

Welcome to All Tennessee CareGivers.

Orientation and Guidelines Session

At Will Employment

All Tennessee Caregivers requires you to adhere to the standards described in this Handbook. However, the statements contained in this Handbook are not intended to constitute a contract between the company and employees. Employment at ATNC is at the mutual consent of the employee and the company and is for no definite period. Employment may, regardless of the date, wages or salary, be terminated *at will* at any time without cause or any notice by either the company or the employee.

Equal Employment Opportunity

It is our policy to seek and employ qualified personnel and to provide equal opportunities for the advancement of employees, including promotion and training, and to administer these activities in a manner which will not discriminate against any person because of race, color, ancestry, religious creed, national origin, sex, marital status, physical condition or age. We maintain a strict policy prohibiting unlawful harassment in any form, including verbal, physical, sexual, and visual harassment.

FRAUD PREVENTION POLICY

ALL TENNESSEE CARE GIVERS abides by the following False Claim and Fraud Prevention Policies. We audit all claims submitted to our offices before we submit them to Medicaid, insurance companies, client's families or any entity to be paid. If false statements, records or any Fraud by any of our employees or representatives is proven by All Tennessee Caregivers we will prosecute as outlined below.

False claims laws allow the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws permit *qui tam* lawsuits, which are lawsuits brought by lay people, generally employees or former employees of healthcare facilities that submitted false claims. There is a Federal False Claims Act and a State of Tennessee version of the False Claims Act. There are also criminal penalties that may be associated with violation of the False Claims Act.

The Federal False Claims Act as clarified by Section 4 of the Fraud Enforcement and Recovery Act (FERA) of 2009

Actions that violate the Federal False Claims Act include knowingly –

1. submitting or causing to be submitted a false or fraudulent claim for payment or approval;
2. making, using or causing to be made or used, a false record or statement material to a false or fraudulent claim;
3. conspiring to get a false claim allowed or paid; or
4. making, using or causing to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government in order to conceal, improperly avoid or decrease the obligation.

The Federal False Claims Act imposes a civil penalty per claim plus three times the amount of damages to the Government because of the violations and the cost of the civil suit to recover penalties and/or damages.

Tennessee Medicaid False Claims Act (TMFCA)

The Tennessee Medicaid False Claims Act (TMFCA) applies solely to false claims under the Medicaid program. The TMFCA requires that civil and/or administrative actions be brought against any person who:

1. Presents, or causes to be presented, to the State of Tennessee a claim for payment under the Medicaid program knowing such claim is false or fraudulent;
2. Makes, uses, or causes to be made or used, a record or statement to get a false or fraudulent claim under the Medicaid program paid for or approved by the State knowing such record or statement is false;
3. Conspires to defraud the State by getting a claim allowed or paid under the Medicaid program knowing such claim is false or fraudulent; or
4. Makes, uses, or causes to be made or used, a record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State, relative to the Medicaid program, knowing such record or statement is false.

Civil actions. The Attorney General and Reporter or any other person may bring a civil action against a person who violates the TMFCA Act in the manner described above. The civil penalty imposed shall be not less than \$5,000 and not more than \$25,000, plus three times the amount of damages which the

State sustains because of the act of that person.

Administrative actions. Upon written request of the Attorney General and Reporter, the Bureau of TennCare may initiate a contested case in accordance with the Uniform Administrative Procedures Act against any person specified by the Attorney General and Reporter who is not a TennCare enrollee, recipient or applicant. In these administrative proceedings, each violation shall be not less than \$1,000 and not more than \$5,000, and the actual damages shall not exceed \$10,000

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Whistleblower Protections

An important provision in the False Claims Act protects individuals who act as whistleblowers. A **WHISTLEBLOWER** is an employee who reports misconduct to people or entities that have the power to take corrective action. Whistleblowers are protected against retaliation if they report misconduct in good faith. Under the False Claims Act, individuals who have knowledge of fraud or misconduct in government programs may:

- Report fraud anonymously
- Sue an organization for submitting false claims on behalf of the government, and collect a portion of any settlement that may result.

Employers cannot threaten or retaliate against whistleblowers.

General Employment Policies

Important Numbers

-
- Timekeeper Number (901) 384-0084
- ATNC Phone Number (901) 384-0084
- ATNC Fax Number (901) 888-9996
- ATNC Web Site www.TNCareGivers.com

You may reach all or some office personnel between the hours of
9:00am and 5:00pm

Office Scheduling Issues Call: (901) 384-0084

Payroll and Human Resources Issues Call: (901) 384-0084

Client/Field Personnel/Nursing Issues Call: (901) 384-0084

Organizational Chart with Lines of Authority

Todd Bagatelas, President, Manager

REPORT TO 
Anna Paris, Client Case Manager, Caregiver Manager Kathy Zambelis, Client Case Manager, Caregiver
Manager

REPORT TO 

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Caregiver Caregiver Caregiver Caregiver Caregiver Caregiver Caregiver Caregiver

Employment Policies

Hiring Policy

- All personal support service workers shall be eighteen (21) years of age or older.
- All personal support service workers shall submit to a criminal background check within ten(10) days of employment or within ten (10) days of a change of responsibilities that includes direct contact with or direct responsibility for service recipients as required by T.C.A. 33-2-1202.
- The status of every personal support services worker on the Tennessee registry of persons who have abused neglected or misappropriated the property of vulnerable individuals (“Abuse Registry”) maintained by the Department of Health shall be checked prior to direct contact with service recipients.
- The status of every personal support services worker on the Tennessee Sexual Offender Registry shall be checked prior to direct contact with service recipients.
- Personal support services workers shall demonstrate the following prior to providing personal support services:
 1. Language skills sufficient to read and understand instructions; prepare and maintain written reports and records.
 2. Language skills sufficient to communicate with the service recipient
 3. Documented training specific to meeting individual service recipient needs in the areas of self-care, household management and community living, and methodologies for service delivery.
 4. Personal support services workers shall have access to consultation for any of the services provided under this chapter.
- At or near the time of hire personal support service workers will be assigned work within their availability and limitations. We hope all offers of work can be accepted. Since ATCG are a per diem agency, we cannot guarantee any work.

Performance Evaluation

When you are given your first assignment we will start totaling the hours you accrue. From your first day of hire to the 360 hour mark, you will be in a probationary period. During this probationary period you will be evaluated 30 days from your first day of active employment during an in-home visitation. This 30 day evaluation will be used to help you to become one of our valued employees. When you successfully complete 360 hours, your probationary period will end. After the probationary period, you will then be evaluated during an in-home supervisory visit at the end of 180 days. After that, evaluations will be conducted annually. After initial training for caring for the elderly and disabled population and reporting of abuse or neglect within 24 hrs., caregivers are required to complete quizzes about this type of information provided in monthly newsletters. Current completed quizzes must be submitted by the end of each month.

