In-Service Attendance Record

I hereby certify that I have attended the following in-services:

Mandatory OSHA In-services	Date	Facility / Location
Blood Borne Pathogen / Infection Control		Rehability Care
Hazard Communication / Employee Right to Know		Rehability Care
Fire Safety		Rehability Care
Tuberculosis		Rehability Care
HIPPA (Confidentiality)		Rehability Care
TJC In-Services and other	**Date**	**Facility / Location**
Advance Directives		Rehability Care
Age Specific Patient Care / Growth & Development		Rehability Care
Earthquake Disaster Preparedness		Rehability Care
Emergency Plan		Rehability Care
Equipment and Electrical Safety		Rehability Care
Pain Management		Rehability Care
Patient Rights		Rehability Care
Small Pox		Rehability Care
Workplace Safety		Rehability Care
Hepa Respirator Fit Testing		Rehability Care

Print Name: _____

Signature: _____

Date: _____

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UNIVERSAL PRECAUTIONS

INFECTION CONTROL, BLOODBORNE PATHOGENS, HIV/AIDS & HEPATITIS B

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OBJECTIVES

Upon completion of this study packet, the participant will be able to:

1. Define infection and the cycle of infection.
2. Define universal precautions, which patients it applies to and when it should be used.
3. Identify the various types of Personal Protective Equipment and when each should be used.
4. Define routine hand washing and identify when hand washing shall occur.
5. Define HIV/AIDS and identify modes of transmission.
6. Define Hepatitis B (HBV) and identify modes of transmission.
7. Define bloodborne pathogens.
8. Identify correct sharps handling procedures.

IMPORTANT DEFINITIONS

THINGS YOU NEED TO KNOW!

1. HAND WASHING: The single most important way to prevent the cause/spread of infection or disease, specifically providing an adequate supply of running water, soap, single use towels or hot air dryers.

2. INFECTION: When a germ or pathogens moves from its normal environment into a new environment. An example would be E. Coli, a helpful bacteria in the colon moves to the bladder causing a urinary tract infection.

3. UNIVERSAL PRECAUTIONS: An approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HBV or HIV.

4. BLOODBORNE PATHOGENS: Microorganisms (germs) that are present in human blood and body fluids and can cause disease, including Hepatitis B and HIV/AIDS.

5. HEPATITIS B VIRUS (HBV): Hepatitis B is a liver disease, initially resulting in possible inflammations of the liver. In the U.S. there are approximately 300,000 new cases of HBV per year.

6. HUMAN IMMUNODEFICIENCY VIRUS (HIV): HIV is the virus that causes AIDS. It attacks the body's immune system reducing its ability to fight disease. HIV can be contracted by coming into contact with blood or body fluids of an HIV-positive individual. In the U.S. there have been over 500,000 cases reported. At least 39 reported cases have been healthcare workers who have contracted HIV on the job.

7. POTENTIALLY INFECTIOUS MATERIAL: The following human body fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, urine, vomitus, diarrhea, and blood are considered potentially infectious. Any unfixed tissue, organ or HIV containing cell or tissue is also considered potentially infectious material.

8. PERSONAL PROTECTIVE EQUIPMENT (PPE): Clothing or equipment worn by the employee for protection against an occupational exposure or hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment. Some examples of PPE are gloves, goggles, masks, gowns, shoe covers, cover coats, surgical caps and face shields.

9. OCCUPATIONAL EXPOSURE: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from job duties.

10. CONTAMINATED SHARPS: Any contaminated object that can penetrate the skin including but not limited to: needles, scalpels, broken glass, broken capillary tubes or surgical instruments.

11. SHARPS INJURY: Any injury in which you are stuck with a contaminated sharp.

UNIVERSAL PRECAUTIONS

OBJECTIVE:

The Center for Disease Control (CDC) recommends health care workers to treat blood and other body fluids from all patients as potentially infected with the human immunodeficiency virus (HIV), the virus that causes acquired immune deficiency syndrome (AIDS). This plan is also recommended to protect health care workers from exposure to Hepatitis B. Compliance will minimize the risk of liability resulting from exposure of patients and /or healthcare workers to bloodborne disease.

PROCEDURE:

1. Gloves are to worn when:
    A. Touching blood and body fluids, mucous membranes, or non-intact skin of all patients.
    B. When handling items or surfaces soiled with blood or body fluids.
    C. When performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient.
2. Mask 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.
3. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
4. 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.
5. 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.
    a. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, used, or otherwise manipulated by hand.
    b. After they are used, disposable needles and syringes, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal.

Nurses should carry the container to the bedside if administering an injection or performing venipuncture. The needles and syringes should be disposed of in the container and removed from the home setting by the nurse when the nurse leaves.

6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, ambu-bags, or other devices should be available for use in patients' homes where resuscitation is predictable.
7. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
8. Pregnant healthcare workers are not known to be at greater risk of contracting HIV infection that health care workers who are no pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is a risk of infection resulting from perinatal transmission. Pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
9. Isolation precautions beyond the stated precautions are not necessary for blood and body fluids except if associated conditions such as infections, diarrhea or tuberculosis are diagnosed or suspected.

HAND WASHING IS THE SINGLE MOST EFFECTIVE WAY TO PREVENT THE CAUSE AND SPREAD OF DISEASE AND INFECTIONS.

TIMES WHEN YOU SHOULD WASH YOUR HANDS

Before and after your work shift

Before and after physical contact with each patient

After handling contaminated items, such as bedpans, dressings

After using the restroom, blowing your nose, covering a sneeze

Whenever hands become obviously soiled or splashed with blood or body

fluids Before eating drinking or handling food

Immediately upon removal of

gloves Other times as appropriate

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PROPER HAND WASHING PROCEDURE

Wet hands thoroughly with warm running water. Continue to add water while washing.

Apply plenty of soap. Vigorously rub your hands together to produce a lot of lather.

Wash hands for 30-60 seconds.

Clean under and around fingernails by rubbing your fingertips across the palm of your hands several times.

Keep your fingertips pointed downward. Hold your hands below your elbows to prevent water from running back up your arms.

Rinse thoroughly from 2 inches above your wrist to your fingertips.

Dry hands well with paper towels. If you leave your hand slightly wet, they will become chapped and irritated.

Use a paper towel to turn off the water.

Throw your paper towels into the trash container.

In some situations, lotions may promote the growth of harmful microorganisms. Apply lotion when you're finished with patient care.

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HOW INFECTION SPREADS

For infection to spread, three elements are required:

A source of infectious

microorganisms A susceptible host

A means of transmission for the microorganism

SOURCES

Unfortunately, healthcare facilities have several sources of infectious microorganisms, including:

People

Contaminated objects

HOSTS

To become a host, a person must be susceptible to the infectious organism. A person exposed to an infectious organism will not necessarily become a host because some people are immune to or able to resist the infection. Unfortunately, healthcare facilities have many different kind of patients that can become hosts. People particularly susceptible to infection include:

Elderly patients

Newborns

Persons with weak or undeveloped immune systems

Persons with cancer, multiple health problems or chronic diseases that require steroid therapy

Patients with surgical incisions, catheters, breathing tubes and other medically induced pathways into the body that can allow infections to enter.

TRANSMISSION

To be transmitted, microorganisms must enter the host's body. Entrance may be gained through:

Inhalation

The mouth, eyes, nose or other openings into the body

A break in the host's skin - caused by cuts, nicks, skin abrasions or

dermatitis A contaminated needle or other sharp object

There are five main routes of transmission:

Contact – most common route

Droplet – coughing, sneezing, or talking

Airborne – remain suspended in air for a long time

Common vehicle – contaminated food, water, medications or equipment

Vectorborne – disease carried by mosquitoes, flies, rats or other vermin

Common vehicle transmission and vectorborne transmission are both rare in U.S. healthcare facilities.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) protects you from infectious hazards – when worn properly. PPE includes gloves, fluid-resistant gowns or aprons, face shields, protective eyewear and masks, resuscitation bags or other ventilation devices.

PPE must be appropriate for the task you are doing. You should wear as much or as little PPE needed to keep blood or other potentially infectious materials from getting on your clothing, skin or mucous membranes.

1. Gloves must be worn when:
2. Touching blood or body fluids of all patients.
3. Touching mucous membranes or non-intact skin of all patients.
4. Handling items or surfaces soiled with blood or body fluids.
5. Starting IVs or other vascular access procedures.
6. Any situation where contact with blood or body fluids is possible.

Discard gloves before leaving the patient rooms and use new gloves for each patient. Make sure that you wash your hands each time you take off a pair of gloves.

Eye protection, face shields, masks and gowns or aprons must be worn for all tasks that are likely to generate droplets, sprays, or splashes of blood or body fluids. This will help prevent exposure to the mucous membranes of the mouth, nose and eyes.

GENERAL RULES FOR PPE USE

Always inspect your protective equipment before, during and after use. Clean and maintain PPE properly.

Replace PPE as soon as possible if it becomes penetrated by blood or other potentially infectious materials.

Always remove PPE before leaving the work area and place it in a designated receptacle for disposal, laundering or processing.

Remove PPE carefully to avoid contamination of clothing and skin. Remove PPE in the proper order – gown and other protective clothing before gloves.

EXPOSURE REPORTING

All healthcare workers should know what to do if an accidental exposure to blood or body fluids, such as a needle stick injury or a splash into the eyes or mouth occurs. Immediately wash the affected skin with soap and water or flush affected mucous membranes with water. Then report the incident to your immediate supervisor.

HEBATITIS B VIRUS

Hepatitis B Virus (HBV) infects the liver; it's more common than HIV and a greater risk to health care workers. Many HBV infected people have no problems or symptoms. Some, however, develop serious or fatal problems such as cirrhosis, liver cancer, or chronic liver disease.

Hepatitis B is spread via:

- Sexual intercourse with an infected person Sharing contaminated syringes
- Contact with infected blood or body fluids Injuries from contaminated sharps
- Mucous membrane contact from splashes, spills or when handling/cleaning contaminated equipment
- Open cuts or scratches that come in contact with contaminated blood or body fluid or contaminated items

HBV is NOT spread through casual contact

It may take six weeks or six months for sign of infection to appear. Many people who are infected never have signs of infection. You cannot tell if a person is infected by how he/she looks or feels. Hepatitis B can be spread to others before the infected person even shows any sign of infection.

Symptoms of HBV are:

- Lack of energy
- Loss of appetite
- Rapid weight loss
- Mild fever

Aching muscles and joints

- Nausea, vomiting and diarrhea Changed sense of taste/smell Skin rash
- Tenderness of the upper abdomen
- Jaundice (yellow-colored skin)
- Dark-colored urine
- Light-colored feces

Other flu-like symptoms

HBV can be prevented by:

- Following strict Universal Precautions
  - Always washing your hands before and after patient contact Cover wounds and scrapes or sores
- Do not share IV syringes
  - Dispose of and handle all sharps properly
  - Dispose of contaminated water properly
  - Wear the appropriate Personal Protective Equipment (PPE) anytime there is a potential for blood and body fluid contact
- Clean and disinfect equipment properly
- Red bag and label any contaminated waste
  - Remove all PPE prior to leaving the patient room/work area Wear masks and goggles at the same time
  - Seek prompt medical attention if accidental exposure occurs
  - Dispose of contaminated linens and infectious linens properly
  - REPORT ALL EXPOSURES TO BLOOD AND BODY FLUIDS IMMEDIATELY. TELL YOUR SUPERVISOR AND GO DIRECTLY TO THE EMERGENCY DEPARTMENT. TO BE EFFECTIVE, TREATMENT MUST BEGIN IMMEDIATELY!!

The risk of becoming infected with HBV can be reduced if you follow all of the Universal Precaution guidelines and also have the Hepatitis B vaccine. The vaccine is recommended for anyone who has direct patient contact or who has been exposed to HBV. The Hepatitis B vaccine is safe and effective for everyone including pregnant women. Vaccines are free to any employee that may be at risk.

HEPATITIS B VACCINE CONSISTS OF A SERIES OF THREE SHOTS THAT ARE GIVEN IN THE UPPER ARM. TO BE EFFECTIVE, THE SERIES MUST BE COMPLETED AS SCHEDULED.

