

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Youth Volunteer Application

General Information

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: _____ Male Female

Email address: _____

Availability to Help

Please check the days and times you are most available to volunteer,

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Qualifications

Have you volunteered here before? Yes No

Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor other than a traffic violation within the last five years? Yes No

If yes, please explain: _____

Why do you want to volunteer at Healthwin?

What do you hope to gain from your experience?

Education & Experience

(Please circle the last year completed)

Grade School 6 7 8 High School 1 2 3 4

School Attending: _____

Please list any volunteer work, hobbies or interests which you feel may be helpful in considering your application. _____

References

Please list below the name of one school, church, volunteer or work reference. This person must be an adult.

Name: _____ Relationship: _____

Address: _____ How long have you know this person? _____

_____ Daytime Phone: _____

Healthwin is hereby authorized to check references as supplied to verify the above information. I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program.

I understand that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position.

Volunteering means commitment to a definite program. Because I am promising to work without salary does not change the fact that other people depend on me. Before I commit my time, I will consider the main obligations which every volunteer should honor as conscientiously as if I were receiving wages. Obviously, failure to do so will negate my usefulness by creating extra work and anxiety for others instead of helping those who rely on me.

Youth are expected to leave after they have completed their assigned job. Children of staff must be supervised by someone other than their parent if they are volunteering during the parent's scheduled work shift. They must remain in the area where they are being supervised. You must be at least 12 years old to volunteer without supervision. Children under 12 that are accompanied by their parent/guardian may assist without volunteering under constant supervision.

Applicant's Name (Please print)

Applicant's Signature

Date

This applicant has my permission to volunteer at Healthwin.

Parent/Guardian Signature (required), if under 18

Date

Healthwin Specialized Care "A Little about You"

Name: _____
(Please print)

What clubs or organizations do you belong to?

- 1) _____
- 2) _____
- 3) _____

Check Interests:

INTERESTS:	Have Done	Can Lead	Can Assist
Art Class			
Bible Study and Devotions			
Bowling			
Card Making			
Cards: _____ (Specify game)			
Ceramics			
Checkers			
Chess			
Church (Help transport residents)			
Crafts			
Crocheting, Knitting, Sewing			
Decorating facility for events			
Entertain (Sing, play instruments or dance)			
Exercise			
Fishing			
Gardening			
Group (Sensory, Memory, etc.)			
Jewelry making			

Manicures			
Mass (Help transport residents)			
Movies (Watch with residents)			
One-on-One Visits			
Outings (Group)			
Parties (Help with)			
R. C. Modeling			
Reading to a resident			
Wii			
Woodworking			
Writing for a resident			

Occasionally we need individuals that can speak a foreign language. Please list any language(s) and fluency.

- 1) _____
- 2) _____
- 3) _____

If you have any ideas for activities, please share them with us.

Youth/Volunteer Training Sign-off Sheet

I, _____ attended the volunteer training program on _____. Staff went over, in detail, the outline listed below. I was provided with the outline during training so I could take notes. I was given time to ask questions and express concerns. I also know that I can ask questions at any time.

What is dementia?

- Dementia
- Retro genesis
- Affects on mind and body

What is CVA/Head Traumas?

- Medical definition
- Affects on mind and body

Why sensory activities

Interacting with Dementia Residents

- Give time to respond
- Enter the resident's world
- Never correct a resident's reality
- Keep it simple
- Non verbal
- Cueing
- Small responses
- Try to eat things

The Don'ts 101

- Do not give food to a resident
- Do not give liquids to a resident
- Do not transfer a resident (bed to chair)
- Do not take a resident to the restroom
- Do not talk to the resident like a child
- Do not call the resident honey or sweetie
- Do not talk about the resident as if the resident cannot hear you
- Do not sit or lean on resident's bed

The Do's 101

- Treat the resident like a person
- Smile and then smile some more
- Sanitize your hands frequently
- Location of sanitizers
- Knock before entering a resident's room

Skin Issues

- Thin skin
- What to do in case of skin tear
- Remove jewelry from hands and wrists

Transporting Residents

- Hands in lap and feet on rests
- Sitting crooked
- Push resident forward
- Elevators
- Call lights
- Fall risk residents

Inviting Residents

- Introduce Self
- Invite vs. Tell
- Strong Encouragement
- Resident Request

Alarms

- What they are
- What to do
- Falls

Policies

- Recording Hours
- Telephone Usage
- Dress Code
- Fire Plan
- Tornado Warning

Activity Ideas for small/sensory groups

- Music
- Crafts
- Exercise
- Reminisce
- Sensory boxes
- Hand Massage
- Puzzles
- Games