Here is a list of points of behavior that you will be evaluated on:

- *Do you perform all duties assigned to the best of your ability?*
- *Can describe the Activities of Daily living and demonstrate the ability to use necessary techniques to assist the client to meet these activities?*
- *Do you notify the Director of Nursing immediately when a problem arises?*
- *Do you perform all aspects of client care in an environment that optimizes client safety?*
- *Do you update the Dir of Nursing regularly on the condition of the patient (good or bad)?*
- *Do you maintain client confidentiality along with the other Client Rights?*
- *Do you arrive to work on time, are you ready to work and are you able to do all duties listed on the Plan of Care?*
- *Do you receive good reports from you clients?*
- *Do you adhere to the ATNC dress code, including limits on type and amount of jewelry worn, are your nails properly manicured and of proper length?*
- *Do you attend at least one in-service a year?*
- *Do you keep you car insurance, drivers license and TB documents up dated without reminding?*

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- Do you follow the policy and procedures of ATNC which are in the HR manual?
- Do you complete the time off request in a timely fashion?
- Do you report emergencies to ATNC when they involve your attendance at work?
- Do you use proper phone etiquette when calling the office, ie give your name to the person answering the phone and phone number when it is requested to save time?
- Do you communicate with the office staff politely and clearly on the phone and in person?
- Do you represent the company in a positive and professional manner?

Certified and Non-Certified In-Home Aide Duties and Responsibilities

- In home health agency or nursing home, performs under supervision of a Registered Nurse, who has provided written instructions for client care (as documented in the Plan of Care).
- Assists client in all activities of daily living/hygiene assistance, bathing, grooming, linen changes, and so forth, (as documented in the Plan of Care).
- Prepares nutritious meals within the patient's diet and assists client with eating when necessary.
- Assists clients with transfers, ambulation and exercises under guidelines of the RN or PT when warranted and documented in POC.
- Performs light housekeeping chores, which facilitates client's self-care in the home.
- Assists client in bathroom, with the use of the bedpan and performs incontinence care.
- Answers client's calls and attends to their requests promptly.
- Meets the safety needs of the client and uses equipment safely and properly.
- Completes records and carries out all assignments as required.
- Reports to Director of Patient Care Service any acute or pertinent changes in a client's Condition.
- May not be assigned to receive or reduce to writing orders from a physician
- Communicates availability to work to the Coordinator on a weekly basis or as requested.
- Maintains confidentiality regarding the client's condition and his/her family, with the exception of the Agency.
- Performs all skills and procedures competently and within the regulations and licensing laws of the state, Agency policies, and other applicable federal and state laws
-

Duties Listed on Job Description - Companion

- Provides non-personal care to the client.
- Provides continuous companionship for client while on duty.
- Assists with meal planning, purchase of foods, and food preparation.
- Washes dishes and cleans kitchen after meals.
- Assists the client to live in a clean, healthy, and safe environment.
- Observes the client for general physical, emotional, and mental conditions, and reports all changes in condition.
- Keeps appropriate records of all activity while in the client's home.
- Provides a sense of security for the client and protects the client as much as possible from any harm resulting from the debilitating effects of his or her illness.
- Assists client as needed, excluding medical care.
- Communicates availability to work to the Intake coordinator on a weekly basis or as required.
- Performs light housekeeping chores, which facilitates client's self-care in the home setting.

Typical Housekeeping Tasks

In an effort to give on-going support to our field staff we at ATNC have developed a list of accepted tasks you will reasonably be expected to do as a **paraprofessional** in homecare. Below is a list for you:

Laundry:

Sheets/clothing/towels (client/spouse ONLY)

General Housekeeping:

Tidy rooms

Light dusting

Vacuum/damp mop floors

Bedroom; Kitchen; Bathroom:

Make bed and change linen

Wash dishes/load & empty dishwasher (Client/spouse ONLY)

Wipe appliances/counters/table/sink/stove top

Wipe inside of oven after new spill

Check refrigerator for foods over 2-3 days old

Wipe commode/tub/sink

Note: When a client lives alone you are responsible for maintaining all living areas. If, however, the client lives with others you are to maintain only the client's living area.

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Tasks Which are NOT Typically Assigned

Occasionally, a client or family member may ask you to do a task which does not appear on the Plan of Care, which is developed by Field RN. Below is a list of some but not all of the possible tasks you may be asked to perform. When you are asked to do the **unassigned tasks** you are to notify the Director of Patient Care Services – ----- so that she may speak with the client and family. After this conversation, one or two things may happen. You may find that you will be paid extra for tasks like these below, if you are agreeable to perform them.

Polishing silver	Yard work or gardening
Scrubbing tile & grout	cleaning the oven
Moving furniture	Scooping/emptying cat litter boxes
Taking down drapes or curtains (or putting them up)	Cleaning up after pets
Washing windows	cleaning out vents
Defrosting refrigerator and major cleaning	Walking Dogs or transporting pets
Preparing Meals or cleaning up dishes for house guests	

Employee Accessibility

Our Personal Support Services Workers will be available to discuss any services provided in this manual or to answer any questions regarding a service recipient's case.

Employer Accessibility

Personal support services workers will have access to consultation for any of the services provided under this chapter.

Confidentiality Statement

Disclosure of confidential information gained through your employment with ATNC is an act of prohibited conduct subject to formal disciplinary action and dismissal. Any information concerning a client's illness, family, financial condition or personal peculiarities is strictly confidential. When a client's history or condition is reviewed, it must be done in privacy with only those persons involved with the care of the client. Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not become the topic of conversation with others. **Personal support services workers shall comply with applicable confidentiality laws and regulations.**

DRESS CODE

As an employee in the field and a **Paraprofessional** you represent the best *ATNC*. We, the owners and directors, would like you to have a professional appearance at all times, especially when you are caring for the clients of the agency.

Below are some modes of dress we would prefer:

- **Scrub tops** are to be worn to all clients*
- **Scrub pants** are preferred but not essential*
- **All garments** must be clean and neat
- **No jewelry** - a wedding ring and/or a pair of small earrings are acceptable
- **No scarves** or hats
- Shoes must have closed toes *no sandals*
- Badges **MUST** be worn to all clients
- Finger nails are to be **KEPT** short and properly manicured.

Criminal Record Checks

I understand that if All Tennessee Caregivers, LLC (ATNC) considers me for employment, All Tennessee Caregivers agrees to pay a specified fee in order to obtain a State or National Criminal Record Check. This check is a requirement for all Health Care Agencies in the State of Tennessee. All Tennessee Caregivers, LLC will not offer employment to any applicant who refuses to consent to the required Criminal Record Check.

Sexual Harassment

All Tennessee Caregivers wants you to have a work environment free of sexual harassment by management personnel, by your co-workers and by others with whom you must interact in the course of your work as a *ATNC* employee. Sexual harassment is specifically prohibited as unlawful and as a violation of *ATNC's* policy. *ATNC* is wholly responsible for preventing sexual harassment in the workplace, and for taking immediate corrective action to stop sexual harassment in the in the course of your work, also for promptly investigating any allegation of work-related sexual harassment. If at any time you would like to see a copy of *ATNC's* sexual harassment policy after your begin working for our organization, please ask the Human Resources Director.