**FIRST DOSE = TIME OF (OR PRIOR TO) EXPOSURE
**SECOND DOSE = ONE (1) MONTH LATER
**THIRD DOSE = SIX (6) MONTHS AFTER THE FIRST DOSE

Occasionally there are side effects from the HBV vaccine. These include:

Redness, edema, warmth, tenderness, soreness, drainage, bruising, formation of a lump at the injection site.

Nausea, vomiting, stomach cramps, low-grade fever, headache, weakness, fatigue and malaise.

BIOMEDICAL WASTE RIGHT TO KNOW LAW AND EXPOSURE POLICY

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BIOMEDICAL WASTE AND "RIGHT TO KNOW LAW" OBJECTIVES

Upon completion of this study packet you will be able to:

1. Define the terms: Biomedical Waste
   Hazardous Chemical
   Warning Label
   Point of Origin
   Material Safety Data Sheets
2. Define the "Right to Know" law.
3. Define the Warning Label.
4. Explain the information found on the MSDS.
5. List specific personal protection equipment.
6. Describe State, OSHA, and Federal guidelines for handling and disposal of medical waste.
7. Discuss biomedical waster generation and removal as it applies to the home user.
8. Describe plans for cleaning and disinfecting spills of blood and body fluids.

IMPORTANT DEFINITIONS : THINGS YOU NEED TO KNOW

HAZARDOUS CHEMICAL: Any chemical with the potential to cause a physical health hazard. The chemical may be in a solid, liquid or gas form.

PHYSICAL HAZARDS: Any chemical likely to have a negative effect on your body.

COMBUSTIBLE LIQUIDS: A liquid that is likely to explode.

EXPLOSIVES: A substance with the potential to explode.

FLAMMABLE: A substance with the ability to burn easily and rapidly.

HEALTH HAZARD: Any chemical likely to have a negative effect on your health.

CARCINOGEN: A substance that promotes/causes cancer.

IRRITANTS: A substance that will irritate your skin, eyes, etc.

CORROSIVES: A substance that will cause a solid to become weak even destroy it.

WARNING LABEL: A label that is located on the product container. The warning label gives a brief description of the chemical. It contains the same information as the Material Safety Data Sheet but in a shorter form. The warning label will have the name of the manufacturer and appropriate safety warnings.

MATERIAL SAFETY DATA SHEET: A sheet that is provided by the manufacturer and describes in detail the safety information of the chemical. The MSDS is like an instruction book, on each chemical, provides detailed information on health risks and safe handling of the chemical.

"RIGHT TO KNOW LAW": The law enacted by OSHA (Occupational Health and Safety Administration) to ensure that you are aware of the chemical hazards you face on the job.

FLASHPOINT: Lowest temperature at which a liquid gives off vapor to ignite if an ignition source (such as a spark) is present.

EXPLOSIVE LIMITS: Details about the minimum and maximum concentrations of vapors, so you can prevent fires.

AUTO-IGNITION TEMPERATURES: Lowest temperature at which chemicals will ignite from its own heat source (no spark needed).

STABILITY: How likely it is that a chemical will decompose, creating a dangerous situation. If the material is unstable, the MSDS (Material Safety Data Sheet) lists the conditions that would create a hazardous product.

DANGEROUS DECOMPOSITION: Conditions and materials that can cause a chemical to break down and become a hazard. These include temperature extremes, ignitions sources, and other chemicals.

HAZARDOUS POLYMERIZATION: Large amounts of energy may be released when 2 or more small molecules combine. If this is a danger, the MSDS lists conditions that may lead to it.

HAZARDOUS DECOMPOSITION PRODUCTS: What may be produced when the chemical reacts with other substances. Sometimes, the product of a reaction is far more hazardous than the chemical itself.

THE HAZARD COMMUNICATION STANDARD OR THE "RIGHT TO KNOW LAW" WAS DESIGNED TO:

Determine the dangers of the chemicals you use on the job

Tell you what these hazards are and how you can protect yourself from them.

There are two "groups" who are responsible for providing chemical safety information for the chemicals that you use in your job.

1. THE MANUFACTURER IS REQUIRED TO:

Determine if the chemical products are a physical or health hazard.

Attach a warning label to containers of hazardous chemicals. This label must list the hazardous contents and what % of hazardous chemicals the product contains.

Provide a material safety data sheet for each product that is shipped.

2. CLIENT FACILITY IS REQUIRED TO:

Have a written safety plan which tells you where to locate the material safety data sheets (MSDS).

Determine chemical hazards of each product based on the MSDS and warning labels provided by the manufacturer.

Store chemicals in their original containers with the warning labels left intact.

Inform the employee that they may request information concerning the toxic effects of chemical substances and provide the information.

Provide education and training on the important elements of the "right to know" law, how to read and use MSDS sheets and warning labels, and how to use these substances safety.

Keep records for employees who are routinely exposed to specific toxic substances.

WHAT ARE WARNING LABELS AND MATERIAL SAFETY DATE SHEETS?

WARNING LABELS

Provide basic information about hazardous chemicals. Generally warning labels are included on all containers of hazardous chemicals in the workplace.

MATERIAL SAFETY DATA SHEETS

MSDSs give details about chemicals and their hazards. MSDSs are available from your facilities

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READ THE WARNING LABEL

Before handling any chemical, the label is the quickest way to learn about any hazards you face.

THE LABELS FORMAT MAY DIFFER

From company to company, but the information is basically the same. Warnings are:

- PROVIDED by the chemical manufacturer
- WRITTEN in English (and other languages if necessary)
- DISPLAYED where you can easily see them
- MADE UP of words, pictures or symbols

ALL CONTAINERS MUST BE LABELED EXCEPT:

- STATIONARY CONTAINERS AND PIPES — as long as signs are posted that provide warning information
- PORTABLE CONTAINERS as long as the material will be used immediately by the employee who transferred it.

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WARNING LABELS MAY PROVIDE OTHER INFORMATION, TOO!!

PRECAUTIONS

How to avoid injury or illness for example

"Don't get in eyes"

"Wash thoroughly after handling"

"Keep away from sparks"

FIRST AID INSTRUCTIONS

what to do if someone inhales fumes, is burned, etc.

First aid information may also include antidotes for poison and how to care for a victim until medical help arrives.

PROCEDURES TO FOLLOW

after fires, leaks or spills, for example

type of fire extinguisher to use

how to safely clean up a spilled chemical

HANDLING, STORAGE AND DISPOSAL DETAILS

Including

+ type of storage containers needed

+what to do with empty containers

+types of personal protective

protective equipment to use during handling and disposal

+where and how to dispose of chemical

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MATERIAL SAFETY DATA SHEET (MSDS)

The MATERIAL SAFETY DATA SHEET, or MSDS for short, is the informational core of the HAZCOM program and "RIGHT TO KNOW" laws. MSDS sheets are available in the agency with the Medical Secretary and are also available at the Corporate Level. The Material Safety Data Sheet is provided by the manufacturer of the chemical product. It is like a mini instruction book on how to use/store and clean-up the chemical product. Although MSDS from different manufacturers may not look the same; they all contain the same basic information:

- CHEMICAL IDENTIFICATION
- HAZARDOUS INGREDIENTS
- PHYSICAL DATA
- FIRE AND EXPLOSION DATA
- HEALTH HAZARD DATA
- REACTIVITY DATA
- SPILL OR LEAK PROCEDURES
- SPECIAL PROTECTION
- INFORMATION
- SPECIAL PRECAUTIONS

MATERIAL SAFETY DATA SHEET (MSDS) DEFINITIONS

CHEMICAL IDENTIFICATION

The introductory section of the Material Safety Data Sheet (MSDS) includes the chemical manufacturer's name, address, and emergency phone number, chemical name, trade name, and chemical formula. This section helps you identify the chemical on the MSDS.

HAZARDOUS INGREDIENTS

This section lists any hazardous ingredients found within the chemical that can be hazardous to you. In this section you might also see the terms TLV (Threshold Limit Value) and PEL (Permissible Exposure Limit). Both terms are used to express the airborne concentration levels of a chemical to which most persons can safely be exposed during a normal workday. Another term, C.A.S. (Chemical Abstract Service), will usually be listed in this section of the MSDS. The C.A.S. numbers identify specific chemicals according to information published by the American Chemical Society.

PHYSICAL DATA

This section lists such important physical properties of the chemical as boiling point, vapor density, percent volatile, appearance and odor, and others. This information helps determine the degree of hazards associated with the chemical in different work environments. For example, vapor density describes the weight of a vapor relative to an equal volume of air (air=1). If a chemical has a vapor density greater than 1, the vapor will be heavier than air and tends to fall and hug the ground.

FIRE AND EXPLOSION DATA

This section helps you determine the chemical's flash point, which is the temperature at which a chemical will release enough flammable vapor to ignite. Chemicals that ignite at or above 100 degrees F are classified as combustible; those that ignite below 100 degrees F are classified as flammable. In addition, this section usually lists the chemical's upper and lower flammability limits, proper types of extinguishing media required to safely extinguish the fire (example: CO2, water, foam, etc.) special firefighting procedures, and any unusual fire and explosion hazards associated with the chemical.

HEALTH HAZARD DATA

This section describes health effects associated with being overexposed to the chemical through ingestion, inhalation, and skin or eye contact. The information may include: the acute (immediate) and chronic (long-term) effects of overexposure to the chemical, whether the chemical is a known carcinogen (cancer-causing agent), emergency and first aid procedures to follow in case of overexposure, whether overexposures may. require immediate medical attention, and medical conditions that may be aggravated

upon contact with the chemical. If you work in an area where overexposure is possible, safety equipment may be needed to protect you.

REACTIVITY DATA

The information contained in this section helps you determine if the chemical will -react with other chemicals or conditions. Chemicals that are reactive (unstable) may explode, burn, or release toxic substances under certain conditions. In addition, this section usually tells you if the chemical is stable or unstable and lists any chemicals or substances that might be incompatible with the chemical.

SPILL OR LEAK PROCEDURES

This section lists the procedures to follow when a chemical is accidentally released or spilled. It will also cover types of cleanup and protective equipment needed to safely contain or clean up a spill as well as proper ways to dispose of the chemical.

SPECIAL PROTECTION INFORMATION

This section lists the types of special protective equipment respirators, gloves, eye protection, ventilation) that is recommended to be used when working with the chemical. Remember, there are various types of protective equipment that are specially designed for certain tasks. Consult with you supervisor to ensure you are using the correct type for the work you are performing.

SPECIAL PRECAUTIONS

The last section usually discusses special precautions to be taken during handling and storage of the chemical. Also, this section will usually discuss any other health or safety concerns that have not already been mentioned in another section of the MSDS.

BIOMEDICAL (BIOHAZARDOUS) WASTE

HANDLING AND DISPOSAL TRAINING PROGRAM

OUTLINE OF CONTENT

Biomedical Waste: Biomedical Waste is any solid or liquid waste which may present a threat of infection to humans. Examples include non liquid tissue and both Darts from humans and other primates; laboratory and. veterinary waste which contain human disease-causing agents; discarded shards; and blood, blood products and body fluids from humans and other primates. The following are also included:

Used, absorbent materials saturated with blood. Body fluids, or excretions or ecretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauzes and sponges.

Biomedical Waste Generator: Biomedical Waste Generator is a facility or person who produces Biomedical Waste. Examples include hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, blood banks, dental offices, surgical clinic, health maintenance organizations, home health agencies physicians' offices, laboratories, emergency medical services, veterinary clinics, and funeral homes.

Home User: Home User is an individual who generates sharps as a result of self-injection by family member for the treatment or control of an illness such as diabetes or allergies or for other legitimate purposes.

Point of Origin: Point of origin is the room or area where the Biomedical Waste is generated. Examples are a patient's room, an exam room, a dental operatory, the operating or obstetrics suite, an intensive care unit, and a laboratory room.

On-Site Segregation

Biomedical Waste shall be:

A. Identified and segregated at the point of origin.
B. Packaged in red bags that meet specification of OSHA AND/OR STATE GUIDELINES.