Activity Areas

- In case of an emergency
- Contact extensions
- Try to reach a nurse
- Dial zero-operator

Documenting

- Set up and Clean up
- Meds and Sugar test
- State Guidelines

Volunteer Signature

Date:

Volunteer Coordinator's Signature

Date:

HEALTHWIN Youth/Volunteer Training Manual

Dementia - Dementia is an umbrella term to describe brain function loss. There are multiple different types of dementia, most common is Alzheimer's, but there is also vascular dementia, alcoholic dementia, and organic dementia to name a few. Certain diseases can also lead to dementia, such as, Huntington's disease, Parkinson's disease, and multiple sclerosis.

Retrogenesis- your mind is put in reverse.

Five stages of dementia:

Stage 1-early stage:

Forgets recent events, names, numbers, loses things, trouble handling money, impaired judgment

Stage 2-early middle stage: functional ability range-early adolescence to eight years

Forgets address, repeats stories, forgets how to do familiar routine, difficulty making decisions

Stage 3- middle stage: functional ability range-seven to five years of age

Forgets day/week/month, forgets names of younger family members, forgets majors aspects of current life, needs help choosing proper clothing, needs reminders/assistance bathing, difficulty recognizing familiar objects

Stage 4-late middle stage: functional ability-five to two years of age

Forgets minute to minute experiences, can only do simple one step tasks, unable to care for personal needs, incontinent, and identifies with earlier life, hallucinations, and behavior problems

Stage 5- late stage: functional ability- from 15 months to newborn

Incontinent, bedridden, cannot talk/smile/hold up head, inability to feed self

CVAs/Head Traumas:

CVA (stroke) and head traumas are also frequently related to dementia. CVAs and head trauma can damage the brain enough that a person is diagnosed with a form of dementia.

For those who have had strokes often have limited to no movement on one side of the body. You will most often notice this with a resident's arm/ hand movement. Take this into consideration when working with a resident. For example, do not put a cup or other supplies on the resident's affected side.

Why Sensory Activities:

Having the ability to participate in an activity is important for everyone. Who wants to sit in a room and do nothing all day but stare at a wall? Dementia takes away one's ability to initiate an activity. Even worse, dementia takes away many of the skills needed to participate in activities. It has taken away their ability to communicate, their ability to feed themselves, and their ability to ambulate. But the senses are the last to go. How do you comfort a crying baby? You hold them and sing to them and speak loving words. Also, sensory stimulation has shown a decrease in agitation, restlessness and sleep

disturbances among those with dementia. Finally, studies show increase social interaction can lead to decrease in depression.

Interacting with Dementia Residents:

- Each resident will be able to interact at a different level. Until you are able to get to know how well the resident communicates please keep a few things in mind.
- Give them time to respond - This is especially true for those who have had strokes. They need more time to find the word they want to use. If they have not responded in over a minute try to rephrase the question/comment.
- Enter the resident's world. Your reality will often be different from a resident's reality. You might be living in the current year and they are living in 1953 or 1937.
- Never correct a resident's reality. Do not tell the resident: "your mom is not waiting for you. Your mom's been dead for years." This will only create heartache and confusion.
- Keep it simple. Do not ask complicated questions. Yes/no questions are great. Even when speaking to the resident keep your statements short.
- Non-verbal residents - Some resident are not able to respond verbally or if they do the response is nonsensical. Watch for facial expressions and gestures to know what the resident needs.
- Cueing - If you have ever babysat younger children you will be familiar with cueing. With some residents you will need to tell them what to do and encourage them to do it. Example: "Open your eyes Mary." "Look at me Mary." "Mary pick up the ball." "Mary squeeze the ball." If she does not squeeze the ball, demonstrate and then repeat command. If she still does not then provide hand over hand assistance. Offer encouragement- "Great job Mary." "You have the prettiest eyes Mary."
- Small Responses are Big Responses - For those in the advanced stages of dementia simple responses such as a smile following a simple command (squeeze my hand, look at me) and responding appropriately with a word are big responses.
- Everything is food - If you are doing an activity that involves small parts, monitor the residents closely. Very quickly the bead or small part can end up in the resident's mouth.