Attendance

- *All Tennessee Caregivers* employees are expected to be at work on time according to assigned work schedules. During your work week office personnel will need to know in advance if you are expecting to be absent and will need to know the reason for the absence. Not showing up for work, without prior approval from your supervisor, is **NOT** acceptable at *All Tennessee Caregivers*, and may cause an immediate dismissal. Further, too many absences, regardless of the reason will diminish our ability to operate effectively and will require collective action. Remember our clients depend on us.
- If you must be out due to illness or other compelling personal matters, you must notify your supervisor within **six (6) hours** of your scheduled working time on the day that you are going to be absent. (The only exception to this timeline policy is if an unexpected emergency occurs for the caregiver). Below is a list of examples of acceptable reasons which may cause you to miss work:

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1. A Communicable Disease (colds, flu, 24 hour virus, etc)
 2. Accidental Injuries
 3. Your children become ill
 4. Trips to the emergency room
 5. Car won't start or a flat tire (we would expect you make an effort to work when this is repaired)
- Any employee, who is out of work for **three (3)** days or more due to illness or injury, will be required to submit a **physician's release** before returning to work, which states the nature of the illness or injury and any limitations you may have due to the injury or illness. If you have no limitations the physician is to write "no limitations" on the release prior to your returning to work.

Instruction for Completion of Time Off Request

When requesting time off it is necessary for you to complete a Time Off Request Form. You must use this form when you are not able to fulfill your client assignment. The form is available in the office or can be mailed to you if needed. In order to get the time off you need it is necessary to complete the form correctly and to give it to the office scheduler at a minimum of five (5) days prior to the event for which you are requesting time off. This will enable the scheduler to find someone to fill the hours so your client will be cared for. You must follow this procedure for any time you are requesting, no matter what the reason. After completing and handing in this form, and a fill-in aide is found, you will be notified by phone that you may have the requested leave from work. **DO NOT ASSUME YOU HAVE THE TIME OFF.** If you have not heard a few days prior to the date, call the scheduler to confirm.

Observed Holidays

New Year's Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day. If you are required to work on one or more of the recognized holidays, you will be paid only your normal hourly wage.

Compensation

ATNC prides itself in the fact that we are among the best employers in the home care industry. In this regard we offer a wage that is balanced and within the pay scale of the better Home Care Agencies in this region

Certified Nurses Aides and HHA-Companion

2 Hour Assignments

3 Hour Assignments

4 Hours or more

Earn Bonus Compensation

- Do you know of someone who needs help with personal care, housekeeping, transportation or any other service ATNC can provide? Let ATNC know about that person. If we admit them to our agency and service them for a minimum of 30 days, you will get a \$100 **bonus**.

Education

ATNC gives In-Services throughout the year. There are monthly courses and quizzes to be completed by each employee on our website www.TNCareGivers.com then click employees. We sometimes invite speaker or invite you to watch a DVD. We will use these in-services to tell you about new policies or benefits. We have a few DVDs and VCR tapes you are welcome to watch in your own time. Speak to Dir of Patient Care Services to make an appointment. You will get credit for an in-service after you watch. You will also go to the top of our list when there is work using a skill you may have gained through watching a DVD.

Pay Checks

- Pay checks will be available for pick-up on designated Fridays.
- If pay checks have not been picked up by 5:00pm they will be mailed
- If you are sending someone to pick-up your check the **office must be notified in advance in writing** and the person picking up your check must be prepared to present proper identification if asked.
- If, for any reason other than a system failure, you do not log into Timekeeper you will not have a check for those hours
- If you have not submitted a Time/Activity sheet by the previous Monday you will not receive your check until you submit them to the ATNC office, ATNC will not mail, or give checks to anyone without the completed necessary written documentation.

EVV Sandata-Timekeeper Rules to Follow

Your paycheck is generated from the information you enter on the Time/Activity sheet and the log-in / log-out on the TIMEKEEPER phone system. Your pay will be based on both these documentations. You will not receive your paycheck until we have both complete records in the office. It is important that you follow the guidelines below for using TIMEKEEPER. When there is an error in the phone system ATNC is charged a fine. You will be expected to learn the system and the codes so that you won't be fined. The Scheduler will determine when he will impose the fine. If the system is down you are to call the office and let us know. We ask that you also note the system failure on you time sheet. If you fail to log-in or out you must let us know and write the failure on you time sheet, as per policy. **However, calling does not mean that the fine will not be imposed.**

Timekeeper Telephone System

It is important that you follow the guidelines for using TIMEKEEPER.

1. You **MUST** log-in when you arrive at the client's home.
2. You **MUST** log-out before leaving the client's home.

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Please note the company will not log employees in or out of TIMEKEEPER unless there are special circumstances. Each time a change is made to TIMEKEEPER the cost to ATNC is **\$25.00**. When an employee fails to log in or out this **cost** will be passed on to **YOU**. There is a grace period between your first day of employment and the point at which we feel you should understand and be capable of using the system. After that grace period you will be **charged** the **\$25.00** fee.

Providing Transportation and/or Shopping for Service Recipient

Caregivers will be allowed to transport service recipients using either the recipient's car or their own car, only if caregiver insurance and driver's license are current. If the caregiver uses their personal car, \$.75 (75 cents) a mile will be paid by the service recipient. The mileage and the event must be documented in the recipient's journal. In the event that groceries or supplies are purchased, the recipient will provide payment. The caregiver must sign the receipt and file it in the designated client envelope.

Prohibited Conduct

At ATNC we value our reputation in the community. Therefore, we have certain standards we apply to all employees. The following is a list of the guidelines you **must** adhere to, as an employee and representative of the company. It is not possible to provide a list of all types of prohibitive conduct and performance. However, for your guidance, acts of misconduct which may result in disciplinary actions or termination of employment includes but is not limited to the following:

- Destruction, damage or unauthorized removal of company Property or personal property of clients and/or others without prior approval.
- Inefficient or careless performance of job responsibilities or the in-ability to perform your duties satisfactorily.
- Negligence that results in injury to a client or personnel or any action which endangers the health or safety of others.
- Intentional falsification of records required in the Transaction of company business.
- Unauthorized signing of the client's name on activity sheets or other documents.
- Irregular attendance: Repeated tardiness, unreported or unexcused absences or abuse of time, absence without Authorization, no call no show, leaving the job without permission during regular working hours.
- Insubordination: includes refusal to follow instructions of authorized personnel, refusing or failure to perform assigned work, rude or discourteous conduct.
- Possessing or being under the influence of alcohol, narcotics or drugs while on company or client property or on company time.
- Gambling on company or client property.
- Smoking, eating or drinking in unauthorized areas.
- Participating in a fight, brawl or altercation while on company property or at home of client.
- Harassing, threatening, intimidating or coercing a client or other employee.
- Use of abusive or vulgar language.
- Making malicious, false or derogatory statements that may damage the integrity or reputation of the Company or its employees.
- Misrepresentation or withholding of pertinent facts in securing employment.
- Violation of dress standards.
- Transaction of personal business during working hours.
- Distributing or posting information which is detrimental to the general interest of the company.
- Use of client and/or company vehicles without prior approval, or in a careless and/or unsafe manner.
- Conviction of a felony or gross misdemeanor.
- Receiving a ticket and/or being involved in an accident while driving a client that upon investigation is proven to be the fault of the employee.
- Possession, display, or use of explosives, firearms or other dangerous weapons while on duty or on company property.
- Non-compliance or disregard of any established safety, fire or health regulations.
- Any action which is detrimental to the orderly conduct of business.
- Any violation of a company policy, procedure or rules.
- You are not to give your home /cell phone numbers to our clients.
- You are not to receive phone calls while you are working, unless there is a dire Emergency.
- You cannot have visitors (family, friends, etc.) phone or stop over to the client's home for any reason.
- **Do Not** give addresses, phone numbers or any personal information about clients to anyone.
- You are not to use the client's phone unless you are calling into the **Timekeeper** system or in the case of a true emergency.
- Do not conduct any money transactions with the client, unless instructed to do so by an authorized ATNC representative.
- You must not fill medication planners, give injections, crush or conceal any medications.
- You are not to tell the client what hours you can or cannot work. The client and the agency office must make/approve decisions regarding your schedule.
- If you cannot go to work when scheduled, you must contact the scheduler or your supervisor at least one hour before the start of your assignment.
- A "No call No Show" will **not** be tolerated at All Tennessee Caregivers.
- You cannot accept gifts or take anything from the client, unless prior approval is received from your supervisor.
- You are not to leave your assignment early without first calling your supervisor, or the scheduler.
- You CANNOT sleep while on the job under any circumstances.
- You are no allowed to eat the clients food unless you have prior approval from your supervisor, therefore you must be prepared to provide your own food and drink during the hours of service you are assigned.

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- If you are sick in a manner that prevents you from performing your duties, you should not go to work. Your illness could put the client(s) in jeopardy. Call your supervisor or the scheduler when you must miss work due to illness.
- If you think you have injured yourself while working, you **MUST** call the Supervisor or Human Resources to report the incident. You will be advised of the proper procedure to follow. Failure to notify the company regarding an injury may result in your not receiving workmen's compensation benefits.
- You must provide a minimum of two (2) weeks notice if you should wish to terminate your Employment for any reason.
- You must not discuss your personal problems with the client while at work.
- You must not discuss your pay or the cost of the services you provide, with the client.
- Any Non ethical behaviors may result in immediate termination.

Employee Reliability

All Tennessee Caregivers is a family run company and as such we strive everyday to provide the best services we can to our clients. At the same time we make a supreme effort to make working for our organization a safe, pleasant and satisfying experience for our employees. Therefore, we need the most reliable employees whom we can utilize to help us provide an excellent quality of care to our clients. We at ATNC understand that there are occasions when our rules and policies cannot be adhered to completely. Further, there will be those times when you must take off from work with very little notice. However, we expect you to manage your personal affairs so there is minimal impact to ATNC and your clients. Do this for us and we will be at the top of our list when we have that "perfect" case to offer you.

Employee On-the Job Injuries

All Tennessee Caregivers hopes you will never have an injury, however accidents do occur. All Tennessee Caregivers carries **Workmen's Compensation** Insurance to help you in the event that you incur expenses related to the injury or you are kept out of work and lose pay. If you have a work related injury follows the instructions below:

- If you are on the job when injury occurs, and must leave the client, evaluate if client requires coverage and report this to the office immediately.
- If you will not be able to return to work the next day, be sure to advise ATNC so we can provide service to the client.
- If you will be out of work because of the injury be sure to report this to the office. You will be expected to see medical personnel to have your injury evaluated. You must let us know what is occurring at each step for documentation and to maintain employment this period of time
- The office staff will complete the necessary documentation for **Workmen's Compensation** if needed.

If you do not report the injury you will NOT be covered by Workmen's Compensation

Tuberculosis Testing

- To be in compliance with state regulations, a negative TB test is required for all field employees. All Tennessee Caregivers does not offer TB testing.
- You will be given documentation of the test after your result is read, Usually this is within 48 hrs. after the TB test is administered. This documentation of a negative TB test result must be submitted to All Tennessee Caregivers to be kept on file.
- An appointment must be made for this test at locations authorized to administer the test.

Self-Improvement Training Information

- CNA Training – Contact Bridges at 901-636-7955, located at 480 Beale-Danny Thomas.
- CPR Training – Contact YMCA, Americal Heart Association at 901-574-9765 or the Red Cross at 901-726-1690.

Detection and Prevention of Communicable Diseases

All personal support services workers will comply with procedures for detection and prevention of communicable diseases according to procederes of the TN department of Health.

Infection Control Information

- **Hepatitis A** is an acute liver disease caused by the hepatitis A virus (HAV), lasting from a few weeks to several months. It does not lead to chronic infection. It is transmitted by ingestion of fecal matter, even in microscopic amounts, from close person-to-person contact or ingestion of contaminated food or drinks. ***Proper hand washing after contamination is the number one protection from Hepatitis A.***
- **Hepatitis B** is caused by a virus that attacks the liver. The virus which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. In 2003, an estimated 73,000 people were infected with HBV. People of all ages get hepatitis B and about 5,000 die per year of sickness caused by HBV. HBV is spread when blood from an infected person enters the body of a person who is not infected. Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risks from a single needle stick or cut exposure to HBV-infected blood ranges from 6-30%. The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001. Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur

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through needle sticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. To protect yourself from exposure you must not handle sharp needles at all, or handle items contaminated with urine or fecal matter without gloves and proper hand washing. Hepatitis B vaccination is recommended for all infants, older children and adolescents who were not vaccinated previously, and adults at risk for HBV infection. The vaccination is given in three doses. The first dose is given, then the second is given at 30 days after the first dose and the third is given at 6 months after the second dose. All doses are necessary for protection from Hepatitis B. Call the Health Department for information regarding cost and appointment schedule for vaccinations.