C. Filled bags shall be sealed at the point of origin.

D. Discarded sharps shall be segregated from all other waste and shall be placed directly into sharps containers that meet the specifications detailed 'AND /OR STATE GUIDELINES'.

Personal Protection Equipment

A. Gloves for direct contact with blood or body fluids.
B. Safety glasses (goggles) when there is potential for splash (i.e., hemorrhage, force cough).
C. Non permeable apron or gown if soiling of clotting from blood or body fluids is likely to occur.

Guideline For Handing Biomedical Waste

(Regulatory Agencies STATE, FEDERAL, OSHA)

Universal Precautions for:

A. All blood and body fluids.
B. Handling of items contaminated with Biomedical Waste.
C. Transport of all specimens in closed leak proof containers (approved by regulatory agencies).

On-Site Storage and Containment

Storage of Biomedical Waste shall not be greater than 30 days.

Commencement of time beams when:

1. the first non-sharp item is placed into a red bag or sharps container
2. when a sharps container containing only sharps is filled or closed.

Biomedical Waste will be stored:

1. in a restricted area limited to authorized persons only away from pedestrian traffic

2. in an area with a biohazardous sign or have international symbol for Biomedical Waste.

Sharps shall be:

segregated from other Biomedical Waste

stored in a rigid, puncture resistant container (approved by regulatory agencies) placed directly into sharps container immediately after use

- Labels - indelible ink used; legible with the name and adheres of the generator; appropriately dated.

Contingency Plans for cleaning and disinfection of spills of blood, body fluids or leaked Biomedical Waste.

Transportation shall be in leak proof container which meets regulatory standards.

All surfaces contaminated with spilled or leaked Biomedical Waste shall be cleaned with a solution of industrial strength detergent to remove visible soil before being disinfected with one of the following agents:

1. Steam for a minimum of 30 seconds.
2. Rinsing for at least 3 minutes with one of the following chemical disinfectants:

Hypochlorite solution containing 100 parts per million, also referred to as 100 ppm, available free chlorine; or
Iodine solution containing 25 ppm available iodine; or
Chemical germicides that are registered by the Environmental Protection Agency as hospital disinfectants and are tuberculocidal when used at recommended dilutions and directions.

WARNING LABELS

The chemical manufacturer is required by law to place a warning label on the product container. This label contains the same basic information as the MSDS, however, it is shorter and highlights only specific safety precautions.

Although warning labels may not look exactly the same, they contain the same type of information. Typically, they will tell you:

- ✓ Flammability Hazard
- ✓ Health Hazard
- ✓ Potential for Exploding
- ✓ Type of chemical present in the product

Some warning labels may have numbers on them. The numbers will range from zero (0) to four (4). Each number has a different meaning:

- ✓ 4 = extremely dangerous or fatal
- ✓ 3 = hazardous or extremely dangerous
- ✓ 2 = warning or caution should be taken
- ✓ 1 = some caution is necessary
- ✓ 0 = very little to no hazard

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THE RIGHT KIND OF EXTINGUISHER FOR EACH KIND OF FIRE

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REMEMBER, YOU SHOULD FIRST MOVE ANY PERSON THAT IS IN IMMEDIATE DANGER. NEXT YOU SHOULD MOVE ANY PATIENT THAT IS AMBULATORY. FINALLY YOU SHOULD MOVE ALL NON-AMBULATORY PATIENTS.

After you have moved all the patients to safety, you must get the fire extinguishers and try to put out the fire. In the hospital we have two different types of fire extinguishers: "ABC AND BCTM. These two types may be used on any fire. The letters "A", "B", "C" tell you what type of fire that extinguisher will safely extinguish.

A=ASH

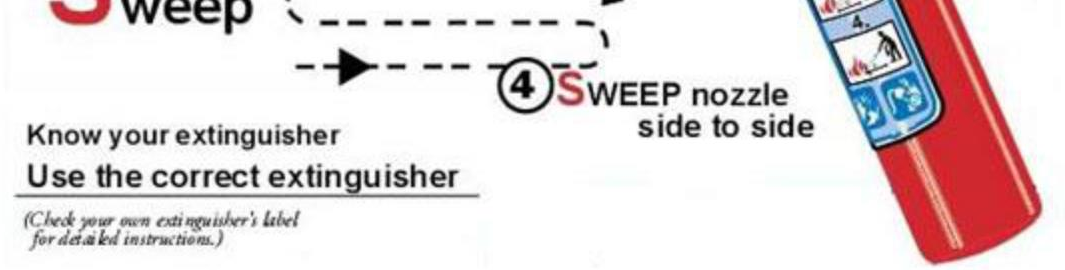
Type "A" will extinguish anything that will make an "ash" when burned. Examples are wood, cloth, paper and plastic.

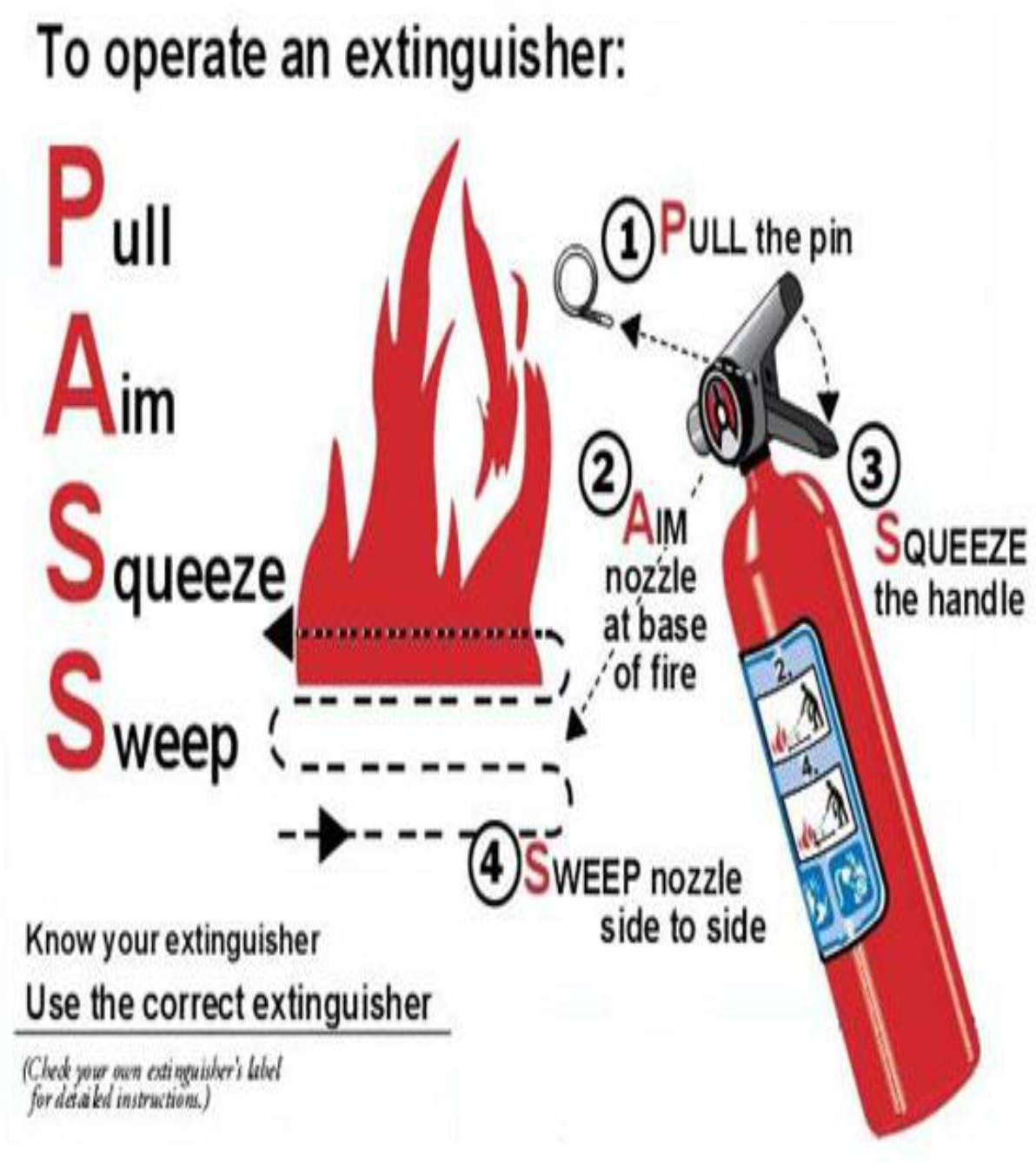
B = BAKING SODA

Type 'B" will extinguish anything that baking soda would. Examples are grease, liquid, paint, oil, alcohol.

C= CURRENT

A type "C" fire extinguisher will extinguish any electrical fire


Sweep
4 SWEEP nozzle side to side
Know your extinguisher
Use the correct extinguisher
(Check your own extinguisher's label for detailed instructions.)


To operate an extinguisher:
Pull
Aim
Squeeze
Sweep
1 PULL the pin
2 AIM nozzle at base of fire
3 SQUEEZE the handle
4 SWEEP nozzle side to side
Know your extinguisher
Use the correct extinguisher
(Check your own extinguisher's label for detailed instructions.)

If you remember the word-**P.A.S.S**. you will be able to safely "put out" any fire. First "P" pull the pin at the top of the fire extinguisher. Second "A" aim the nozzle of the fire extinguisher at the base of the fire. Make sure you are standing far away from the fire. You do not want to be "right on top of it" because the fire may burn you. After you are in the correct position you want to "S" the trigger. This will cause the fire extinguisher to spray chemicals onto the fire. Finally, you want to "S" make a sweeping motion across the base of the fire. This will ensure that the base of the fire is wet and will no longer burn.

It is very important that you use the proper type of extinguisher. If you do not, you can make the fire much worse. For example, using a "A" extinguisher or water on an electrical or grease fire would make the fire spread and may even cause you to get shocked or burnt.

Once you have established that you have the correct fire extinguisher there are four simple steps that you must do to use it properly 'and safely.

FIRE HOSE

You should also know how to use the fire hose. You would only use the fire hose if the fire extinguisher was not large enough to put out the fire. To use the fire hose you will need another co-worker. Have the co-worker stand at the fire hose cabinet; they will turn on the water when you are ready. To use the hose properly you must:

Extend the hose completely. Do not leave it folded up in the cabinet or on the floor.

Aim the nozzle at the base of the flames.

Have your co-worker turn on the water.

To put out the fire, use the same sweeping motion as you would with the fire extinguisher

If a fire Starts

Smother a grease fire: Never pour water on a cooking fire. If a pan of food catches fire, carefully slide a lid over the pan and turn off the burner. If a fire starts in your oven, close the over door and turn of the heat source. If the flames do not go out immediately, call the fire department.

Close the door on microwave fires

If anything catches in your microwave, keep the door closed and turn off or unplug the microwave. Opening the door will only lead oxygen to the fire. Do not use the oven again mull it is serviced.

Portable Fire Extinguishers: Portable fire extinguishers can be effective in fighting small, contained fire. Kitchen fire extinguishers should be labeled by an Independent testing lab as suitable for fighting Class B (grease and oil) fires and as safe for use on Class C (electrical) fires. Chemical fire extinguishers labeled for use on Class A (paper and common combustibles) fires and for use n Class B and C fires are appropriate for fighting food fires. For fighting grease or electrical fire with an extinguisher labeled for Class A fires only.

Never fight a fire unless you are sure you have the proper extinguisher, be sure that the fire extinguisher for the type of fire and that you know how to use it. Before using a portable extinguisher, be sure that the fire department has been called, everyone else is out of the house and that you have your back to a safe and unobstructed exit. If a fire does not immediately die down, leave the building immediately and wait for the fire department.

Learn First Aid for Burns: Put cool water over a burn for 10 to 15 minutes. This will minimize skin damage and ease the pain. Never apply butter or other grease to a bum. If burnt skin is blistered, see a doctor as soon as possible.