The Don'ts 101:

- Do not give food to a resident
- Do not give liquids to a resident
- Do not transfer a resident
- Do not take a resident to the bathroom
- Do not talk down to the resident or treat the resident like a child
- Do not call the resident by affectionate nicknames (i.e. honey, sweetie)
- Do not talk about the resident as if the resident cannot hear you
- Do not sit or lean on a resident's bed

The Do's 101:

- Do treat the resident like a person
- Do smile and then smile some more
- Do sanitize your hands frequently - Sanitation is available throughout the building in both wipes and foam
- Do knock on closed doors and wait for an answer before entering a resident's room. (Do not enter a room that is posted "ISOLATION" or "WPIMD and SKIN PRECAUTIONS" OR "NO VISITORS". There are times that residents prefer a time of privacy. There are other instances, such as medical condition, that the physician will order isolation and contacts with the resident will be limited to a few staff members. This will be done in the interest and safety for all.
- Do leave a room immediately and quietly if a Physician or a Nurse desires to see or treat a resident. The resident will need to be afforded privacy at this time.

Skin Issues:

- Thin skin - Some of the residents have such thin skin that their skin will tear with even mild pressure. This is something you really only need to worry about if you are rubbing the resident's hands and arms with lotion or provide hand over hand assistance. Staff will keep you informed on who has thin skin.
- Just in case....Accidents happen. If you do witness or cause a skin tear, let the volunteer coordinator or activity staff know ASAP.
- Jewelry - To help prevent skin tears, remove any jewelry on your hands or wrists. Also keep your nails well manicured (file jagged nails).

Transporting Residents:

- Make sure the residents hands are in his/her lap and away from the wheel.
- Make sure the residents feet are on the feet rests if the wheelchair has feet rests.
- If a resident is leaning funny in the wheelchair, do not move resident. Let nursing staff know so they can adjust the resident. Come back and check on the resident after care has been provided.
- Always push a resident forward, do not pull the resident backwards except when getting on elevators or getting out of close quarters.
- When taking a resident on the elevator do not leave them facing the back wall. Make sure they are turned around and facing the doors.
- When you bring a resident back to his/her room, make sure they can reach the call light.
- Some residents are a fall risk and should not be left alone in his/her room. If you are not familiar with the resident, ask the nurses staff where the resident should go.

Inviting Residents to an Activity:

- Introduce yourself to the resident
- Invite vs. Tell - Some residents are able to make an activity decision. Yes I want to go or no I do not. For others, they are not able to make a decision. You will learn who falls into which category. For the "tell" category, introduce yourself and then

tell them "it's time for exercise" or "we are going to go listen to music" and then just take them to the activity.

- Strong Encouragement - Some residents, who are able to accept or decline an invite, need extra encouragement to go. Tell them how much fun he/she will have. Let them know if they do not like the activity they can leave.
- Resident Request - Often when you go to invite someone to an activity, you will encounter resident needs. The resident will tell you I need to go to the bathroom or make another request. If you can fulfill the request (turning on the TV, picking something off of the floor) then please do. If it is a bathroom request or a transfer request then explain that you cannot but that you will turn the call light on. Make sure you turn the call light on before you leave the room.

Alarms:

What they are - If a resident is a fall risk alarms are attached to the wheelchair and/or bed. There are a couple of different alarm options. For the wheelchair, they can have a sensory pad and/or a belt. If they try to stand up the sensory pad will go off. If they take off their belt, the alarm will go off.

What to do - If you are doing a group activity and someone's alarm goes off, do not panic. Some of the alarms are rather sensitive and all the resident has to do is shift his/her weight and the alarm goes off. Other residents fidget with the belt and need to be redirected to keep the belt on. If the resident stands up, attend to the resident. Tell them to sit down. Ask them if they need something. If they do not follow verbal commands, place one hand on the residents shoulder, another on the wheelchair and just apply a little pressure to encourage the resident to sit down. Continue to provide verbal cues until the resident is seated.

Falls:

If for some reason a resident falls while in an activity, do not touch them. Get in contact with a staff person immediately. You can call the front desk, activity staff, or the volunteer coordinator.

Healthwin Volunteer Policies

Recording Hours:

Healthwin is required to keep a log of all volunteers volunteering. Please sign in when you arrive and when you leave each time you volunteer. The Volunteer sheet is located at the switchboard.

Hours are collected and recorded daily by the Volunteer Coordinator. These hours are used for reporting and community education purposes, among other ways. Hour sheets are kept on file by the Volunteer Coordinator after they have been recorded in the computer.

Telephone Usage

While volunteering we ask that you do not use your cell phones or to make or receive personal calls, except in the case of an emergency.