- **Hepatitis C** is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person. The spread of HCV from one person to another in healthcare settings is rare, but can occur. Persons who can be exposed to HCV in healthcare settings include patients and healthcare personnel. The average risks for infection after a needle stick or cut exposure to HCV infected blood is approximately 1.8%. There are no exact estimates on the number of healthcare personnel occupationally infected with HCV. However, studies have shown that 1% of hospital healthcare personnel have evidence of HCV infection (about 1.6% of the U.S. adult population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown. Hepatitis C is transmitted by contact with the blood of an infected person, primarily through sharing contaminated needles to inject drugs. To protect yourself from exposure you must not handle any needles or contaminated items without gloves which are followed by proper hand washing. There is no vaccine for hepatitis C.
- **Tuberculosis (TB)** is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment. TB is spread by germs that are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection. The general symptoms of TB disease include *feelings of sickness or weakness, weight loss, fever, and night sweats*. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected. People with *latent TB infection* have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease. People with TB disease are sick from TB germs that are *active*, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease. Because it is not always possible to know that you have been infected with TB, it is necessary for *health care workers* to be tested at least annually to diagnose possible infection. The test is given by the health department, doctors, and at places of employment. A Registered Nurse administers the test, which is in two parts. The first is an injection of Tubersol Antigen. The second step is for the injection site to be "*read*" by an RN within 48-72 hours of the injection. The RN will determine a negative or positive reaction and make a referral to the health department if necessary. All Tennessee Caregivers offers the injection at a cost of five (\$5.00) dollars to cover costs. After the test is read by the RN you will be given documentation of the result. The test can be initiated on Tuesday or Wednesday to facilitate reading time, by appointment.
- **HIV and Its Transmission**
Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet or popular press. Therefore, the Centers for Disease Control and Prevention (CDC) have prepared this fact sheet to correct a few misperceptions about HIV.
- **How HIV is transmitted**
HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth. In the health care setting, workers have been infected with HIV frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eye or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States. Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS. All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. *No additional routes of transmission have been recorded*, despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission

- **HIV in the Environment**
Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See page 4, *Saliva, Tears, and Sweat*.) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under

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precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies has unnecessarily alarmed some people. Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

- **Households**

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings—including the home—to prevent exposures to the blood of persons who are HIV-infected, at risk for HIV infection, or whose infection and risk status are unknown. For example, **Gloves** should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.

- Cuts, sores, or breaks on both the care giver's and patients exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.

Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

- **Businesses and Other Settings**

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation. In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions. CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercing(S) generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

- **Biting**

In 1997, CDC published findings from a state health department investigation of an incident that suggested Blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

- **Saliva, Tears, and Sweat**

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

- **Insects**

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects. The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) on insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces. There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects

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normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

- **CDC's Response**

CDC is committed to providing the scientific community and the public with accurate and objective information about HIV infection. It is vital that clear information on HIV infection and AIDS be readily available to help prevent further transmission of the virus and to allay fears and prejudices caused by misinformation. For a complete description of CDC's HIV/AIDS prevention programs, see "Facts about CDC's Role in HIV and AIDS Prevention."

For more information...

CDC National AIDS Hotline:

1-800-342-AIDS (2437)

Spanish: 1-800-344-SIDA (7432) (HIV and STDs)

Deaf: 1-800-243-7889

CDC National Prevention Information Network:

P.O. Box 6003

Rockville, Maryland 20849-6003

1-800-458-5231

Internet Resources:

DHAP: <http://www.cdc.gov/hiv>

NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html>

STANDARD PRECAUTIONS POLICY:

Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all patients regardless of their diagnosis or suspected infection status. Standard Precautions apply to the following:

- Blood
- All body fluids, secretions and excretions except sweat whether or not they contain visible blood
- Non-intact skin
- Mucous membranes

Standard Precautions include the following:

- Hand Hygiene - Adherence to hand hygiene techniques including washing hands with soap and water or use of an alcohol-based hand rub, reduces transmission of antimicrobial resistant organisms and overall infection rates. If hands are visibly dirty or contaminated with protein material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
 - See hand hygiene policy for procedure.
- Gloves - Gloves are to be worn when touching blood, body fluids, secretions, excretions and other contaminated items. Clean, nonsterile gloves will be adequate. Gloves shall be changed between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
- Mask, Eye Protection, Face Shields - When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a mask and eye protection or a face shield. This will protect the mucous membranes of the eyes, nose and mouth.
- Gowns - When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a gown to protect the skin and to prevent soiling of clothing. Always remove the soiled gown as soon as possible and wash hands.
- Patient Care Equipment - All patient care equipment that is soiled with blood, body fluids, secretions or excretions shall be handled in a manner that will prevent skin and mucous membrane exposures. Single use, disposable items must be disposed of properly. Make sure that reusable equipment has been cleaned and reprocessed appropriately, prior to use on another patient.
- Environmental Controls - Make sure that the facility has adequate procedures and that they are followed for the routine cleaning of all surfaces, including beds, bedrails, bedside equipment and other frequently touched surfaces.
- Linen - Used linen soiled with blood, body fluids, secretions and excretions will be handled, transported and processed in a way that prevents skin and mucous membrane exposure, contamination of clothing and the transfer of microorganisms to other patients and the environment.

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- Occupational Health and Bloodborne Pathogens - Avoid injuries if at all possible when using needles, scalpels and other sharp instruments. Place all contaminated needles, syringes, scalpel blades and other sharp items in designated puncture-resistant containers. These containers should be located as close as possible to the area where the items are used.
- Instead of doing mouth-to-mouth resuscitation, use mouthpieces, resuscitation bags or other ventilation devices when the need for resuscitation is anticipated.

Medication:

- Medication reminder shall be provided only after written authorization has been obtained from the service recipient or the service recipients authorized representative. Administering medication to a client will result in dismissal.
- All personal support workers must complete Medication reminder training prior to providing assistance and training shall be documented in the personal support services workers record.
- Personal support workers shall follow procedures for collecting information about medications taken by service recipients. These procedures shall include reading carefully all pharmaceutical printouts that accompany medication and reading specific medical directions submitted by the service recipient's family representative.

Cultural Competence Information

To be culturally competent the caregiver needs to understand his/her own world views and those of the patient, while avoiding stereotyping and misapplication of scientific knowledge. Cultural competence is obtaining cultural information and then applying that knowledge. This cultural awareness allows you to see the entire picture and improves the quality of care and health outcomes.

Adapting to different cultural beliefs and practices requires flexibility and a respect for others view points. Cultural competence means to really listen to the patient, to find out and learn about the patient's beliefs of health and illness. To provide culturally appropriate care we need to know and to understand culturally influenced health behaviors.

In our society, nurses don't have to travel to faraway places to encounter all sorts of cultural differences, such as ethnic customs, traditions and taboos. The United States provides plenty of opportunities for challenges stemming from cultural diversity. To be culturally competent the nurse needs to learn how to mix a little cultural understanding with the nursing care they offer. In some parts of the United States culturally varied patient populations have long been the norm. But now, even in the homogeneous state of Maine where we reside, we are seeing a dramatic increase in immigrants from all over the world. These cultural differences are affecting even the most remote settings.

Since the perception of illness and disease and their causes varies by culture, these individual preferences affect the approaches to health care. Culture also influences how people seek health care and how they behave toward health care providers. How we care for patients and how patients respond to this care is greatly influenced by culture. Health care providers must possess the ability and knowledge to communicate and to understand health behaviors influenced by culture. Having this ability and knowledge can eliminate barriers to the delivery of health care. These issues show the need for health care organizations to develop policies, practices and procedures to deliver culturally competent care.