Stop, Drop, and Roll:

If your clothing catches fire, do not run. Stop where you are, drop to the ground, cover your face with your hands, and roll over and over to smoother the flames. If someone else's clothes catch fire push them to the ground, and roll them over and over , or smoother the flames with the blanket or carpet.

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Fire prevention in the kitchen: Each Year in the United States, more than 100,00 fires start in the kitchen, killing hundreds of people and uinjuring thousands. Most o fthe fires can be prevented simply by following the basic fire safety tips listed below:

Don't leave cooking unattended: Stay in the kitchen whenever anything is cooking, and never leave food cooking on your stove or in your oven when you leave facility. Turn off stoves and appliances promptly when you are finished using them. Unplug electrical appliances when they are not in use.

Keep appliances clean: Built up grease catches fire easliy. Wipe appliance surface after spills and clean stove surfaces and oven regularly.

Wear close fitting sleeves when you cook: Loose clothes can dangle too close to hot stove burner stand catch fire. Protect yourslef by wearing sleeves that fit good. Don't store things above your stove . Clothing can catch fire when you lean over stoves burners to reach shelves.

Keep Flammable Obejects clear of the stove: Potholders, dish towels and curtains may catch fire. If they come in contact with hot burners, Keep such itmes at a safe distance from your stove.

Don'toverload electrical outlets:
Pluging to many applicances- such as toasters, coffe pots, or electricfying pans- into the same electrical outlet could over load your circuit, overheat or cause a fire. Replace any cracked electriccal cord immedicatley and never use a cracked cord or damaged plugs.

Microwave safety: Microwave ovens stay cold but cooked in them can be very hot. Use potholders when removing food from microwave ovens. Remove lids from packaged microwave foods carefully to prevent burns and test food temperature before serving a patient.

Turn pot handles in:
A pot handle sticking out over the edge of your stove can be bumped in passing or grabbed by a child, prevent burns and stove top fires by always turning pot handles in toward the back of the stove.

Heat oil slowly: Heating oil too fast and high temperature is an easy way to start a serious kitchen injury. Never leave cooking oil unattended.

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VOLTS AND AMPERES (AMPS)

VOLTS refer to the force of electricity, if you think of electricity as water; volts would be the pump or the pressure of the water. Amperes refer to the amount of electricity. Again, if you think of electricity as water, amperes would be the amount of water.

Basically the higher the volts and amps, the more dangerous electricity is. You have all see the "Danger High Voltage" signs posted outside electrical equipment rooms and on fenced areas around power company equipment. These signs warn you that the electricity is of high voltage and will likely electrocute you if you come in contact with it.

The amount of damage received from electrical shock passing through the body depends on:

1. Amount of voltage and current used
2. Your body's resistance
3. Path the electricity follows through your body
4. How long the jolt lasts

THE HIGHER THE VOLTAGE OR THE LONGER THE JOLT THE MORE DAMAGING! IF THE SHOCK PASSES NEAR VITAL ORGANS IT IS MORE DAMAGING THAN IF IT PASSES THROUGH THE HAND, ARM, FOOT OR LEG!

Except for flashlight batteries and other small batteries, which use small voltage and amperage, all other forms of electricity should be considered potentially dangerous. Remember, when electricity is used properly and safely, you have nothing to fear. However, when faulty equipment or usage practices are used electricity can be very dangerous.

The Major Electrical Dangers:

- ✓ BURNS
- ✓ NERVE DAMAGE
- ✓ CARDIAC ARREST
- ✓ RESPIRATORY FAILURE
- ✓ FIRE
- ✓ EXPLOSION

Burns are caused by heat that is created from our bodies resistance to electricity. (Our bodies are good conductors).

Nerve Damage can occur because our nervous system is electrical and high voltage amps from electricity can interfere with our nerves.

Cardiac Arrest can occur because electricity can interfere with the electrical impulses that make our heart beat.

All three of these dangers can lead to permanent injury or even death. Even though an electrical shock may not cause any of the above, it lets you know that you are in danger and should stop whatever you are doing.

In the United States misused electrical equipment or defective wiring is a leading cause of hospital fires. These often fatal fires can be avoided if you have a basic understanding of electricity and its hazards.

THE DO'S OF ELECTRICAL SAFETY

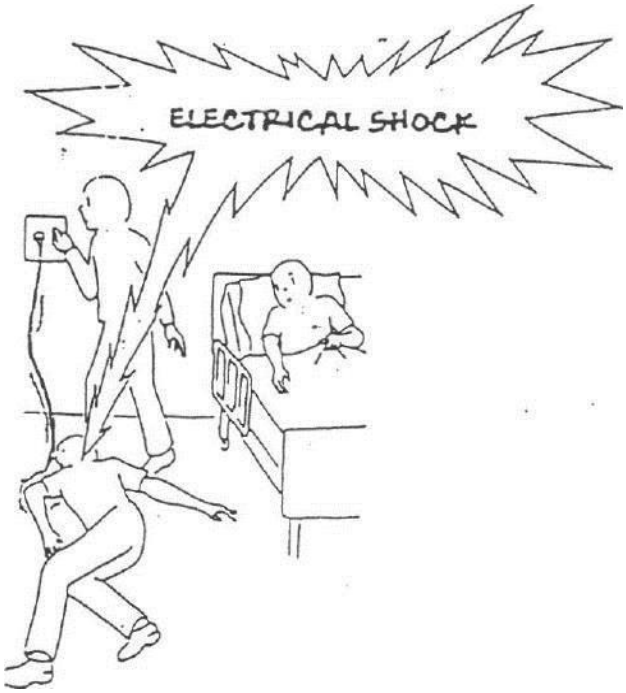
Read the user's manual to make sure that you know how to safely operate the equipment.

Use electrical equipment only as the manual describes. Do not use short cuts or leave out steps because it is easier.

If you plug something in and turn it on and it is not working properly, don't flick it off and on; hit the side of it or open it up to see if you can fix it. Unplug it and notify someone in the facility of work.

Disconnect, take out of service and report any equipment that sparks, stalls blows a fuse or gives even the slightest shock.

Document and report all incidents involving electrical safety no matter how minor the incident may seem.



TURN OFF THE POWER

to the machine, tool or appliance.

If this isn't possible, use a dry piece of wood, rope or cloth to pull the victim free of the electrical device (Make sure you are standing in a dry area and that your hands are dry.)

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WHEN USING ELECTRICAL EQUIPMENT IN FACILITIES REMEMBER THE FOLLOWING TIPS FOR PATIENT SAFETY:

Risks to patients, employees and staff are increased simply because there is so much electrical equipment being used.
Patients, who may already be in a weakened state, are more susceptible to accidents and less able to escape fire or explosion.
Plugs and sockets should fit firmly, requiring some force for insertion and removal.
Outlets should be free from cracks and chips
Oxygen increases the flammability of other materials. Extra precautions must be taken in oxygen therapy areas to prevent electrical sparks.
Keep electrical equipment as far away from the patient's bed as possible. DO NOT REST ELECTRICAL EQUIPMENT AGAINST THE PATIENTS BED.
Do not touch the patient or patient's bed and electrical equipment at the same time.
Make sure all electrical equipment are turned off before you " hook- up or disconnect" patients.

SPECIAL TIPS FOR ELECTRICAL SAFETY IN THE PATIENT'S HOME

Never touch an electrical appliance and plumbing at the same time.
Never run a cord across the sink or a wet floor.
Use special, non-sparking tools in explosive or dusty areas.
Protect cords from oil, water, and anything that's sharp or rough.
Keep cords out of the way of traffic.
Make sure circuits are not overloaded.
Always shut off valves and switches before working on electrical systems.
Keep all portable electric tools clean and in good condition.
Don't use electrical tools outside if it is raining.
Use outlets wired to ground fault circuit interrupters when working outdoors.

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IF YOU MUST TURN ON/OFF A "BREAKER SWITCH" AT THE SERVICE PANEL REMEMBER THESE KEY POINTS:

1. Stand on a rubber mat or a dry piece of wood.
2. Use only one hand to turn off the breaker. Put the other hand behind your back or into your pocket.
3. Use rubber gloves.
4. Use your KNUCKLE instead of your finger tip. This will allow you to - jerk" away from the power source if necessary.

Do not carry power tools by the cord.

Always use a wooden or fiberglass ladder when working on/around electrical machines.

Do not use octopus plugs (octopus plugs are those things that have three or more additional plug ins that you plug into the outlet to give you more plug ins) or cheaters (cheaters are those little orange things that covert 3-pronged plugs into 2-pronged plugs). Do not use extension cords or plug more items in the wall outlet than there are sockets for.

Do not use electrical equipment unless it has a ground on it. Do not bend or break off the ground to make it fit into the plug in.

When unplugging equipment, reach down and pull on the plug not the cord.

Does not use the equipment lift has a frayed or broken cord. Check the cord for bare wires. Especially where the cord attaches to the equipment.

Do not have water or other beverages near electrical equipment. Don't use equipment that has had liquid spilled on it without first cleaning it up and having it checked by clinical engineering/maintenance.

Water greatly increases the danger of electricity to you because it is a good conductor. When you are wet with water, standing in water or in contact with water you are making electricity's work much easy to shock or electrocute you.

Do not put electrical cords so they run through windows, doors, or run on the floor where someone could trip and fall.

Do not use the outlet if one plug does not work. Both plug ins must work for the outlet to be safe.

If you are using new equipment that states "Double Insulated", you do not have to use a ground plug with it. "Double Insulated" means that the machine has special features that make it grounded.

Don't place cords near heat or water.

Make sure equipment is properly grounded.

Do not roll equipment over power cords. If you accidentally do, have it checked for broken or damaged wires.

Do not stack items on, around or behind electrical equipment. This may cause overheating resulting in an electrical fire.

IF THERE IS AN ELECTRICAL FIRE REMAIN CALM AND ACT RESPONSIBILY!

Follow these steps:

- ✓ Get everyone else out of the area. Call "911" if you are in a facility or use the fire alarm if in a facility.
- ✓ If the fire is small (confined to a small piece of equipment, such as a motor) follow these steps:
  - Disconnect the circuit by pulling the plug, turning off the switch or tripping the circuit breaker.
  - Extinguish the fire with a class "c" fire extinguisher. (a "c" in an ABC or BC fire extinguisher means that you may use it on an electrical fire.
- ✓ Disconnect the electrical equipment from the power source if you can do it safely.
- ✓ Use the proper fire extinguisher (BC or ABC only)