Dress Code

Business casual is the general acceptable attire for the entire facility. Dresses and skirts must be suitable length for you to perform your duties modestly. Dresses or tops with spaghetti straps and halter-tops are not allowed. There should be no bare midriff. Capri pants are acceptable. Shorts must be knee length. Name badges should be clearly visible at all times.

Fire Plan

When you hear a "Code F – Fire" three times by the Switchboard Operator you are going to assist staff in securing the residents in a safe area. You will then join those residents and remain there until you hear an all clear. If the staff needs your assistance please help them by taking residents to their room or to the activity they were participating in. If you are in an area that is near the fire, please start removing residents from that area immediately. Staff will be there to direct and assist you. If you are not involved in an activity, please go to the lobby until you hear an all clear.

Tornado Warning

In the event that a Tornado Warning is announced on the Civil Service Radio, the Switchboard Operator will immediately contact the Administrator. The Switchboard Operator will announce over the Paging system. "Code D – Tornado Warning" three times.

Each department has their own responsibility to assist its members of each department. For example, if you are assigned to the activity department, stay with the activity aide and help her check the library, activity kitchen, and great room. The same goes with the therapy department and beauty shop. Follow the instructions of the person in charge.

ACTIVITY IDEAS

Activity Ideas for small groups and sensory groups - If you have a talent or have another idea that is not listed, feel free to run it by the Volunteer Coordinator. You are not limited to the items listed below. Some of the items listed are not appropriate for some groups. Use your best judgment.

Music - We participate in sing –a-longs with the residents. When you are gathering for an activity, you want to turn on some music so the residents have something to listen to while they wait. The CD's /DVD's are stored in the great room and activity office. The CD players are in the activity kitchen. The residents do not care if you can sing or not, they just want the attention you give them while serenading them.

Craft/art - Craft items can be found in the activity kitchen and the back room of the activity kitchen. We have a little bit of everything (jewelry making, foam craft sets, scrapbooking, construction paper, card making, etc.).

Exercise - Residents love to do ball tosses. We have beach balls and balloons you can fill up for ball tosses. We also have a wheelchair basketball game. Items can be found in the back room of the activity kitchen.

Reminisce - We have a large collection of reminisce magazines. You can read to the residents and show them the pictures. Ask them questions about their own lives. Items can be found in the activity kitchen's back room.

Sensory boxes - These boxes are in the back room of the activity kitchen. We have a beach box, Christmas box, jungle box and music box. We also put together boxes as needed. The idea with the sensory boxes is to hit as many senses as we can by focusing on a certain topic.

Hand massage - We have sensory lotion in the activity office (perfumed lotion from Bath and Body). Make sure to sanitize your hands between residents. You can also heat up some water and use washcloths to wash their hands before applying the lotion. Make sure to use one washcloth per person.

Puzzles - We have a variety of puzzles in the great room. The residents prefer puzzles under 100 pieces.

Games - We have cards, dice, and multiple board games you can use with the residents. Everything may be found in the great room.

Activity Areas - We have multiple activity areas and each activity is scheduled to a room. The sensory/small groups usually take place in the great room, West I solarium, East I, East II or the West II solarium.

In case of an emergency: Contact extensions - Volunteer Coordinator ext. 288- Activity Staff ext. 204

Try to reach a nurse. There is to be someone from the nursing staff on the floor at all times. If you see someone flag them down and tell them you need help. Press "O" to reach the receptionist. The receptionist will call for help. The reception area is staffed from 8am-8pm, Monday through Sunday.

Documenting - If it is not documented, it never happened. Everything in healthcare must be documented. If you take the time out of your day to come do an activity, you deserve to get credit for your time. The only way we can do that is if you document what you did while you were here. Prior to doing a small group/sensory group, you need to come to the activity office and get a small group sheet. These sheets are kept in a binder on the shelf, the binder is labeled "small group". Make sure you fill out the sheet. Also make a note on the sheet of residents you invited but they refused or were resting in bed.

Before you leave for the day, make sure you turn the sheet in to activity staff or leave at the front desk for activity staff.

Set up and Clean up - For each activity you will need to do some set up and clean up. Make sure you give yourself enough time to set up before the activity is scheduled to start and then clean up before you leave.

Medicine and Sugar Tests - It is not uncommon for a nurse to stop you from taking a resident to an activity to give the resident medication or check blood sugar. If the nurse is tending to the resident right away you can wait for the resident. If it will be a few minutes feel free to leave the resident with the nurse, gather others and then come back for the resident.