Cross, T., Bazron, B., Dennis, K., and Isaacs, M. (1989) list five essential elements that contribute to an institution's or agency's ability to become more culturally competent. These include:

1. valuing diversity;
2. having the capacity for cultural self-assessment;
3. being conscious of the dynamics inherent when cultures interact;
4. having institutionalized cultural knowledge; and
5. having developed adaptations of service delivery reflecting an understanding of cultural diversity.

These five elements should be manifested at every level of an organization, including policy making, administration, and practice. Further, these elements should be reflected in the attitudes, structures, policies, and services of the organization.

Developing culturally competent programs is an ongoing process, There seems to be no one recipe for cultural competency. It's an ongoing evaluation, as we continually adapt and reevaluate the way things are done. For nurses, cultural diversity tests our ability to truly care for patients, to demonstrate that we are not only clinically proficient but also culturally competent, that we CARE..

Meyer CR.(1996) describes four major challenges for providers and cultural competency in healthcare. The first is the straightforward challenge of recognizing clinical differences among people of different ethnic and racial groups (eg, higher risk of hypertension in African Americans and of diabetes in certain Native American groups). The second, and far more complicated, challenge is communication. This deals with everything from the need for interpreters to nuances of words in various languages. Many patients, even in Western cultures, are reluctant to talk about personal matters such as sexual activity or chemical use. How do we overcome this challenge among more restricted cultures (as compared to ours)? Some patients may not have or are reluctant to use telephones. We need to plan for these types of obstacles. The third challenge is ethics. While Western medicine is among the best in the world, we do not have all the answers. Respect for the belief systems of

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others and the effects of those beliefs on well-being are critically important to competent care. The final challenge involves trust. For some patients, authority figures are immediately mistrusted, sometimes for good reason. Having seen or been victims of atrocities at the hands of authorities in their homelands, many people are as wary of caregivers themselves as they are of the care.

As individuals, nurses and health care providers, we need to learn to ask questions sensitively and to show respect for different cultural beliefs. Most important, we must listen to our patients carefully. The main source of problems in caring for patients from diverse cultural backgrounds is the lack of understanding and tolerance. Very often, neither the nurse nor the patient understands the other's perspective

Service Recipient Care Information

Services Provided by All Tennessee Caregivers

- 1019 Personal Care – personal hygiene, bathing, grooming, dressing, meals, mobility, safety
- 5125 Attendant Care – Bathing, grooming, toileting, meal preparation, foot care, shopping errands, sweeping, oral care, nail care, cleaning living area, cleaning kitchen, assisting with transfers
- 5150 Respite Care – extra hours when time is needed for client's family as needed Family relief time

Client Enrollment and Termination Criteria

- Enrollment will include a Home Visit, a written description of requested Care including cost and a signed service agreement including cost and agreed upon services.
- If for any reason All Tennessee CareGivers cannot continue to provide services to an enrollee, we will give at least a sixty (60) business day written notice to the Care Coordinator to stop services to an enrollee.
- Services to the service recipient will be discontinued in the event of the recipient's death, if he/she moves to another state, or if he/she chooses another caregiving agency.

Schedule of Fees

- Initial Home Visit to set up services is free of charge.
- Service recipient fee is \$17.75 per hour with a 4 hour minimum.
- If the caregiver uses his/her personal vehicle, \$.75 (75 cents) a mile will be paid by the service recipient.

Service Recipients Rights and Responsibilities

When clients are admitted to receive services from ATNC they are given a document which lists the various Rights and Responsibilities. These R&R are an important part of the service we provide to them through our employees. We expect our employees to honor these rights when caring for our clients.

Below is a list of these rights:

- Service Recipients have the right receive a written notice during the initial evaluation before the start of services.
- Service Recipients have the right to be informed of and participate in the development of the Plan of Care.
- Service Recipients have the right to voice grievances about their care to their Care Coordinator, Anna Paris by phone at Tel.# 901-359-1918 or in writing to All Tennessee CareGivers, 5705 Stage Suite 162, Bartlett, TN 38134 Fax #901-888-9996. Grievances may also be voiced to Todd Bagatelas at Tel # 901-384-0084. Service Recipients will not be subjected to discrimination or reprisal for doing so. ATNC will investigate complaint(s) made by it's clients or representatives within 24 hours of receipt, and will document both the existence of the complaint and it's resolution. Todd Bagatelas will report all incidences to Tennessee's Division of Facility Services at 866-344-0858 within 24 hours of notification. Resolution of the grievance will be completed within 10 days of the receipt of the complaint. Service Recipient will be assigned a different caregiver. Every

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measure will be taken to insure the safety and happiness of the service recipient including removal of current caregiver and replacement caregiver introduced to the service recipient

- Service recipients have the right to voice grievances to an outside representative of their choice with freedom from restraint, interference, coercion, discrimination or reprisal
- Service Recipients have the right to prompt licensee response to suspected or alleged abuse or other incidents. Abuse includes physical abuse, emotional abuse, neglect, or theft of property belonging to the service recipient by any person responsible for the care of the service recipient. Suspected or alleged abuse or other incidents will be reported by Todd Bagatelas upon receipt of such information to the West Tennessee Licensure Office - State of Tennessee Department of Mental Health & Developmental Disabilities – 170 North Main St. 12th floor, Memphis, TN - Tel. #901-543-7442, to Adult Protective Services, to the police if appropriate and to the Care Coordinator. The above agencies will also receive investigation results and follow-up action if it is warranted. All Tennessee CareGivers will have an Incident Report System in place that will track and report on the date, time, nature of the incident, people involved, action's taken by the provider, including police report number, if applicable, current status, resolution of incident, and that this report will be sent to the Care Coordinator and CHOICES.

Upon receipt of suspected or alleged abuse or other incidents All Tennessee CareGivers will:

1. Contact the Service Recipient to schedule an appointment for a personal visit for an interview.
2. The caregiver will be interviewed separately, away from the Service Recipient.
3. The caregiver will be temporarily replaced until a final determination is made about the allegations.

A corrective action plan will be initiated if a caregiver employed by All Tennessee CareGivers is responsible for the abuse. This action, depending on the severity of the behavior, will either include immediate termination of the caregiver or suspension of assigned caregiver hours until the caregiver has successfully completed additional training. Following suspension and resumed assignment of caregiver hours, the caregiver will enter a 30-day probationary period. Upon completion of the probationary period, the caregiver must successfully complete the 30-day Competency/Skills Review to continue employment.