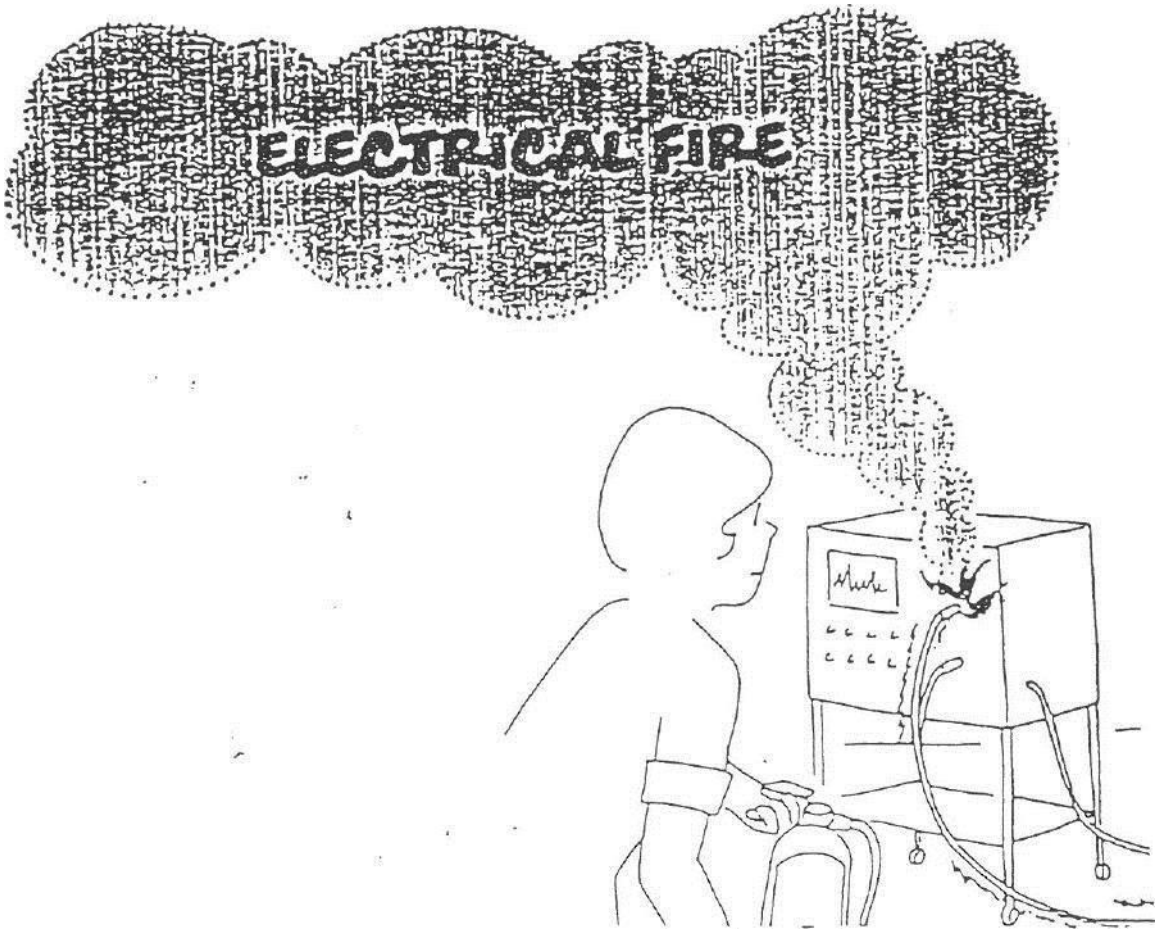
KNOW WHAT TO DO IN AN ELECTRICAL EMERGENCY

Steps you should follow if someone has been shocked!

- ✓ Shut off or disconnect the 'power if it is safe.
- ✓ DO NOT TOUCH HIM/HER OR THE SOURCE OF THE SHOCK!
- ✓ Attempt to break the connection of the person to electricity by pushing the person or source apart using a non-conductor such as a wooden chair a wooden broom or mop handle.
- ✓ Call for medical help immediately
- ✓ Start CPR if necessary

IF THE FIRE IS LARGE OR THREATENS FLAMMABLE MATERIALS, DO NOT ATTEMPT TO FIGHT THE FIRE YOURSELF!!

NEVER ATTEMPT TO PUT AN ELECTRICAL FIRE OUT WITH WATER!



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CONFIDENTIALITY

What Is Confidentiality?

Patient confidentiality is a conscious effort by all employees to keep private all personal information your patient may share with you while you are caring for him/her. It may include the patient's:

Identity
Physical or psychological condition Emotional status
Financial situation

Who Is Responsible?

As an employee of ACCESS THERAPIES INC. or any other employer, you are obligated to protect patient confidentiality. All employees are responsible for patient confidentiality regardless of the job they do or position they hold — RNs, PTs, OTSs, the administrator, or the receptionist. In general, those responsible include:

Anyone who cares for and consults with patients at or for our organization. Anyone who hears conversation about patients.
Anyone who has access to patient information.

In addition to controlling your own behavior with regard to confidentiality, you are responsible for monitoring the behavior of others, like co-workers.

Limiting Access

To protect confidentiality, medical information should be accessible only to those who "need to know" in order to effectively care for the patient.

Some guidelines:

Only share patient information with other employees on a "need-to-know" basis. Never share written or spoken patient information with strangers or anyone else without prior written consent from the patient. Even a patient's family members may not be privy to patient information.

In the case of a minor, release of information must include written consent from the parent or guardian.
Never discuss confidential patient information where others can over hear your conversation.
You are obligated to protect the privacy of a patient when you see a breach occurring. Report breaches of confidentiality to someone who can advocated for the patient, such as a nurse on that unit, Supervisor or Director of Nursing.

Be On Guard

Your responsibility for protecting patient confidentiality doesn't end with your work shift. Be on guard against divulging, confidential information when in an informal atmosphere are social setting. If asked about confidential matters, a simple reply such as, "I'm sorry, that information is confidential," is appropriate.

Exception To The Rule

Certain situations allow for disclosure without prior written permission including:

Medical emergencies.
Reporting information on communicable diseases to the Health Department. Reporting child abuse, spousal abuse or elderly adult abuse.
Litigation or administrative activities.

Summary

The care-giving relationship cannot be truly effective unless it is based on genuine trust. To fully meet the physical, emotional and psychological needs of the patients you care for, you must make protecting their confidentiality a key priority.

EMERGENCY PROCEDURES:

TORNADO WATCH:

When conditions are such that severe weather could possibly produce a tornado. Upon notification that a TORNADO WATCH has been issued, take the following actions:

1. Close all windows and pull window drapes to prevent flying glass.
2. Move all bedfast patients' beds toward the central corridor. Close privacy curtains around them. Explain why you are doing this.
3. Provide each patient with a blanket or bedspread.
4. Put all glass and sharp objects in cabinets, drawers, closets, or on the floor so that they will not become "missiles" in high winds.
5. Resume normal activities.
6. Continue to monitor weather information on local AM/FM radio stations and the weather alert radio.

TORNADO WARNING:

When an actual tornado has been sighted in the area. Upon notification that a TORNADO WARNING exists, take the following actions:

1. Bring all ambulatory patients to their appropriate wings and place them in the central corridor away from windows.
    a. Chairs can be closely spaced; some patients can sit on the floor.
    b. Shower rooms may be used with staff members present at all times.
    c. **DO NOT** bring beds into halls; use a blanket carry method.
2. Cover all patients with a blanket or bedspread.
3. Close all interior doors and fire doors.
4. Request any visitors to go to the basement or remain in the hall in this location.
5. Secure patient charts in the medicine room.
6. Continue monitoring radio for information.
7. Announce the termination of TORNADO WARNING when it has been cancelled.

WORK SAFETY RULES:

The following guidelines are suggested to help a safety committee in its deliberation.

1. All employees shall follow the facility's safety rules and practices. Employees shall render every possible aid to safe operations and report all unsafe conditions or practices to their supervisor.

2. Supervisors shall insist that employees observe and obey safety rules and regulations, and shall take such action as is necessary to obtain compliance. Work shall be well planned and supervised to prevent injuries. The supervisors are responsible for the safety of employees assigned to them and for all people who are present in their areas.

3. All employees shall be given periodic accident prevention instructions. This may also include first aid training, practice drills, and employee participation.

4. Employees shall not be permitted or required to work while their ability or alertness is impaired by fatigue, illness, or other causes that might expose them or others to injury.

5. Employee clothing should be appropriate to work areas.

6. Horseplay, scuffling, and other acts which tend to endanger the safety and well-being of employees is prohibited.

7. Employees should be cautioned and trained that all guards and other protective devices must be in working order. Deficiencies should be reported promptly to the employees supervisor.

8. Employees will not handle or tamper with any electrical equipment, machinery, fire detection or sprinkler devices unless properly trained for such duties.

9. All injuries must be reported promptly to the employee's supervisor so arrangements may be made for first aid or medical treatment.

Work rules are meaningless unless they are enforced!

EMPLOYEE SAFETY:

PURPOSE: To prevent accidents

EQUIPMENT: Shoes with firm soles and heels, Accident Report Form

Procedure	Rationale/Amplification
1. Report all broken or defective equipment immediately	Prevent electrical accidents.
1. Report all unsafe practices.	
2. Report all accidents.	Even if there is no apparent injury.
3. Keep floors free of wet spots and loose objects.	
4. Keep halls free from obstructions.	
5. Walk.	
6. Be alert to the condition of the floor, obstructing furniture or protruding equipment.	
7. When lifting heavy objects keep the back straight, bend the knees and let the leg muscles do the lifting. (Refer to Back Tips)	
8. Avoid twisting and stretching when moving a patient or object. Body should face general direction of movement.	
10. When making beds, adjust height.	To prevent back strain.
11. Report and get treatment for sores and cuts.	Regardless of how slight.
12. Dispose of all broken glass immediately.	Avoid touching.
13. Do not handle electrical equipment with wet hands.	

RESPIRATOR FIT TESTING

The federal Occupational Safety and Health Administration - also called "OSHA" - and State OSHA Agencies require supervisors to fit test workers who must wear these respirators on the job.

A respirator can't protect you if it doesn't fit your face. It's that simple. Certain respirators, known as tight-fitting respirators, must form a tight seal with your face or neck to work properly. If your respirator doesn't fit your face properly, contaminated air can leak into your respirator facepiece, and you could breathe in hazardous substances. So before you wear a tight-fitting respirator at work, your supervisor must be sure that your respirator fits you. Your supervisor does this by performing a fit test on you while you wear the same make, model, and size of respirator that you will be using on the job. That way, you know that your respirator fits you properly and can protect you, as long as you use it correctly.

In addition, before you use a respirator or are fit-tested, your supervisor must ensure that you are medically able to wear it.

So what is a fit test? A “fit test” tests the seal between the respirator's facepiece and your face. It takes about fifteen to twenty minutes to complete and is performed at least annually. After passing a fit test with a respirator, you must use the exact same make, model, style, and size respirator on the job.

There are two types of fit tests:

Qualitative
Quantitative

Qualitative fit testing is a pass/fail test method that uses your sense of taste or smell, or your reaction to an irritant in order to detect leakage into the respirator facepiece.

Qualitative fit testing does not measure the actual amount of leakage. Whether the respirator passes or fails the test is based simply on you detecting leakage of the test substance into your facepiece. There are four qualitative fit test methods accepted by OSHA:

- Isoamyl acetate, which smells like bananas;
- Saccharin, which leaves a sweet taste in your mouth;
- Bitrex, which leaves a bitter taste in your mouth; and
- Irritant smoke, which can cause coughing.

Qualitative fit testing is normally used for half-mask respirators - those that just cover your mouth and nose. Half-mask respirators can be filtering facepiece respirators - often called "N95s" - as well as elastomeric respirators.

Quantitative fit testing uses a machine to measure the actual amount of leakage into the facepiece and does not rely upon your sense of taste, smell, or irritation in order to detect leakage. The respirators used during this type of fit testing will have a probe attached to the facepiece that will be connected to the machine by a hose. There are three quantitative fit test methods accepted by OSHA:

- Generated aerosol;
- Ambient aerosol; and
- Controlled Negative Pressure.

Quantitative fit testing can be used for any type of tight-fitting respirator.

Many workers need to wear prescription glasses or personal protective equipment, such as safety goggles or earmuffs, while performing a job. If you fall into this category, then you must wear these items during the fit test to be sure they don't interfere with the respirator's fit.

You must be fit tested before you use a respirator in the workplace, and you must be retested at least every 12 months to make sure that the respirator you use still fits you. You must be fit tested with the specific make, model, style, and size of respirator that you will be using.

Not everyone can get a good fit with one specific respirator. If the respirator fails the fit test, then another make, model, style, or size must be tried until one is found that fits you properly. When you've completed the fit testing process, it's very important that you know which make, model, style, and size respirator fits your face properly, and when and where you'll need to wear it for protection.

Also, the fit of your respirator must be retested whenever you have a change in your physical condition that could affect the fit of you respirator. Such changes could include:

- large weight gain or loss;
- major dental work (such as new dentures);
- facial surgery that may have changed the shape of your face; or
- significant scarring in the area of the seal.

Any of these changes could affect the ability of your respirator to properly seal to your face, which could allow contaminated air to leak into your respirator facepiece.

If you find that the fit of your respirator becomes unacceptable, you must be allowed to select a different type of respirator and be retested. The selection may include a new make, model, style, or size of respirator.

Facial hair, like a beard or mustache, can affect your respirator's ability to protect you. Anything that comes between your face and the respirator's seal or gets into the respirator's valves can

allow contaminated air to leak into the respirator facepiece and you will not be protected. For example, if you have long hair, make sure it doesn't get between the respirator seal and your face because this can allow contaminated air to leak into the respirator.

