that health-care workers will be exposed to blood from patients infected with HIV, especially when blood and body-fluid precautions are not followed for all patients. Thus, this document emphasizes the need for health-care workers to consider ALL patients as potentially infected with HIV and/or other blood-borne pathogens and to adhere rigorously to infection-control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

Recommendations for Prevention of HIV Transmission in Health-Care Settings

Supplements to the MMWR are published by the Epidemiology Program Office, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.

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Centers for Disease Control ..... James O. Mason, M.D.,

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Definition of Health-Care Workers
Health-care workers are defined as persons, trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting.

Health-Care Workers with AIDS
As of July 10, 1987, a total of 1,875 (5.8%) of 32,395 adults with AIDS, who had been reported to the CDC national surveillance system and for whom occupational information was available, reported being employed in a health-care or clinical laboratory setting. In comparison, 6.8 million persons -- representing 5.6% of the U.S. labor force -- were employed in health services. Of the health-care workers with AIDS, 95% have been reported to exhibit high-risk behavior; for the remaining 5%, the means of HIV acquisition was undetermined. Health-care workers with AIDS were significantly more likely than other workers to have an undetermined risk (5% versus 3%, respectively). For both health-care workers and non-health- care workers with AIDS, the proportion with an undetermined risk has not increased since 1982.

Risk to Health-Care Workers of Acquiring HIV in Health-Care Settings
Health-care workers with documented percutaneous or mucous-membrane exposures to blood or body fluids of HIV-infected patients have been prospectively evaluated to determine the risk of infection after such exposures. As of June 30, 1987, 883 health-care workers have been tested for antibody to HIV in an ongoing surveillance project conducted by CDC
(9). Of these, 708 (80%) had percutaneous exposures to blood, and 175
convalescent-phase serum samples were obtained and tested; none of 74 health-care workers with nonpercutaneous exposures seroconverted, and three (0.9%) of 351 with percutaneous exposures seroconverted. None of these three health-care workers had other documented risk factors for infection. Two other prospective studies to assess the risk of nosocomial acquisition of HIV infection for health-care workers are ongoing in the United States.
Precautions to Prevent Transmission of HIV
Universal Precautions
Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body- fluid precautions should be consistently used for ALL patients. This approach, previously recommended by CDC (3, 4), and referred to as "universal blood and body-fluid precautions" or "universal precautions," should be used in the care of ALL patients, especially

including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown (20).
All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is antici- pated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.(20%) had a mucous membrane or an open wound contaminated by blood or body fluid. Of 396 health-care workers, each of whom had only a convalescent-phase serum sample obtained and tested greater than or equal to 90 days post- exposure, one -- for whom heterosexual transmission could not be ruled out -- was seropositive for HIV antibody. For 425 additional health-care workers, both acute- and
Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area.
Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouth- pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

Sterilization and Disinfection
Standard sterilization and disinfection procedures for patient-care equipment currently recommended for use (25, 26) in a variety of health- care settings -- including hospitals, medical and dental clinics and offices, hemodialysis centers, emergency-care facilities, and long-term nursing-care facilities -- are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids from persons infected with blood-borne pathogens including HIV (21, 23) Instruments or devices that enter sterile tissue or the vascular system of any patient or through which blood flows should be sterilized before reuse. Devices or items that contact intact mucous membranes should be sterilized or receive high-level disinfection, a procedure that kills vegetative organisms and viruses but not necessarily large numbers of bacterial spores. Chemical germicides that are registered with the U.S. Environmental Protection Agency (EPA) as "sterilants" may be used either for sterilization or for high-level disinfection depending on contact time.
Contact lenses used in trial fittings should be disinfected after each fitting by using a hydrogen peroxide contact lens disinfecting system or, if compatible, with heat (78 C-80 C {172.4 F-176.0 F}) for 10 minutes.
Medical devices or instruments that require sterilization or disinfection should be thoroughly cleaned before being exposed to the germicide and the manufacturer's instructions for the use of the germicide should be followed. Further, it is important that the manufacturer's specifications for compatibility of the medical device with chemical germicides be closely followed. Information on specific label claims of

commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460.
Studies have shown that HIV is inactivated rapidly after being exposed to commonly use chemical germicides at concentrations that are much lower than used in practice (27-30). Embalming fluids are similar to the types of chemical germicides that have been tested and found to completely inactivate HIV. In addition to commercially available chemical germicides, a solution of sodium hypochlorite (household bleach) prepared daily is an inexpensive and effective germicide. Concentrations ranging from approximately 500 ppm (1:100 dilution of household bleach) sodium hypochlorite to 5,000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g., blood, mucus) present on the surface to be cleaned and disinfected. Commercially available chemical germicides may be more compatible with certain medical devices that might be corroded by repeated exposure to sodium hypochlorite, especially to the 1:10 dilution.

Survival of HIV in the Environment

The most extensive study on the survival of HIV after drying involved greatly concentrated HIV samples, i.e., 10 million tissue-culture infectious doses per milliliter (31). This concentration is at least 100,000 times greater than that typically found in the blood or serum of patients with HIV infection. HIV was detectable by tissue-culture techniques 1-3 days after drying, but the rate of inactivation was rapid. Studies performed at CDC have also shown that drying HIV causes a rapid (within several hours) 1-2 log (90%-99%) reduction in HIV concentration.
In tissue-culture fluid, cell-free HIV could be detected up to 15 days at room temperature, up to 11 days at 37 C (98.6 F), and up to 1 day if the
HIV was cell-associated.
When considered in the context of environmental conditions in health- care facilities, these results do not require any changes in currently recommended sterilization, disinfection, or housekeeping strategies. When medical devices are contaminated with blood or other body fluids, existing recommendations include the cleaning of these instruments, followed by disinfection or sterilization, depending on the type of medical device.
These protocols assume "worst-case" conditions of extreme virologic and microbiologic contamination, and whether viruses have been inactivated after drying plays no role in formulating these strategies. Consequently, no changes in published procedures for cleaning, disinfecting, or sterilizing need to be made.

Housekeeping

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely.

Cleaning schedules and methods vary according to the area of the hospital or institution, type of surface to be cleaned, and the amount and type of soil present. Horizontal surfaces (e.g., bedside tables and hard-surfaced flooring) in patient-care areas are usually cleaned on a regular basis, when soiling or spills occur, and when a patient is discharged. Cleaning of wails, blinds, and curtains is recommended only if they are visibly soiled. Disinfectant fogging is an unsatisfactory method of decontaminating air and surfaces and is not recommended.
Disinfectant-detergent formulations registered by EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used. Therefore, cost, safety, and acceptability by housekeepers

can be the main criteria for selecting any such registered agent. The manufacturers' instructions for appropriate use should be followed.
Cleaning and Decontaminating Spills of Blood or Other Body Fluids Chemical germicides that are approved for use as "hospital disinfectants" and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. Strategies for decontaminating spills of blood and other body fluids in a patient-care setting are different than for spills of cultures or other materials in clinical, public health, or research laboratories. In patient- care areas, visible material should first be removed and then the area should be decontaminated. With large spills of cultured or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before cleaning, and then decontaminated with fresh germicidal chemical. In both settings, gloves should be worn during the cleaning and decontaminating procedures.

Laundry
Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Rather than rigid procedures and specifications, hygienic and common-sense storage and processing of clean and soiled linen are recommended (26). Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it was used; it should not be sorted or rinsed in patient-care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 71 C (160 F) for 25 minutes. If low-temperature (less than or equal to 70 C {158 F}) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

Infective Waste
There is no epidemiologic evidence to suggest that most hospital waste is any more infective than residential waste. Moreover, there is no epidemiologic evidence that hospital waste has caused disease in the community as a result of improper disposal. Therefore, identifying wastes for which special precautions are indicated is largely a matter of judgment about the relative risk of disease transmission. The most practical approach to the management of infective waste is to identify those wastes with the potential for causing infection during handling and disposal and for which some special precautions appear prudent. Hospital wastes for which special precautions appear prudent include microbiology laboratory waste, pathology waste, and blood specimens or blood products.
While any item that has had contact with blood, exudates, or secretions may be potentially infective, it is not usually considered practical or necessary to treat all such waste as infective (23, 26). Infective waste, in general, should either be incinerated or should be autoclaved before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer.