- Service recipients have the right to receive oral and/or written information that includes a list of available advocacy services such as:

Metropolitan Inter-Faith Association (MIFA) (901) 527-0208, Mid-South Food Bank (901) 527-0841, Church Health Center (901) 272-7170

- Service recipients have the right to be treated with consideration, respect and full recognition of their dignity and individuality.
- Service recipients have the right to be protected by the licensee from neglect, from physical, verbal, and emotional abuse (including corporal punishment) and from all forms of exploitation.
- Service recipients have the right to be assisted by the licensee in the exercise of their civil rights.
- Service Recipients have the right of confidentiality of all records. Our personal support service workers shall comply with applicable confidentiality laws and regulations.
- The Service Recipient shall not be required to make public statements which acknowledge gratitude to All Tennessee CareGivers for our services.
- Identifiable Photographs of Service Recipients shall not be used without written and signed consent of the individual or the individual's guardian.
- Service Recipients have the right to be informed of their liability for payment of services.
- Service Recipients have the right to accept or refuse services.
- Service Recipients have the right to be informed of ATNC's On-Call service and the procedure for using it.
- Service Recipients have the right to receive the name of the ATNC Director of Patient Care Services, who is responsible for the care they will receive and to be told how they can contact her.
- Service Recipients have the right to be informed of ATNC's discharge procedure.
- Service Recipients have the right to be informed of the Division of Facility Services toll-free telephone number 866-344-0858 to report complaints about the services provided by ATNC.
- Service Recipients have the right to be informed within 2 hours of the beginning of a scheduled shift if their caregiver will be unable to work. The service recipient will be given the name of the substitute caregiver who will fill the shift. (Caregivers employed by All Tennessee Care Givers, Inc. are required to notify All Tennessee Care Givers, Inc. at least 6 hours in advance of an anticipated absence. The only exception to this

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policy is an unexpected emergency.) The service recipient will receive a follow-up phone call when the substitute completes the shift to verify that work done was satisfactory.

- All Tennessee CareGivers will have procedures for the collection and reporting of enrollee specific data including but not limited to copies of rosters, invoices, daily logs, incident reports and monthly service call checks (if applicable) which will be submitted in a time frame and format specified by CHOICES.
- All Tennessee CareGivers will maintain records and provide disclosure of records when requested by the Area Agency on Aging and Disability, CHOICES, or TennCare.
- All Tennessee CareGivers will document services performed with each visit and will include a services rendered checklist that will be signed by the enrollee and the employee, and then initialed by the employee's supervisor.
- If All Tennessee Care Givers withdraws as a CHOICES service provider, all enrollee records will be rendered to CHOICES within 30 days of discontinuing as a CHOICES provider.

In the event that transportation is provided by the support services worker, All Tennessee CareGivers will insure that:

All vehicles shall be maintained and operated in a safe manner;

All licensees or personal support services workers providing transportation shall possess an appropriate driver's license from the Tennessee Department of Safety and documentation of such license shall be maintained in the licensee's records;

All vehicles used for service recipient transportation and owned by the licensee or personal support services worker shall be adequately covered by vehicular liability insurance for personal injury to occupants of the vehicle, and documentation of such insurance shall be maintained in the facility's records.

Event of an Emergency

- Caregiver/Service Provider is to immediately call 911 with the address, nature of emergency and client name.
- Call Care Coordinator/Case Worker assigned to the Service recipient. If unavailable, call Anna Paris (901) 359-1918 or Todd Bagatelas, (901) 921-8385
- In case of a Fire: get out fast when the smoke alarm sounds – if smoke is coming under a door or blocking your first way out, use second way out – if a door or doorknob is hot leave the door closed and use second way out - crawl low under smoke to exit – if clothes catch fire, stop drop and roll over and over or back and forth – if exiting isn't possible close door and cover vents and cracks around door and call 9-1-1.
- In case of a Tornado: go to the center of an interior room on the lowest level away from corners, windows, doors and outside walls (closet, interior hallway) – get under a sturdy table and use your arms to protect head and neck – do not open windows
- In case of a Thunderstorm: use a battery-operated NOAA radio for updates – avoid contact with corded phones and instead use a cordless or cell phone – avoid contact with electrical equipment, electrical cords or plumbing (do not wash hands, take shower, wash dishes, or do laundry)
- In case of an Earthquake: drop to ground – take cover under sturdy piece of furniture, if furniture is unavailable crouch in inside corner with hands covering face and arms – stay away from glass, windows, outside doors and walls and anything that could fall – stay in bed if you are there, hold on and protect head with pillow – stay inside until shaking stops – do not use elevators

Service Recipient Falls or Accidents

We hope that your patient never falls or has an injury. However, incidents occur which can be out of our control. If your client has a fall it is important that you follow the following procedure:

Evaluate patient:

- Can they move all limbs and state they are "OK"??

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- If the answer to above is yes, then allow patient to get up without help.
- Do not pick your patient up, he or she must be able to get up without your assistance. You may offer them a chair or other type of furniture to assist them. After they have gotten up, observe them while ambulating, ask if they have an injury or if something hurts.

Report to: (if no injury)

- Family
- Director of Patient Care Services

Report to: (if injury or patient can't get up)

- 911
- Family
- Director of Patient Care Services

Recognizing A Stroke

At times symptoms of a stroke are difficult to identify. Unfortunately, this lack of awareness spells disaster. The stroke victim may suffer brain damage when people nearby fail to recognize the symptoms of a stroke. Now, doctors say a bystander can recognize a stroke by asking three simple questions:

1. Ask the individual to SMILE
2. Ask the individual to RAISE BOTH ARMS
3. Ask the individual to SPEAK a simple sentence coherently i.e. "It is sunny out today."

If he or she has trouble with any of these tasks, CALL 911 immediately, and describe the symptoms to the dispatcher.

Employee/Employment Documentation Job Descriptions

INSTRUCTIONS TO COMPLETE YOUR TIME/ACTIVITY FORM

- It is **ESSENTIAL** that the ATNC office receives the **original** of the Time/Activity Form in a timely manner. In order to complete our payroll and billing we must have this form in the office by Monday at noon.
- By state mandate, we must provide written documentation of all services provided by our agency to our clients. Keep in mind the standard nursing rule: "If it wasn't written, it wasn't done". This means that you are **not entitled** to receive **compensation** until all documentation is in our files.
- We have multiple ways for you to get the form in on time:
 1. Hand carry it into the office and place it in the tray on the counter at the front desk.
 2. Hand carry it and place it in the slot on the door to our office.
 3. You may mail or fax (at 901-888-9996) the form (If you choose to fax, you must still provide us with the original).
- Be sure to print the client's name and have the client or a representative sign the form at the end of the week.
- You must print and sign **YOUR** name before handing in the document.
- Enter all dates, times and check marks next to completed tasks
- Remember to always follow the **Plan Of Care** which is located in the *ATNC* folder in the client's home
- If the POC is missing from the home, contact the Coordinator or Director of Patient Care Services PCS for a new copy.

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- Remember if the POC says a task must be completed three times a week, you must have three check marks through the week next to the task.

Note: ATNC provides a two part document. The copy is meant to be kept in you records so that you will have a back-up completed time sheet should ATNC or you might it. It also provides you with a record so you may dispute paycheck errors.