Fit testing can be done by your supervisor or an outside party, including a union, an apprenticeship program, a contractor's association, or a past supervisor. Your current supervisor is permitted to accept fit testing you have received from an outside party (such as a former supervisor) within the last 12 months, as long as you use the same respirator make, model, style, and size at your new worksite. This is known as "fit testing portability."

While recent fit testing can follow you from job to job, it is still your current supervisor's responsibility to ensure that the fit testing and recordkeeping requirements of OSHA's respiratory protection standard have been met before you use a respirator for protection against hazardous exposures at work.

Sometimes workers own their own respirators and bring them to a job where respiratory protection is required. If your supervisor allows you to use your own personal respirator for protection, then your supervisor still has to comply with all of the requirements of the OSHA standard. For example, your supervisor must still ensure that:

- your respirator is appropriate for the hazards you face;
- your respirator is properly cleaned, maintained, and stored; and
- the proper schedule for replacing cartridges and filters is followed.

Keep in mind, however, that while your supervisor may allow you to use your own respirator, your supervisor cannot require you to use your own respirator.

There are many other things that you must know and do before you can safely use a respirator in a hazardous work environment. Remember, if you don't know if a respirator is needed for the task you will be doing, or if you are unsure about how to properly use a respirator or which filter or cartridge to use, talk to your supervisor before entering the hazardous area.

TUBERCULOSIS INFORMATION AND UPDATE OBJECTIVES

Upon completion of this in-service, the participant will be able to:

1. Identify the cause of Tuberculosis.
2. Identify the mode of transmission of Tuberculosis.
3. Define the term infectious.
4. Define TB disease.
5. Define TB infection.
6. Identify the purpose of completing TB skin testing.
7. Identify the signs and symptoms of TB.
8. Identify the risk factors of TB.

TUBERCULOSIS IS THE SINGLE LEADING CAUSE OF DEATH FROM ANY SINGLE INFECTIOUS AGENT!

MOST OF THE DEATHS OCCUR AMONG YOUNG ADULTS UPON WHOM YOUNGER AND OLDER PERSONS OFTEN DEPEND FOR SUPPORT.

8 MILLION NEW CASES EACH YEAR.

3 MILLION DEATHS.

HIGHEST RATES:

ANDEAN REGION OF SOUTH AMERICA HAITI

OTHER AREAS WITH HIGH REATES OF TUBERCULOSIS:

UPPER ASIA
AFGHANISTAN THRU NEPAL
INDOCHINA
THE ISLANDS OF THE PHILLIPINES INDONESIA

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1995

110,000 REFUGEES WERE EXPECTED IN UNITED STATES FROM THE COUNTRIES OF:

FORMER SOVIET UNION
VIETNAM
BOSNIA
SOMALIA
IRAQ
HAITI
CUBA
LAOS
LIBERIA

UNFORTUNATELY, PREVENTION IS NOT A CONCEPT WELL UNDERSTOOD BY FOREIGN-BORN PERSONS,

THEY SEEK SERVICES FOR ACUTE NEEDS!

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1985-1992 THERE WAS A 20% INCREASE IN THE NUMBER OF TB CASES IN THE UNITED STATES.

THE FOREIGN-BORN ACCOUNTED FOR 60% OF THE INCREASE IN CASES IN THE UNITED STATES DURING THIS PERIOD.

WITHIN THE SAME PERIOD, AMONG CHILDREN 4 YEARS OF AGE OF LESS, THE NUMBER OF TB CASES AMONG THE FOREIGN-BORN INCREASED BY 116%, COMPARED WITH THE U.S.-BORN INCREASE OF 37%.

FLORIDA WAS ONE OF FIVE STATES WHERE THE INCREASE EXCEEDED 100 CASES AND ACCOUNTED FOR 92% OF THE TOTAL U.S. INCREASE.

INCREASED RISK OF TB AMONG IMMIGRANTS IS ATTRIBUTABLE TO HIGHER RATES OF TB INFECTION IN THE COUNTRY OF BIRTH.

1970 4.8% of U.S. residents were foreign-born

1994 1 in 11 residents were foreign-born

Includes legal and illegal immigrants.

7.7 million live in California

2.9 million live in New York

2.1 million live in Texas, Illinois, and New Jersey

6.2 million came from Mexico

1 million came from Philippines

Other countries: Russia, Vietnam, Dominican Republic, India and El Salvador.

Challenges to cities and states in terms of education, medical services and corrections.

TOP EIGHT CITIES OF TB INFECTIONS

Miami, Florida

Newark, New Jersey

Atlanta, Georgia

San Francisco, California

Tampa, Florida

Oakland, California

Honolulu, Hawaii

Washington, D.C.

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TRANSMISSION

TUBERCULOSIS is an airborne disease transmitted by droplet nuclei, usually from the respiratory tract of an infected person who expels the organisms during talking, coughing, singing, or sneezing.

You can be exposed to TB if an infected person coughs, speaks, sings, or sneezes in your presence and you inhale the TB nuclei. If you become infected, the disease can take several paths, depending on the health of the infected person's immune system and other factors. In most cases the disease progresses to primary infection, then stabilizes and causes no further problems. About 10% of those with primary infection develop active TB; 5% within two years of infection, and the rest at some later time. Only those persons with ACTIVE TB DISEASE are infectious.

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SIGNS AND SYMPTOMS OF TB

A person with active tuberculosis may have no symptoms until there is evidence of extensive disease. The early symptoms seldom suggest that the lungs are the sear of the disease. Some of the general symptoms that may appear are:

WEIGHT LOSS

FATIGUE

MALAISE

FEVER

NIGHT SWEATS

Pulmonary TB disease usually causes one or more of the following symptoms:

COUGHING
PAIN IN THE CHEST WHEN BREATHING OR COUGHING
COUGHING OF SPUTUM

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TB PREVENTION

EARLY IDENTIFICATION AND PREVENTATIVE TREATMENT IS THE BEST WAY TO PREVENT THE SPREAD OF TUBERCULOSIS.

Any person who is at high risk for active TB, or those identified as carrying TB infection should be screened by using the Mantoux Skin Test. Anyone can get TB, but some people are at a higher risk. Those at higher risk include:

People at Higher Risk for Exposure or Infection

Close contacts of people with infectious TB
People born in areas of the world where TB is common (ex: Asia, Africa or Latin America)
Elderly people
Low-income groups with poor access to health care, including homeless people
People who inject illicit drugs
People who live or work in residential facilities (ex: nursing homes or correctional facilities)
Other people who may be exposed to TB on the job (ex: some health care workers)
People in other groups as identified by local public health officials

People at Higher Risk for TB Disease

People with HIV infection
People with other medical conditions that appear to increase the risk to TB
People recently infected with *M. tuberculosis* (within the past 2 years)
People with chest x-ray findings suggestive of previous TB disease
People who inject illicit drugs

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Remember that people with TB disease are sick from germs that are active in their body. They usually have one or more of the symptoms of TB. These people are often capable of giving the infection to others. Permanent body damage and death can result from the disease. Medicines which can cure TB are prescribed for these people.

People with TB INFECTION (without disease) have the germ that causes TB in their body. They are not sick because the germ lies inactive in their body. They cannot spread the germ to others. However, these people may develop TB disease in the future, especially if they are in one of the high-risk groups previously listed. Medicine is often prescribed for these people to prevent them from developing TB disease.

Due to the increased risk of health care workers contracting TB, OSHA along with the CDC has instituted some suggested guidelines for health care facilities to follow. To prevent TB transmission, the following guidelines have been established:

1. EARLY IDENTIFICATION AND PREVENTATIVE TREATMENT OF PERSONS WHO HAVE TUBERCULOSIS INFECTION AND WHO ARE AT HIGH RISK FOR ACTIVE TB. Persons in high-risk groups should be screened with the Mantoux Skin Test.
2. EARLY IDENTIFICATION AND TREATMENT OF PERSONS WITH ACTIVE TB CDC recommends a "vigorous" effort to identify patients with TB, including making TB part of the differential diagnosis for all respiratory patients. Isolation precautions should be observed for both suspected and confirmed TB patients.
3. SUPPLEMENTAL ENVIRONMENTAL APPROACHES: Besides placing TB patients in respiratory isolation, it is necessary for the patient to wear TB facemasks when being transported to other facilities.
4. HEPA (HIGH EFFECIENCY PARTICULATE AIR RESPIRATOR). A type of respirator that can be used when someone has active TB versus using a face mask.
5. WORK RESTRICITONS: These need to be enforced for the following cases:
    a. Employees with active pulmonary or laryngeal TB should be excluded from work until cough is resolved and sputum is free of bacilli on three consecutive smears.
    b. Personnel who cannot or will not accept a full course of preventive therapy should be evaluated to determine if reassignment is indicated.
    c. Otherwise healthy employees who are receiving treatment should be allowed to pursue normal duties.

MANTOUX SKIN TESTING

One Call Rehab Inc. requires all employees to have an annual Mantoux Skin Test. The Mantoux Skin Test is the only way to tell if you have TB infection. The Mantoux Skin Test does not cure you of TB or prevent you from "catching TB", it simply tells if you have been exposed and are now infected. If your skin tests have always been negative, or there has been no significant reaction, you do not have TB infection. The skin test is done by sticking your forearm with a small needle filled with Tuberculin. Tuberculin is protein derived from tubercle bacilli that have been killed by heating. In 48 to 72 hours, you must come back to have your arm "read". A nurse in the office will check your arm to see if there is a reaction. Most people with TB infection have a positive reaction to the tuberculin. The reaction is an area of induration (swelling that can be felt) around the site of the injection. The diameter of the indurated area is measured across the forearm. Erythema (redness) around the indurated area is not measured, because the presence of erythema does not indicate that a person has TB infection. If you do have a positive reaction, One Call Rehab, Inc will assist you in receiving the appropriate Chest X-Ray to make sure it comes negative.

TO: HEALTH CARE EMPLOYEES

FROM: HUMAN RESOURCE

HERE IS THE TB INSERVICE PACKET. SIGN IN ON THE INSERVICE ATTENDANCE SHEET WHEN YOU PICK UP YOUR PACKET. READ THE ENCLOSED MATERIAL AND COMPLETE THE QUIZ AT THE BACK.

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TREATMENT OF TB DISEASE

Treating TB disease benefits both the person who has TB and the community. It helps the patient because it prevents disability and death and restores health; it benefits the community because it prevents further transmission of TB.

TB disease must be treated for at least 6 months; in some cases treatment lasts even longer. Most of the tubercle bacilli are killed during the first 8 weeks of treatment (the initial phase). However, a few bacilli become dormant (inactive) and they can remain dormant for a long time. The drugs used to treat TB do not work as well against dormant bacilli as they do against bacilli that are growing (active). Therefore, treatment must be continued for several more months to kill these few remaining bacilli (the continuation phase). If treatment is not continued for a long enough time, some bacilli may survive and can cause TB disease at a later time (relapse).

In most areas of the country, the initial regimen for treating TB disease should include four drugs:

ISONIAZID (INH)

RIFAMPIN (RIF)

PYRAZINAMIDE (PZA)

ETHAMBUTOL (EMB) OR STREPTOMYCIN (SM)

PREVENTATIVE THERAPY is medication that is given to people who have TB infection to prevent them from developing TB disease.

Who should receive preventative therapy, you may ask? Some groups are at higher risk for TB than others. People in these groups should receive high priority for preventative therapy if they have a positive Mantoux Skin Test.

Resident Rights
Acknowledgement

Printed Name: _____ Title: _____

Signature: _____ Date: _____

I have received training covering the following:

To be fully informed, prior to or upon admission, of his or her rights as a resident in the facility. This notice **must** be made both orally and in writing and in the language the resident understands.

To be fully informed of the rules of the facility pertaining to the resident's responsibilities.

To request a written statement of such rights and be provided with updates when such rights are changed.

To be informed prior to or upon admission, of services available in the facility and related charges for such services.

To be informed of any charges for services not covered under the Medicare or Medicaid programs, private insurance carriers, or by the facility's basic per diem charge.

To inspect his or her records upon request.

To confidentiality of personal and clinical information.