Implementation of Recommended Precautions
Assuring that identification of infected patients will not result in denial of needed care or provision of suboptimal care.
Evaluating prospectively 1) the efficacy of the program in reducing the incidence of parenteral, mucous-membrane, or significant cutaneous exposures of health-care workers to the blood or other body fluids of HIV-infected patients and 2) the effect of modified procedures on patients

Management of Infected Health-Care Workers

Health-care workers with impaired immune systems result infection or other causes are at increased risk of acquiring or experiencing serious complications of infectious disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g., measles, varicella). Any health-care worker with an impaired immune system should be counseled about the potential risk associated with taking care of patients with any transmissible infection and should continue to follow existing recommendations for infection control to minimize risk of exposure to other infectious agents (7, 35). Recommendations of the Immunization Practices Advisory Committee (ACIP) and institutional policies concerning requirements for vaccinating health-care workers with live-virus vaccines (e.g., measles, rubella) should also be considered.
The question of whether workers infected with HIV -- especially those who perform invasive procedures -- can adequately and safely be allowed to perform patient-care duties or whether their work assignments should be changed must be determined on an individual basis. These decisions should be made by the health-care worker's personal physician(s) in conjunction with the medical directors and personnel health service staff of the employing institution or hospital.

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Management of Exposures

If a health-care worker has a parenteral (e.g., needlestick or cut) or mucous-membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood -- especially when the exposed skin is chapped, abraded, or afflicted with dermatitis -- the source patient should be informed of the incident and tested for serologic evidence of
HIV infection after consent is obtained. Policies should be developed for testing source patients in situations in which consent cannot be obtained (e.g., an unconscious patient).
If the source patient has AIDS, is positive for HIV antibody, or refuses the test, the health-care worker should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The health-care worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness -- particularly one characterized by fever, rash, or lymphadenopathy -- may be indicative of recent HIV infection. Seronegative health-care workers should be retested 6 weeks post-exposure and periodic basis thereafter (e.g., 12 weeks and 6 months after exposure determine whether transmission has occurred. During this follow-up period especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert -- exposed health-care workers should follow U.S. Public Health Service (PHS) recommendations for preventing transmission of HIV (36, 37).

No further follow-up of a health-care worker exposed to infection as described above is necessary if the source patient is seronegative unless the source patient is at high risk of HIV infection. In the latter case, a subsequent specimen (e.g., 12 weeks following exposure) may be obtained from the health-care worker for antibody testing. If the source patient cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be available to all health-care workers who are concerned that they may have been infected with HIV.

If a patient has a parenteral or mucous-membrane exposure to blood or other body fluid of a health-care worker, the patient should be informed of the incident, and the same procedure outlined above for management of exposures should be followed for both the source health-care worker and the exposed patient.

Current information as published by the Centers for Disease Control (CDC);
Recommendations for Prevention of HIV Transmission in Health-Care Settings
Supplements
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Centers for Disease Control ..... James O. Mason, M.D., Dr,P.H.
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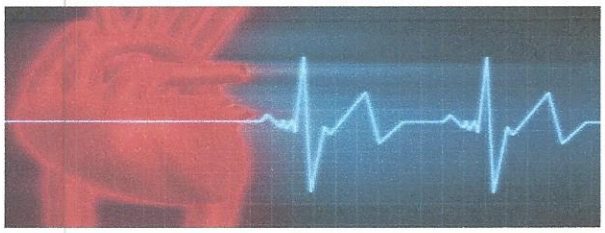
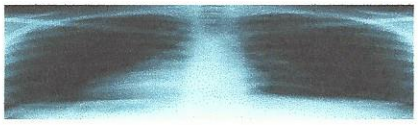
U.S.ADepartment of Health
and Human Services

CPR

Introduction to CardioPulmonary Resuscitation
– Adult, Child & Infant CPR



Anatomy and Physiology
The heart, lungs, circulatory system, and gas exchange sites.