State Rules/Guidelines - We have to be in compliance with state rules and guidelines. One of the many rules is that we need to spend time with each resident in a small group or sensory group. What we want to avoid is for a resident to come to a small group and not receive any attention. Some residents will be easier to interact with than others. Just do your best.

Healthywin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer of this healthcare facility, I must hold ALL resident medical information in the strictest of confidence.

I understand that a violation of any resident's rights to privacy or confidentiality of their medical information may result in punitive action against me, possibly immediate dismissal of volunteer.

I understand that I must be aware, at all times, of resident's rights to privacy, including when I am away from my designated area, such as when I am in the dining room or break room, in the hallways, or in any other part of the health care facility.

If I have access to computers within the health care facility, I will only access them for legitimate business purposes. In addition, I will not leave the computer screen unattended for any length of time, so as to allow other unauthorized access to medical information. I will not, under circumstances, divulge my computer password (allowing access to the computer system) to anyone at any time.

When I stop volunteering at this facility, I also understand that I still have a continued responsibility to uphold all resident rights to privacy. This means that I will not divulge confidential information about any resident at the facility, regardless of whether I am volunteering there or not.

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Volunteer Photographic Release (Under 18 years of age)

As the Volunteer Representative, I understand that the Volunteer has the right to refuse the taking of a photograph at any time. Recognizing that right, I/we hereby authorize Healthwin to photograph and use pictures of the Volunteer for the following purpose(s):

- Photographs necessary for identification.
- Facility brochure or other Facility advertisement.
- Internal Facility functions, e.g., birthdays, and special events.
- Other (specify) _____

Signature of Parent/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: HIPAA Compliance

RECOMMENDER: Human Resources

SCOPE OF PRACTICE: All Departments

SECTION: Human Resources

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:			Executive Team

- CONCURRENCES:**
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> All Departments
<input type="checkbox"/> Administration
<input type="checkbox"/> Activities
<input type="checkbox"/> Business Office
<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Laundry
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Marketing/Admissions
<input type="checkbox"/> MDS
<input type="checkbox"/> Medical Records | <input type="checkbox"/> Nursing
<input type="checkbox"/> Nutritional Services
<input type="checkbox"/> Quality of Life
<input type="checkbox"/> Respiratory Care
<input type="checkbox"/> Restorative
<input type="checkbox"/> Switchboard
<input type="checkbox"/> Social Services
<input type="checkbox"/> Staff Development
<input type="checkbox"/> Therapy
<input type="checkbox"/> Human Resources | <input checked="" type="checkbox"/> Orientation policy |
|---|--|--|

POLICY:

It is the policy of this facility to protect resident protected health information. (PHI includes oral, recorded, paper, or electronic information relating to a resident's physical or mental health, services rendered or payment of those services in the past, present, or future) from unauthorized use, access to, or release.

Resident data must be protected when it contains personal information that connects the resident to his or her medical record including:

- The individual's name or address
- Telephone numbers
- Electronic mail addresses
- Medical record numbers

HIPAA Compliance Policy
 Initiated: July 1, 2009
 Revised: November 1, 2011
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- Full face photographic images
- Social Security or other identification numbers
- Physician's personal notes
- Billing information

Examples of PHI include:

- Resident care plans
- Weekly wound or skin logs
- Admissions and referral forms
- Restraint logs
- Incident reports

PROCEDURE:

Unauthorized Use, Access, or Release of Information

1. Our facility will not condone the unauthorized use, access to, or release of protected resident health information as defined by current HIPAA rules and regulations.

Reporting Violations

2. Personnel who suspect or who have knowledge of violations of our HIPAA policies and procedures must promptly report such information to the Healthwin Compliance Officer or to the Anonymous Compliance Legal Line at 1-800-808-3198.

Whistleblower Exception

3. PHI may be disclosed under the whistleblower exception. Under that exception, disclosure to a health oversight agency or public health authority authorized by law to oversee the conduct of the facility is permissible if you have a good faith belief that the facility:
 - I. Is engaged in unlawful conduct.
 - II. Is in violation of professional or clinical standards.
 - III. Is endangering its residents, workers, or the public.

PHI may also be disclosed under the Workforce Member Crime Victim exception. Under this exception, you may disclose PHI to a law enforcement official if:

- I. You are the crime victim.
- II. The PHI is about the criminal suspect.
- III. The PHI is limited to name and address; date and place of birth; social security number; ABO blood type and Rh factor; type of injury; date and time of treatment; date and time of death (if applicable); and a description of distinguishing physical

characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.