To refuse treatment and to refuse participation in experimental research. To send and receive mail unopened.

To have access to the private use of a telephone.

To receive visitors.

To privacy during visits by his or her spouse.

To share a room with his or her spouse when both residents live in the same facility, unless medically contraindicated.

To immediate access to any representative of the state, resident advocate, and his or her personal physician.

To immediate access to his or her family or relatives, subject to the resident's right to deny or withdraw consent to such visits at any time.

To permit representatives of the state ombudsman (with the written consent of the resident or the resident's legal representative and consistent with state law) to examine a resident's clinical record.

To choose a personal attending physician

To be fully informed about his or her care and treatment.

To be fully informed in advance of any change(s) in his or her care or treatment that may affect his or her well-being.

Resident Rights (cont'd):

To participate in planning his or her care and treatment of change(s) in his or her care and treatment.

To be free from physical, psychological, or sexual abuse, or punishment, and/or involuntary seclusion.

To be free from physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.

To privacy concerning accommodations and medical treatment.

To reside and receive services with reasonable accommodations of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered.

To receive notice before the room or roommate of the resident is changed.

To voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievance(s). To organize and participate in resident groups in the facility.

To have his or her family to meet in the facility with the families of other residents in the facility.

To participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

To examine the results of the most recent survey (inspection) of the facility conducted by the State or Federal agencies with respect to facility and any plan of correction in effect with respect to the facility.

To information on Federal, State, and local agencies concerning with the enforcement of skilled and intermediate care rules.

To information on agencies acting as resident advocates.

To contact enforcement and advocate agencies without fear or reprisal from management and staff.

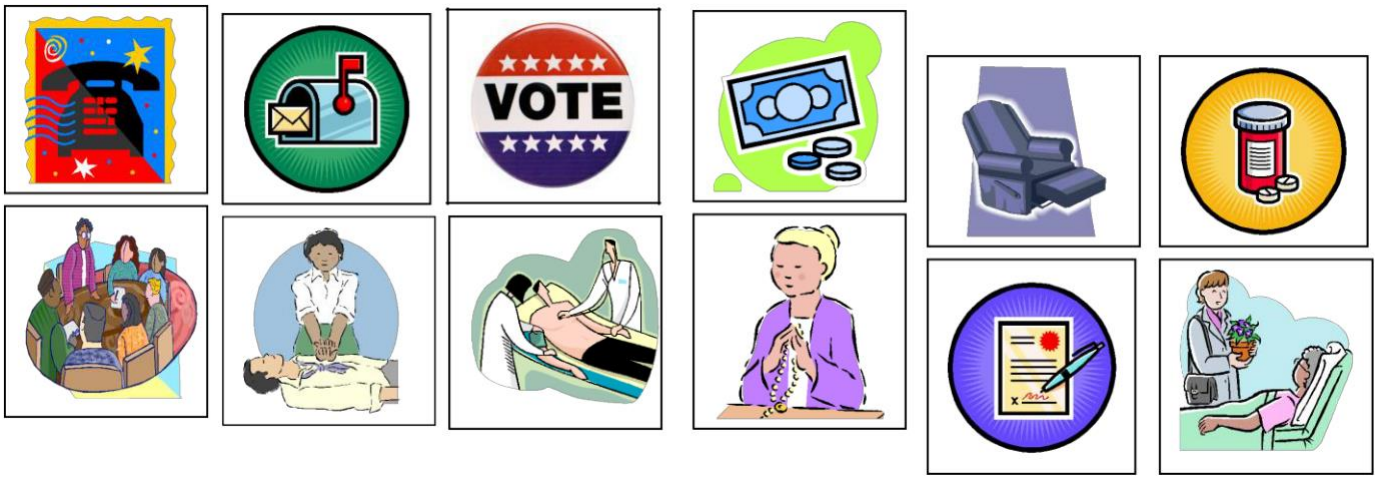
To retain and use personal possessions and appropriate clothing, within space allocated by the facility, unless to do so would infringe upon the rights or security of other residents, or violate current health and safety codes.

To expect all facility personnel to carefully handle and safeguard his or her personal property including dentures, hearing aids, etc.

Not to perform services for the facility.

To participate in a resident council / group.

To be discharged or transferred without proper notice. To choose his or her source of services and supplies. To manage his or her financial affairs.



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Health Insurance Portability and Accountability Act (HIPAA) of 1996

Public Law 104-191
Administrative Simplification

Notice of Privacy Practices in Long Term and Acute Care Facilities

Rehability Care takes the **PRIVACY OF PATIENT HEALTH INFORMATION** seriously. This information is intended to provide the employees of Rehability Care with information about the Notices of Privacy Practices in Long Term and Acute Care Medical Facilities (facilities), which are mandated by Public Law 104-191, and the practical implications of the Law as it applies to Rehability Care nursing employees.

How Long Term and Acute Care Facilities Use and Disclose Patient Health Information
The following categories describe the different ways facilities use and disclose patient health information. For each category a detailed description and an example are given. Not every use and disclosure category is listed. However, all of the ways the facilities are permitted to use and disclose patient health information will fall within one of the following categories.

- **For Treatment** The facility may use patient health information to provide the patient with treatment, health care, or other related services. The facility may disclose patient health information to doctors, nurses, aids, technicians or other employees who are involved with patient care. Additionally, the facility may use or disclose patient health information to manage or coordinate patient treatment, health care or related services. In an emergency situation where a treating physician is absent or unavailable, the facility may share patient health information with a member of the facility Medical Staff to review for care, diagnosis, and treatment decisions.

- **For Payment** The facility may use and disclose patient health information to bill and collect for treatment and services they provide to the patient. The facility may send patient health information to an insurance company or third party for payment purposes, including to a collection service. The facility may use and disclose patient health information about the patient for making decisions regarding eligibility, for insurance or payment benefit coverage and to review services provided to the patient during their stay.

- **For Healthcare Operations** The facility may use and disclose patient health information for healthcare operations. These uses and disclosures are deemed necessary by the facility to administer the facility: to ensure the patient receives competent, quality healthcare, and to maintain and improve the quality healthcare provided by the facility. The facility may also provide patient health information to various governmental or accreditation entities to maintain their license and accreditation. The facility may use and disclose patient health information to schedule the service of mobile diagnostic providers, as it deems necessary to provide full treatment and patient care.

- **As Required By Law** The facility will disclose patient health information when required to do so by federal state or local law.

- **For Public Health Purposes** The facility may disclose patient health information for public health activities. While there may be others, public health activities generally include the following:
    - Preventing or controlling disease, injury or disability
    - Reporting births and deaths
    - Reporting defective medical devices or problems with medications
    - Notifying people of recalls of products they may be using; and
    - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **About Victims of Abuse** The facility may disclose patient health information to notify appropriate governmental authority if the facility believes an individual has been a victim of abuse, neglect, or domestic violence. The facility will only make this disclosure when the patient agrees or when required by law.

- **Health Oversight Activities** The facility may disclose patient health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, governmental benefit programs, and compliance with civil rights laws.

- **Judicial Purposes** The facility may disclose patient health information in response to a court or administrative order. The facility may also disclose patient health information in response to a subpoena, discovery request, or other lawful purpose by someone else involved in a dispute, but only if efforts have been made to tell the patient about the request, in which the patient was given an opportunity to object to the request, or to obtain an order protecting the information the information requested.

- **Law Enforcement** The facility may release patient health information if asked to do so by a law enforcement official, if such disclosure is:
    - Required by law
    - In response to a court order, subpoena, warrant, summons or similar process
    - To identify or locate a suspect, fugitive, material witness, or missing person

- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct in the facility; or
- In emergency circumstances to report a crime; the location of the crime victims; or the identity, description, or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors** In certain circumstances, the facility may disclose patient health information to a coroner or medical examiner; for example to identify a deceased person or determine the cause of death. The facility may also disclose patient health information to funeral directors as necessary, to carry out their duties.

- **Organ and Tissue Donation** The facility may disclose patient health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.

- **To Avert a Serious Threat to Health or Safety** The facility may use or disclose patient health information when it believes it is necessary to prevent a serious threat to patient health or safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent or lessen the threat or to law enforcement authorities in particular circumstances.

- **Military and Veterans** If the patient is a member of the armed forces, the facility may release the patient's health information as required by military command authorities. The facility may also release patient health information about foreign military personnel to the appropriate foreign military authorities.

- **National Security and Intelligence Activities** The facility may release patient health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others** The facility may disclose patient health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

- **Prison Custodial Situations** If the patient is an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to the facility, the facility may disclose patient health information to a correctional institution or law enforcement official.

- **Workers' Compensation** The facility may disclose patient health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

- **Treatment Alternatives, Appointment Reminders and Health-Related Benefits** The facility may use and disclose patient health information to tell about or recommend possible treatment alternatives or health-related benefits or services that may of interest to or benefit for the patient. Additionally, the facility may use and disclose the patient health information to provide appointment reminders. If the patient does not wish the facility to contact them about treatment alternatives, health-related benefits or appointment reminders, the patient must notify the facility in writing, and state which of the services the patient wishes to be excluded from.

- **Facility Directory** The facility may include certain limited information about the patient in the facility directory. This information may include the patient's name, location in the facility, general condition (e.g. fair, stable, etc.) and religious affiliation. Religious affiliation may be given to a member of the clergy even if they do not ask for the patient by name. If the patient wishes not to be included in the facility directory, they should notify the facility upon admission.

- **The Individuals Involved in Patient Care or Payment for Patient Care** The facility may release patient health information to a family member, other relative, or any other person identified by the patient who is involved in the patient's care. The facility may also give information to someone who helps pay for the patient care. The facility may also tell the patient's family, friends, personal representative or other person responsible for the patient's healthcare the patient's condition and that the patient is in the facility.

- **Third Parties** The facility may disclose patient health information to third parties with whom the facility contracts to perform services on the patient's behalf. If the facility discloses patient health information to third party entities, the facility will have an agreement with them to safeguard patient information.

Other Uses of Patient Health Information

Other uses and disclosures of patient health information not covered by this Notice, or the laws that apply to facilities **will only be made withHIPAA Notice of Privacy Policy the patient's written authorization**. If the patient provides the facility authorization to use or disclose the patient's health information, the patient may revoke that authorization, in writing, at any time. If the patient revokes the authorization, the facility will no longer use or disclose the patient's health information for the reasons covered in the written authorization. However, the patient is obliged to understand that the facility is unable to retrieve any disclosures it has already made under the authorization, and that the facility is required to retain records of the care provided to the patient.

Patient's Rights Regarding the Patient's Health Information

The patient has the following rights regarding their health information maintained by the facility:

- **Right to Request Restrictions** The patient has the right to request a restriction or limitation on the heath information the facility uses or discloses about the patient for treatment, payment or healthcare operations. The patient also has the right to request a limit on the health information the facility discloses about the patient to someone involved in the patient's care or the payment for the patient's care. Requests for restrictions and limitations must be in writing to the administrator of the facility; and specifically identify the information the patient wishes to restrict, how the patient wishes to restrict the use or disclosure of information, and from whom the patient wishes to restrict the use or disclosure of information. **The facility is not required to agree to the patient's request**. If agreed to, the facility is bound to comply with the patient's request unless the patient's health information is needed to provide the patient emergency treatment.

- **Right to Request Confidential Communications** The patient has the right to request that the facility communicate with the patient or the patient's representative party about the patient's healthcare in an alternative way or at a certain location. To request confidential communications, the patient must make their request in writing to the facility administrator. The facility will not ask the patient the reason for the request. The facility will accommodate all reasonable requests. The patient's request must be specific as to how and/or where the patient wishes to be contacted.

- **Right to Inspect or Copy** The patient has the right to inspect and copy health information that may be used to make decisions about the patient's care. To inspect and copy health information that may be used to make decisions about the patient, the patient can submit their request in writing or orally to the facility administrator or their representative. The first copy of the patient's medical records will be provided free of charge in accordance with Kentucky law. If the patient requests subsequent copies, the facility may charge a fee for mailing or for other supplies associated with the request, and for the cost of copying.