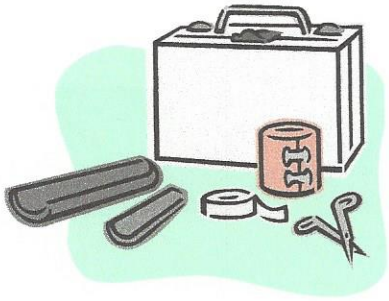
Heart Health - Risk factors for cardiovascular/cerebrovascular disease.
Signs & Symptoms - Heart attack, stroke, choking.

(Now all classes include AED training)

Demonstration and Explanation of Heimlich Maneuver- Conscious Victim
Demonstration and Explanation of Abdominal Thrusts- Unconscious Victim

Demonstration and Explanation of CPR and Choking Response – Adult, Child, and Infant victim

FIRST AID

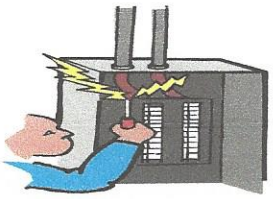


First Aid Audio-Visual Presentation

Scene Survey, Rescuer Safety, and Patient Assessment

Bloodborne Pathogens
Bleeding Control

Discussion, Demonstration, and Q&A
Shock
Burns (incl.: thermal, chemical, and electrical)



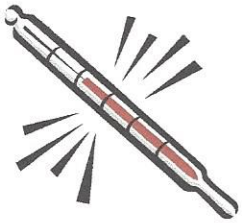
Musculoskeletal Injuries ~ Head, Neck & Spine

Discussion, Demonstration, and Q&A
Sudden Illnesses (incl.: Asthma, Diabetes, Anaphylaxis, Seizures, Stroke)

Poisoning (incl.: Ingested, Inhaled Absorbed, as well as Plants, Animals & Insects)

Discussion, Demonstration, and Q&A

Heat/Cold Emergencies



Other Injuries (incl.: Nosebleed, Dental, Chest wounds)

Process Steps for Disposing of Medication

Steps	Phase 1 Identifying	Phase 2 Confirming	Phase 3 Staff to Supervisor	Phase Four Supervisor to Nursing Department	Phase Five Nursing Department to Pharmacy

Processes	Identifying the 7 steps to medication management	Confirming the order is not currently active; Not PRN or OTC	Staff Signature _____ Date _____	Supervisor Signature _____ Date _____ Time _____	Registered Nurse Signature _____ Date_____
Outcomes/ Goals	Individuals Identified	Identified	Transfer	Transfer	Disposal
Accepting Party	Discontinued Notice/ Refusal of large amounts/ Expired Medication	List Result Here	Supervisor Signature _____ Date _____	Nursing Department Receiving Party Signature _____ Date_____	Pharmacist Receiving medication shall sign _____ Date_____
Next Step	Identify Needs ⇨	Determination ⇨	Transfer ⇨	Tracking ⇨	Implement and Evaluate Success

Medication Oversight & Guidelines
A copy of the physician's order or current prescriptions is placed in the participants file and the emergency disaster kit, for every, medication the participant currently consumes.