Complaints

4. Individuals may submit complaints related to Healthwin's HIPAA Compliance Officer regarding the privacy policies and procedures and the Privacy Rule to the Healthwin Compliance Officer. Complaints may also be submitted to the Secretary of the U.S. Health & Human Services Department.

HIPAA Policies and Procedures

5. Policies and procedures governing the protection of resident information are outlined in our HIPAA Compliance Manual. A copy of such manual is located in the HR Director's office.

**Healthwin Specialized Care
Volunteer Acknowledgement**

HIPAA Violation Sanctions

I have been given a copy of the HIPAA Violation Sanctions Policy effective May 22, 2014. I have been encouraged to ask questions regarding this policy and I have a complete understanding of this policy.

Volunteer Signature

Date

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Abuse Reporting and Investigation

RECOMMENDER: Administration

SCOPE OF PRACTICE: All Staff

SECTION: Abuse and Neglect

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:			Executive Leadership
			Executive Leadership
CONCURRENCES:	<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Administration <input type="checkbox"/> Activities <input type="checkbox"/> Business Office <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance <input type="checkbox"/> Marketing/Admissions <input type="checkbox"/> MDS <input type="checkbox"/> Medical Records	<input type="checkbox"/> Nursing <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Quality of Life <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Restorative <input type="checkbox"/> Switchboard <input type="checkbox"/> Social Services <input type="checkbox"/> Staff Development <input type="checkbox"/> Therapy <input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Orientation policy

PURPOSE:

To establish guidelines for policies and procedures that prohibit mistreatment, neglect, and abuse of resident and misappropriation of resident property, and to assure the residents will be free of verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion by implementing procedures for screening, training, prevention, identification, investigation, protection and reporting/response to all allegations of abuse.

POLICY:

It is the policy of this facility that allegations of abuse be reported and thoroughly investigated. It is also the policy of this facility to prevent overtaxing employees by monitoring and attempting to prevent "burnout" of staff for their well-being and the safety of residents in their care.

Abuse Reporting And Investigation

Initiated: 5/15/01

Revised: 10/06/2010, 10/21/10, 12/1/10, 10/24/11, 9/18/12, 2/22/13

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PROCEDURE:

1. The facility will not permit a resident to be subjected to abuse by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
2. To assist the facility in defining incidents of abuse the following definitions are provided:
 - a. **Abuse:** "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish". This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish
 - b. **Verbal abuse** - any use of oral, written, or gestured language that includes disparaging and derogatory terms to resident or family, within hearing distance, to describe resident, regardless of age, ability to comprehend, or disability. Rudeness expressed to a resident may be regarded as verbal abuse.
 - c. **Sexual abuse** - includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. **Physical abuse** - hitting, slapping, pinching, kicking etc., including controlling behavior through corporal punishment
 - e. **Involuntary seclusion** – separation of resident from other residents from (or in) his/her room against resident's will or the will of responsibility party. (NOTE: Temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the Medical Director and/or Director of Nursing, and such action is consistent with resident's care plan.)
 - f. **Mental abuse** - includes, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g. **Neglect** - Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
 - h. **Misappropriation of Resident Property** – The deliberate misplacement, exploitation or wrongful, temporary or permanent, use of a resident's belongings or money without the residents consent.
 - i. **Crime:** Section 1150B (b) (1) of the Social Security Act provides that a "crime" is defined by law of the applicable political subdivision where a LTC facility is located. Long Term Care facilities must coordinate with their local law enforcement entities to determine what actions are considered crimes within their political subdivision.
 - j. **Law Enforcement:** Section 2011 (8) of the Social Security Act as the full range of potential responders to elder abuse, neglect, and exploitation including:

Abuse Reporting And Investigation

Initiated: 5/15/01

Revised: 10/06/2010, 10/21/10, 12/1/10, 10/24/11, 9/18/12, 2/22/13

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police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigator; and coroners.