- **Right to Amend** The patient has the right to ask the facility to amend the patient's health and/or billing information for as long as the information is maintained by the facility. Requests for amendment must be made in writing and submitted to the facility administrator or their representative. In addition, the patient must provide a reason that supports the patient's request. The facility may deny the patient's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the facility may deny the patient's request if the patient requests to amend information that:
    - Was not created by the facility, unless the entity that created the information is no longer available to make the amendment
    - Is not a part of the health information kept by or for the facility
    - Is not part of the health information which you would be permitted to inspect and copy; or
    - Is accurate and complete.

- **Right to an Accounting of Disclosures** The patient has the right to request a list of certain disclosures that the facility has made regarding the patient's health information. To request a list of disclosures, the patient must submit the request to the facility administrator. The patient request must be detailed and include a stated time period, which may not be longer than six (6) years, and may include dates before April 14, 2003. The request should also indicate what form the patient wants the list (e.g. on paper, electronically, etc.) The first listing requested within a twelve-month period will be free. For additional lists, during such twelve-month period, the facility may charge the patient for the costs of providing the lists. The facility will notify the patient of the costs involved in producing the list and the patient may choose to withdraw or modify the request at that time, before any costs are incurred.

- **Right to a Paper Copy of the Notice of Privacy Practices** The patient has the right to a paper copy of the facility Notice of Privacy Practices. The patient may ask the facility to provide a copy of the Notice at any time.

Who the Notice of Privacy Practices Applies To

A facility Notice of Privacy Practices describes the practices of the particular facility and those of:

- ***Any health care professional authorized to enter information into or consult on the patient's medical records***.
- All departments and units of the facility.
- Any member of a volunteer group the facility permits to help the patient.
- ***All employees, staff and other facility personnel***.
- Other facility management personnel and the personnel or members of the facility's Page 6 of 11controlling interests (e.g. Boards of Directors, etc.)

Changes to the Notice of Privacy Practices

The facility retains the right to change its Notice of Privacy Practices. The facility retains the right to make the revised Notice of Privacy Practices effective for health information it already maintains about the patient, as well as any information the facility receives in the future. The facility must post a copy of the current Notice of Privacy Practices in a clear and prominent place that is accessible to the patients. Any revised Notice of Privacy Practices is also available to the patient upon request.

Complaints

If a patient believes their privacy rights have been violated, the patient may file a complaint with the facility administrator or with the Secretary of the (federal) Department of Health and Human Services. The patient will not be penalized for filing a complaint.

Summary of Highlights of the HIPAA, Notice of Privacy Practices, for Rehability Care Employees

- Patient information of any nature is confidential. This includes information from or about a patient's medical records, current medical conditions, treatments, medications, history of medications, history of medical condition, test results, and referrals.

- You must not discuss patient health information with anyone who is not directly involved in the patient's care and entitled to receive such information. Staff should not discuss patient health information with the staff member's family members, friends, in a social conversation, etc. Such breaches of privacy and patient confidentiality may subject the staff member to disciplinary action, including termination, and/or stiff financial and/or prison penalties imposed by the (federal) Department for Health and Human Services, or both.

- When in doubt, **do not disclose patient health information until you seek the advice of the facility supervisor**. Emergency situations may be the exception.

- As a general rule, patient health information may be disclosed when specifically authorized by the patient; when it is necessary for treatment, payment, or health operations; or when required by law. The facility Notice of Privacy Practices should detail these situations.

- Be aware of privacy rights and confidentiality when answering patients' questions, discussing or providing test results, discussing or providing the patient's medical condition, discussing or providing the patient's medical history, discussing or providing information about the patient's medication, discussing or providing information about the patient's treatment, or obtaining approvals.

- As a general rule, an adult patient's health information **cannot** be released to a patient's spouse or other family member without the patient's written authorization and approval. When in doubt, refer all questions to the facility supervisor by politely saying, *"I am sorry, but I cannot release information without the patient's specific written authorization. You will need to speak to my supervisor."*

- Patient information about an adult child should not be disclosed to a parent without the patient's authorization. For minors, patient information cannot be released to third parties without the consent of the parent or the patient's legal guardian.

- You should not allow medical information on computer screens to be visible to patients.

- You should never disclose a facility assigned computer password to anyone, including other employees. Passwords are assigned by facilities, as needed, and may be changed at appropriate intervals as the facility management see fit. Computer passwords are the sole property of the facility.

- You must keep patient charts, records, encounter forms, and other documents face down. Never leave patient health information documents where unauthorized persons can see them or take them.

- You should identify special receptacles marked “Patient Information to be Shredded” at the facility and use those specially marked receptacles when disposing of any written material that may contain protected patient health information

- When using the telephone, or speaking to others in person regarding patient health information, you should speak softly.

- Whenever possible, speak to patients about their medical information in private offices, exam rooms, or in the patient’s private room.

- The fact that an individual is a patient or a resident at any facility is confidential information.

- Unless you have a need to know, do not ask patients why they are at the facility, what problems they are having, etc.

- If you pull medical records, file information, etc.; do not read any more information than is necessary to complete the task at hand.

- Patient health information should never be discussed, or otherwise provided, in public or other areas of a facility where unauthorized persons could obtain protected information.

- You have the **responsibility** to question the identity and/or view the credentials and/or authorizing documentation of any person requesting to view, copy or remove a patient’s health information, at any time and for any stated reason. When in doubt, do not release, use, or disclose a patient’s health information unless you gain the authorization of the facility supervisor.

- Unless you are absolutely sure the facility has the patient’s explicit and written permission to use, disclose, or release patient health information, **DO NOT DO SO**!

ADVANCE DIRECTIVES: DEFINITION

An advance directive is a living will or durable power of attorney in which a person states his or her wishes regarding medical treatment in the event of mental incompetency or an inability to communicate.

Rest of the information and required forms will be available at client facility for all the new hires.

Advance Health Care Directive Form Instructions

You have the right to give instructions about your own health care.

You also have the right to name someone else to make health care decisions for you.

The Advance Health Care Directive form lets you do one or both of these things. It also lets you write down
your wishes about donation of organs and the selection of your primary physician. If you use the form, you may
complete or change any part of it or all of it. You are free to use a different form.

INSTRUCTIONS

Part 1: Power of Attorney

Part 1 lets you:

name another person as **agent** to make health care decisions for you if you are unable to make your own decisions. You can also have your agent make decisions for you right away, even if you are still able to make your own decisions.

also name an **alternate agent** to act for you if your first choice is not willing, able or reasonably available to make decisions for you.

Your **agent** may not be:

an operator or employee of a community care facility or a residential care facility where you are receiving care.

your supervising health care provider (the doctor managing your care)

an employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.

Your **agent** may make all health care decisions for you, unless you limit the authority of your agent. You do not need to limit the authority of your agent.

If you want to limit the authority of your agent the form includes a place where you can limit the authority of your agent.

If you choose not to limit the authority of your agent, your agent will have the right to:

Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

Choose or discharge health care providers (i.e. choose a doctor for you) and institutions.

Agree or disagree to diagnostic tests, surgical procedures, and medication plans.

Agree or disagree with providing, withholding, or withdrawal of artificial feeding and fluids and all other forms of health care, including cardiopulmonary resuscitation (CPR).

After your death make anatomical gifts (donate organs/tissues), authorize an autopsy, and make decisions about what will be done with your body.

Part 2: Instructions for Health Care

You can give specific instructions about any aspect of your health care, whether or not you appoint an agent. There are choices provided on the form to help you write down your wishes regarding providing, withholding or withdrawal of treatment to keep you alive.

You can also add to the choices you have made or write out any additional wishes.

You do not need to fill out part 2 of this form if you want to allow your agent to make any decisions about your health care that he/she believes best for you without adding your specific instructions

Part 3: Donation of Organs

You can write down your wishes about donating your bodily organs and tissues following your death.

Part 4: Primary Physician

You can select a physician to have primary or main responsibility for your health care.

Part 5: Signature and Witnesses

After completing the form, **sign and date it** in the section provided.

The form must be signed **by two qualified witnesses** (see the statements of the witnesses included in the form) **or** acknowledged before a notary public. **A notary is not required if the form is signed by two witnesses. The witnesses must sign the form on the same date it is signed by the person making the Advance Directive.**

See part 6 of the form if you are a patient in a skilled nursing facility.

Part 6: Special Witness Requirement

A Patient Advocate or Ombudsman must witness the form ***if you are a patient in a skilled nursing facility*** (a health care facility that provides skilled nursing care and supportive care to patients). See Part 6 of the form.

You have the right to change or revoke your Advance Health Care Directive at any time

If you have questions about completing the Advance Directive in the hospital, please ask to speak to a Chaplain or Social Worker.

We ask that you **complete this form in English**
SO your caregivers can understand your directions.

7345 Woodland Drive, Suite E, Indianapolis, IN 46278 Phone# 317-268-8525, Fax# 317-268-8526
www.onecallrehab.com

Advance Health Care Directive

Name: _____

Date: _____

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or change all or any part of it. You are free to use a different form.

You have the right to change or revoke this advance health care directive at any time.

Part 1 — Power of Attorney for Health Care

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent: _____

Relationship: _____

Address: _____

Telephone numbers: (Indicate home, work, cell): _____

ALTERNATE AGENT (Optional): If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of individual you choose as alternate agent: _____

Relationship: _____

Address: _____

Telephone numbers: (Indicate home, work, cell): _____

SECOND ALTERNATE AGENT (optional): If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of individual you choose as second alternate agent: _____

Address: _____

Telephone numbers: (Indicate home, work, cell): _____

(1.2) AGENT'S AUTHORITY: My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) to choose a particular physician or health care facility, and 3) to receive or consent to the release of medical information and records, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial the following line.

If I initial this line, my agent's authority to make health care decisions for me takes effect immediately. ____

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

_____

_____

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named_____ (initial here)

Part 2 — Instructions for Health Care

If you fill out this part of the form, you may strike out any wording you do not want.

(2.1) **END-OF-LIFE DECISIONS**: I direct my health care providers and others involved in my care to provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

❑ Choice Not To Prolong

I do not want my life to be prolonged if the likely risks and burdens of treatment would outweigh the expected benefits, or if I become unconscious and, to a realistic degree of medical certainty, I will not regain consciousness, or if I have an incurable and irreversible condition that will result in my death in a relatively short time.

Or

❑ b) Choice To Prolong

I want my life to be prolonged as long as possible within the limits of generally accepted medical treatment standards.

(2.2) **OTHER WISHES**: If you have different or more specific instructions other than those marked above, such as: what you consider a reasonable quality of life, treatments you would consider burdensome or unacceptable, write them here.
Add additional sheets if needed.)

Part 3 — Donation of Organs at Death (Optional)

(3.1) Upon my death (mark applicable box):

❑ I give any needed organs, tissues, or parts

❑ I give the following organs, tissues or parts only: _____

❑ I do not wish to donate organs, tissues or parts.

My gift is for the following purposes (strike out any of the following you do not want):

Transplant Therapy Research Education

Part 4 — Primary Physician (Optional)

(4.1) I designate the following physician as my primary physician:

Name of Physician: _____

Address: _____

_____

Telephone: _____

Part 5 — Signature

(5.1) EFFECT OF A COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign name:_____ Date:_____

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly nor an employee of an operator of a residential care facility for the elderly.

FIRST WITNESS

Print Name: _____

Address: _____

Signature of Witness: _____ Date: _____

SECOND WITNESS

Print Name: _____

Address: _____

Signature of Witness: _____ Date: _____

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate on his or her death under a will now existing or by operation of law.

Signature of Witness: _____

Signature of Witness: _____

Part 6 — Special Witness Requirement if in a Skilled Nursing Facility

(6.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OF OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code:

Print Name: _____ Signature: _____

Address: _____ Date: _____

Certificate of Acknowledgement of Notary Public (Not required if signed by two witnesses)

State of California, County of _____

On this _____day of ,_____, _____ before me, the undersigned, a Notary Public in and for said State, personally appeared , personally known to me or

proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed it.

WITNESS my hand an official seal. Seal

Signature _____