Procedures for managing medication areas:

- Prescribing:
  - Prescriptions must be authentic, from a RN or doctor.
  - All prescriptions will be processed with the pharmacist by the RN for verification purposes.
  - The RN will be responsible for the "*Medication Review*" which includes reviewing all medications that each person presently consumes to ensure that they all work together and are not counterproductive or harmful mixtures.
- Ordering:
  - The RN may designate a Staff to be responsible for reordering refills and receiving the delivery or pick up from the pharmacist.
  - The RN may also assign the refill of certain medications to the designated Staff.
- Authenticating orders:
  - All orders will be authenticated by the RN after being prescribed by the doctor by confirming the order before the order is placed with the pharmacist,
  - By placing a copy of the order in the Participants file.
  - All verbal orders are to be authenticated by the RN, and the physician is to follow the verbal order in writing within 24 hour

- Procuring medication and refills:
  - Designated staff will be responsible for receiving the medication, (refill delivery) from the pharmacist.
  - All medication will be delivered by the pharmacist's organization or pick up by designated Staff; meds are to come individually bubble packed for each participant.
- Labeling:
  - All medication will be clearly labeled with the participants identifiable information,
  - The staff supervising or administering medication must have two ways to confirm proper labeling.
- Storing, including storage, security, and at a minimum daily inventory for controlled medications:
  - All medication must be authenticated by the RN and logged into the house *medication inventory* immediately upon entry of the home,
  - All medication will be stored under double locks with key access only.
  - All refrigerated stored medication will remain in a locked box in the refrigerator draw.
- Storage, inventory, dispensing and labeling of sample medications as required by law:
  - No sample medication will be kept on service site premises
  - All medication will be stored under double locks
  - All refrigerated meds are to be stored under with single lock inside the refrigerator

o Dispensing:

- Bubble packs will be provided therefore medications will be pre-dispensed for participants according to prescriptions.
- No staff will be authorized to re-dispense medication into containers for day reminders.
- Only physicians or pharmacists may re-package or dispense meds.
- NOTE: Participants deemed capable of self-administration may be coached while setting up their personal "day minder."

o Supervision of individual self-administration See Attachment: Medication Administration Record

- Staff will only supervise self-administration of medication, unless they are qualified to do otherwise with prior authorization;
- Administration of medications;
- Only licensed medical personnel can directly administer medication and must have received prior authorization from the RN;
- In home settings, staff may directly administer medication if RN staff member.

o Disposal of discontinued or out-of-date medication:

- Turn it in to the RN,

o The participant's rights to refuse medication.

o Required medication documentation, (including errors)

- Medication must be recorded each day and each time this it is consumed by each participant on a *monthly* Medication Administration Record (MAR form). Which also indicate:
- Missed, refused, or other reasons a medication is not consumed shall be recorded.
- Adverse reactions or implications that (which) are to be reported immediately.
- Listing of all medications to be consumed during the month, with detailed information regarding:
  a. Name of Medication
  b. Dose as ordered
  c. c Route as ordered
  d. Time of day as ordered
  e. Special instructions (take with)

o If the participant is to take or receive the medication more than one time during one calendar day the MAR reflects a designated area for each time and day.
o Recording;

- Staff supervising or administering medication must initial and sign the medication log immediately following the action.
- Staff receives training during orientation and annually thereafter on how to properly document and record actions and re-actions.

o Responsiveness:
Staff monitor each participant and documents a report of any concerns to the RN, which in turn reports it to the prescribing professional, areas such as:

a. Drug reactions,
b. Medication problems,
c. Medication errors,
d. Refusal of medication by the participant

- Supervisor or Director, to initiate the disposal process.
- Sign off on the R*elease of possession of the Medication* form,
- The receiving party must also sign the form, and the accepting party must sign to document when it was released.
- The RN or Director will return the medication to the appropriate pharmacist for complete disposal. (The RN must document the completion of this action)

o Free Educational literature is provided to the individual and family (as desired by the individual) regarding all medications prescribed.
Literature on new prescriptions will be provided before the participant consumes it.
Literature will be provided aimed to clearly present the risks and benefits of medication.
o Verbal Orders:
When and if GRACE AND MERCY HOME HEALTH allows verbal orders from physicians, those orders will be authenticated:
Immediately by a fax of the order with the physician signature on the page;
The fax must be included in the individual's record; and
By original physician order must be received within 24 hours.
Confirmed and reviewed by the RN.
o Protocols for the handling of licit and illicit drugs brought into the service setting;
o GRACE AND MERCY HOME HEALTH secures medications from a **retail pharmacy (pending the area),** there is an annual assessment of the practice of management of medications **at all sites storing medications.**
An independent licensed pharmacist or licensed registered conducts the assessment. The report shall include, but may not be.
Licit drugs; shall be safeguarded accordingly;