- k. **Exploitation:** The term "exploitation" is defined in section 2011 (8) of the Social Security Act as fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets.
 - l. **Serious Bodily Injury:** an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.
 - m. **Willful:** An intentional act (in contrast to an accidental or involuntary act) done by one who is or should be aware of the act's consequences.
 - n. **Injury of unknown source:** When both the source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
 - o. **Immediately:** As soon as possible, but ought not exceed **2 hours** if reasonable suspicion of a crime or serious bodily injury has occurred, or **immediately** after discovery of the incident for all other seasons of an unusual occurrence.
3. Staff is trained to recognize the signs and symptoms of abuse and neglect. Any staff member who has knowledge of or reasonable cause to believe a resident has been or is being abused, or has knowledge a resident has sustained a physical injury which is not reasonably explained by the history of injuries provided in the medical record, is obligated to make an immediate oral report to their nurse supervisor, and the Administrator. Any staff member who has knowledge of any reasonable suspicion of a crime that has occurred, and has not reported immediately within **2 hours**, may be subject to civil money penalties not to exceed \$200,000.00. If the resident sustained a serious injury from the crime the employee had knowledge of or a reasonable suspicion of and did not report to the appropriate entities, the employee may be subject to civil money penalties not to exceed \$300,000.00. Any staff member has the right to report reasonable suspicions of a crime directly to the ISDH and/or to local law enforcement without retaliation occurring.
- The following are some examples of reportable incidents. When in doubt, staff should always report.
- a. Signs of Physical Abuse
 - Welts/Bruises
 - Abrasions or lacerations

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- Fractures, dislocations or sprains of questionable origin
 - Black eyes or broken teeth
 - Improper use of restraints
 - Sexual exploitation
 - Rape
 - Excessive exposure to heat or cold
 - Involuntary seclusion
 - Multiple burns or human bites
- b. Signs of Physical Neglect
- Malnutrition and dehydration
 - Poor hygiene
 - Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for season)
 - Decayed teeth
 - Improper use/administration of medication
 - Inadequate provision of care
 - Caregiver indifference to resident's personal care and needs
 - Failure to provide privacy
 - Leaving someone unattended who needs supervision
- c. Possible signs/symptoms of psychological abuse/neglect
- Resident clings to abuser/caregiver
 - Paranoia
 - Depression
 - New or increasing confusion or disorientation
 - Withdrawal
 - Inconsistent injury explanation
 - New or more frequent expressions of low self esteem or self worth
 - Anger
 - Suicidal ideation
4. A Resident Incident Investigation Form will be used for documenting the progress of the investigation.
5. All incidents of abuse or suspected abuse must be reported immediately to the Administrator, as well as the resident's responsible party. An immediate investigation must begin and the findings of such investigation will be reported to the Administrator as the investigation unfolds. If the incident is a reasonable suspicion of a crime, the Administrator or designee will contact the ISDH and law enforcement by telephone or fax or by e-mail immediately within 2 hours or immediately upon determining a situation exists or existed that is reportable under the ISDH guidelines for reporting unusual occurrences. In addition to reporting occurrences to the ISDH, reports shall be made to the Adult Protection Agency and the local Ombudsman. The SDOH will receive a final report of the investigation within five (5) working days of the occurrence.
6. Should the investigation reveal that suspected or actual abuse occurred; the report must include, but is not limited to:

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- a. Name of resident involved
 - b. Date and time incident occurred
 - c. Circumstances surrounding incident
 - d. Where incident took place
 - e. Name of any witnesses
 - f. Name(s) of person(s) charged with committing the act
 - g. Recommendations for corrective action; and
 - h. Other information that may be requested or appropriate.
7. All reports of abuse will be investigated by law enforcement agencies designated by the State licensing agency to handle such complaints (i.e., Attorney General).
 8. Should the investigating agency determine through its investigation process that abuse has occurred, such agency will notify the person(s) implicated in the act that:
 - a. He/she will have thirty (30) days to request a hearing to present evidence, either in person, in writing, or through witnesses to refute allegations.
 - b. He/she may have an attorney present at the hearing.
 - c. In the event it is determined that he/she did not neglect, abuse, and/or misappropriate resident property, all hearing records and investigation reports will be destroyed, and the individual and facility will be notified of such action.
 - d. In the event he/she is found to have neglected, abused or misappropriated resident property, the findings of the hearing will be reported to the individual, facility Administrator and to the state registry within thirty (30) days.
 9. Inquiries concerning abuse reporting and investigation should be referred to the Administrator and/or Director of Nursing.
 10. Employees are counseled during orientation regarding the symptoms of "burnout," which may include:
 - a. Irritability
 - b. Inability to concentrate
 - c. Generalized fatigue, regardless of sleep status
 - d. Increasing forgetfulness
 - e. Physical ailments, such as, but not limited to, stomach upset, headache, muscle tension
 - f. Feelings of depression and/or hopelessness
 - g. Inability to adequately perform familiar tasks
 - h. Loss of interest in work or pastimes
 11. Employees are encouraged to do the following to prevent "burnout" from occurring:
 - a. Receive adequate rest/sleep
 - b. Participate in appropriate relaxation and exercise befitting employee's interests and level of conditioning
 - c. Take assigned breaks and lunch periods
 - d. Participate in diversional activities outside of work, which are dissimilar to job duties
 - e. Establish trusting relationship with another for ventilation of feelings and feedback
 - f. Participate in activities which promote enjoyment and laughter