Job Description Companion-Home Health Aide

Job Summary

The Companion is a member of the health care team who performs household tasks and provides supervision and activities that allow the client to remain in the home. The Companion is responsible for observing the client's activities and reporting those observations, to the Director of patient care services. She also is expected to engage the client in activities that are of interest to the client.

Qualifications

The applicant must be at least twenty-one (21) years old. The applicant must be able to read, write, follow verbal and written instructions, and document the services provided. The applicant must have completed high school, have completed a minimum of 1 year of satisfactory employment in the healthcare profession and have at least two (2) satisfactory references from previous employers. The applicant must comply with all policies of All Tennessee CareGivers.

General Duties and Responsibilities

- Assists client in all activities of daily living/hygiene assistance which includes bathing, grooming, and linen changes.
- Assists client in bathroom, with the use of the bedpan (if necessary) and perform incontinence care (if necessary).
- Assists clients with transfers, ambulation and exercise.
- Performs light housekeeping chores, which facilitates client's self-care in the home.
- Meets the safety needs of the client.
- Provides a sense of security for the client and protects the client as much as possible from any harm resulting from the debilitating effects of his or her illness.
- Provides continuous companionship for client while on duty.
- Assists with meal preparation, dish washing and cleaning of the kitchen after meals.
- Observes the client for general physical, emotional, and mental conditions, and reports all changes in condition.
- Keeps appropriate records of all activity while in the client's home.
- Promptly communicates changes in availability to work to the supervisor.
- Reports to supervisor any acute or pertinent changes in a client's condition

I have read and fully understand the responsibilities of the Caregiver-Home Health Aide position.

Signature _____ Date: _____

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Job Description

Certified Nurse's Aide

Job Summary

- To provide care in a home or facility setting. The Certified Nurse's Aide (CNA) is a **paraprofessional** member of the health care team who would work directly under the supervision and direction of the agency Registered Nurse (RN) and provides various services for the client. The majority of which would be personal care and activities of daily living which involve "extensive assistance to a client who maybe totally dependent in the activity or requires substantial hands on care and physical support including more than guided maneuvering of limbs or weight bearing assistance".

Qualifications

- Must be at least twenty-one (21) years of age and have a minimum of a High School Diploma. ATNC prefers **applicant** have at least one year of experience in the healthcare profession. Must be listed on the Nurse Aide 1 Registry. Applicant must have two (2) **satisfactory** references from previous employers.
- Must display good emotional health and be able to physically tolerate much standing, bending, stooping, and heavy lifting within guidelines and teaching provided by the state of Tennessee.
- Must be able to read and follow written instructions and **Document** the Care that is given.
- The applicant should demonstrate flexibility in acceptance of assignments and a cooperative attitude toward providing services; and must meet all agency requirements.

General Responsibilities

- Assists client in all activities of daily living/hygiene assistance, bathing, grooming, linen changes, and so forth. As documented in the Plan of Care.
- Prepares nutritious meals within the patient's diet and assists client with eating when necessary.
- Assists clients with transfers, ambulation and exercises
- Performs light housekeeping chores, which facilitates client's self-care in the home.
- Assists client in bathroom, with the use of the bedpan and performs incontinence care.
- Answers client's calls and attends to their requests promptly.
- Meets the safety needs of the client and uses equipment safely and properly.
- Completes records and carries out all assignments as required.
- Reports to Supervisor any acute or pertinent changes in a client's Condition.
- Communicates availability to work to the Coordinator on a weekly basis or as requested.
- Maintains confidentiality regarding the client's condition and his/her family, with the exception of the Agency.
- Performs all skills and procedures competently, and within the regulations and licensing laws of TN .

This job description represents a list of the duties and responsibilities, and gives examples of the variety and general nature of this position for the Certified Nurse's Aide. It is not intended that this description include all duties required to perform this position, nor is it intended that related duties may not be required. Further, the applicant may be assigned to a client who requires services which are at the level of companionship and housekeeping only. In that event, the duties *below* and including the **non**-personal care tasks listed *above* will apply:

- Provides continuous companionship for client while on duty.
- Assists the client to live in a clean, healthy, and safe environment.
- Observes the client for general physical, emotional, and mental conditions, and reports all changes in condition.
- Keeps appropriate records of all activity while in the client's home.
- Provides a sense of security for the client and protects the client as much as possible from any harm resulting from the debilitating effects of his or her illness.
- Assists client as needed, excluding medical care.

I have read and understand the information presented in the Certified Nurses Assistant job description.

Sign: _____ Date: _____
Employee

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AMENDMENTS to ALL TENNESSEE CAREGIVERS POLICY HANDBOOK

We require initial and ongoing training regarding the staff documenting service delivery and critical incident reporting and use of the EVV system.

We require the following registry checks for our staff:

TN felony (yearly)
National and TN Sex Offender (yearly)
Icots (yearly)
TN abuse (yearly)

OIG registry check (yearly)
EPLS-SAM registry check (yearly)

We enforce health and immunization requirements as specified by the American Lung Association.

We require that information is only released per HIPAA regulations.

Employees contracting infectious illnesses or diseases will not be allowed to serve enrollees or members until they are no longer showing symptoms of illness.

We do not hire any applicants who fail criminal background checks.

All TN Caregivers staff in-home respite and personal care attendants 24 hours a day 7 days a week.

All TN Caregivers will have procedures for the collection and reporting of enrollee specific data, including but not limited to rosters, claims, daily logs, critical incident reports and monthly service call checks (if applicable) which will be submitted in a time frame and format specified by the Bureau of TennCare, Long Term Services and Supports.

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To All New Employees,

When you accept a position with *All Tennessee Caregivers, LLC (ATNC)*, you join a growing number of men and women who share a common interest in their personal progress as well as that of the company. This “community interest” is guided by certain principles in the same manner as any other organization where people work together toward common goals. *Our organization is guided by principles of honesty, integrity, diligence and dedication to our clients and community.* The policies, rules, and regulations established by *ATNC* should not be regarded as limitations, but rather as statements of rights and privileges and to serve as guidelines and legal obligations. They are designed for your benefit, individually and as a member of our team, with due regard for your rights and those of others. Those “others” include not only your fellow employees, but also the owners and administrators of *All Tennessee Caregivers* and most importantly, our clients.

ATNC firmly believes that caregivers, *employees who have been well selected, trained, fairly compensated, and treated with respect, prove* to be efficient workers and good citizens. We in our organization believe that employees who are proud of their company and the work they do are an asset of far greater value to our company’s long-term success than any items that carry a dollar and cent valuation.

On behalf of *All Tennessee Caregivers*, I welcome you to our organization. Please feel free to express ideas that will help our agency to become the best in our industry.

As the President of the company, I expect you to maintain Quality Service to our Clients and to excel in every aspect of your work as a Caregiver within our organization. In return, *you will be rewarded with competitive pay, outstanding training opportunities, and growth possibilities as we continue to grow.*

Regards,

Todd Bagatelas
President