1. All red flagged or Risk medication will be handled and administered by the RN, if the agency utilizes nurses..
2. Logged into Medication Record upon completion of the authenticating process.
3. Stored properly under two locks.
4. The RN must ensure the presence of proper assessment tools.
5. Illicit drugs; shall be handled accordingly;
6. The discovery should be made upon authenticating orders or the *review of the in home medications.*
7. Upon discovery the RN & Director is to be contacted immediately for an assessment of the individual (s) suspected of bringing in the illicit drugs onto the premises.
8. Quality Control will conduct an investigation to determine the accessibility of the illicit drug and report it to the governing board.

o Each Quarter the assigned physician and/or RN must review all prescribed medication to verify :

- Effectiveness and Appropriateness of the medication(s);
- Documented need for continued use of the medication (s);

- Monitoring of the presence of side effects;
- Monitoring of therapeutic blood levels if required by the medication;
- Monitoring of other associated laboratory studies.
- Combination of medications

Long term effects limited to:

- A written report of findings, including corrections required.
- Calculated amount of medication errors
- Calculated amount of refusal of meds for each person
- A photocopy of the pharmacist license or a photocopy of the license of the Registered
- A statement of attestation from the independent licensed pharmacist or licensed Registered that all issues have been corrected
  We do not anticipate employing a licensed pharmacist, however if we did there would be a biennial assessment of agency practice of management of medications **at all sites housing medications**. A licensed pharmacist or licensed registered conducts the assessment the report would include, (but not limited to):
- A written report of findings, including corrections required.
  A photocopy of the pharmacist license or a photocopy of the license of the Registered .
  A statement of attestation from the independent licensed pharmacist or licensed Registered that all issues have been corrected.

o (MAR) A Medication Administration Record is in place for each calendar month that each participant consumes or receives medication. Documentation includes must is not limited to:
o Synchronized days for the calendar month(s).
o A legible list of all medications to be consumed during that month, which details the physician's order for each with at least:

Name of Medication,
Name of Dose,
Route as ordered,
Time of day as ordered, and
Any special instructions accompanying

The "Seven Rights" for medication administration are defined in Orientation and practiced each time medication is supervised or administered to participants at each service site:

a. Right person (includes the use of at least two identifiers); Name, CID #, or Medicaid #
b. Right medication;
c. Right time;
d. Right dose
e. Right route;
f. Right position; and
g. Right documentation.

All prescriptions will be compared to the medication log to ensure all components are correct.

In the event of a medication error occurring staff is trained to contact the Nursing Department immediately to report it and request nursing consultation, The "Seven Rights" for medication is practiced to prevent Medication Errors such as:

- When an individual is given wrong medication;
- Wrong dosage;
- Wrong time;
- Not properly preparing for the consumption of the medication

o Self-Administration and Direct Administration of Medication must be documented on the MAR,

- Each day and each time that that it is consumed.
- Each time it is Missed, Refused, or any other reasons a medication is not consumed.

o Medications consumed on a as needed basis, including over the counter medications is to be documented in the area designated for that, which is separated from prescribed meds. Information for each medication details:

Name of Medication
Dose as ordered
Route as ordered
Purpose of the medication (for Example: for upset stomach, fever or itching).
Frequency (Example: Every four hours, not to exceed five doses in 24 hours).
the order (for Example: Must be taken with meals.)

o Each time the participant is to consume the medication per day:

Each time of day will have its own area for documenting occurrences for the month.

o All areas representing the days that the medication(s) are not consumed for the Start or Ending:

A single straight line must mark through those days.

o When a physician discontinues a medication order, the discontinuation (D/C) is reflected by documenting:

D/C on the date and time area representing the discontinuation, followed by,

A mark through of all area representing the discontinued days and times for the remaining days of the month.