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12. Employees are strongly urged to report symptoms or feelings of "burnout" to their supervisors.
13. Employees are not to work more than seventeen (17) hours in one day and are not to work double shifts on more than three (3) consecutive days.
14. If employee wishes to work more than three (3) double shifts in any one-week period, permission must be obtained from the Director of Nursing or Administrator.
15. Not less than annually, the facility will provide educational programs related to the care and well-being of staff. Examples of this type of program may include healthy lifestyles, relaxation techniques for caregivers, coping with stress, communicating feelings in a positive manner, etc.
16. If an employee suspects "burnout" in another employee, he/she is to report this suspicion to the supervisor.
17. The facility provides a mentoring program for new employees designed to facilitate transition into the working environment in a positive manner and encourage professional relationship building to reduce alienation and stress.
18. Employees are encouraged to use PTO days for adequate vacation times.

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ABUSE POLICY
VOLUNTEER ACKNOWLEDGEMENT

Residents of this facility are to be treated with dignity and respect. Any individual who willfully abuses, mistreats or neglects a resident or misappropriates a resident's property or money will be terminated. Any volunteer with knowledge of another abusing, mistreating or neglecting a resident or misappropriating a resident's property and fails to report it will be terminated.

Actual cases of abuse or misappropriation of property will be reported to the police and ISDOH. The facility will prosecute the offender. Any volunteer who is the object of an investigation into alleged abuse, neglect, mistreatment of a resident, misappropriation of resident property may be suspended or reassigned pending the outcome of the investigation.

I UNDERSTAND THAT I WILL BE DISCHARGED FROM VOLUNTEERING AT THIS FACILITY IF I DO NOT REPORT ANY INCIDENTS OF ABUSE, MISTREATMENT, NEGLECT, OR MISAPPROPRIATION OF PROPERTY.

I UNDERSTAND THAT I WILL BE DISCHARGED IF I AM THE PERPETRATOR OF ABUSE, MISTREATMENT, NEGLECT, OR MISAPPROPRIATION OF PROPERTY.

(PRINTED NAME)

(DATE)

(SIGNATURE)

(WITNESS)

BILL OF RESIDENT RIGHTS

Our facility will protect and promote each of the following rights:

Exercise of Rights.

1. You have the right to exercise your rights as a resident of the facility and as a citizen or resident of the United States.
2. You have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising your rights.
3. If you are adjudged incompetent under the laws of this state by a court of competent jurisdiction, your rights will be exercised by the person appointed under state law to act on your behalf.
4. If you are not adjudged incompetent by a state court, any legal surrogate designated according to state law may exercise your rights, to the extent provided by state laws.

Notice of Rights and Services.

5. You have the right to be informed prior to or upon admission and during your stay both orally and in writing in a language you understand of your rights and all rules and regulations governing your conduct and responsibilities during your stay in the facility.
6. You have the right, upon oral or written request and 24-hour notice (excluding weekends and holidays), to have access to all records pertaining to you, and upon request and two working days advance notice, to purchase photocopies of all such records.
7. You have the right to be fully informed in language you understand of your total health status including, but not limited to your medical condition.
8. You have the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive such as a living will or a durable power of attorney for health care, recognized under state law relating to the provision of health care when you are no longer able to make decisions.
9. You have the rights to be informed in writing at the time of admission to the facility, or when you become eligible for Medicaid, of items and services that are included in nursing facility services under the Medicaid program in this state and for which you may not be charged. You also have the right to be informed of those other items and services that the facility offers and for which you may be charged, the amount of charges, and to be informed when changes are made to items and services paid for and not paid for by the Medicaid program in this state.
10. You have the right to be informed before or at the time of admission and periodically during your stay of services available in the facility and of charges for those services including any changes for services not covered under the Medicare program or by the facility's per diem rate.
11. You have the right to file a complaint with the State Survey and Certification Agency concerning abuse, neglect, and misappropriation of property in the facility and non-compliance with the advance directive requirements.
12. You have the right to be informed of the name, specialty, and way of contacting the physician responsible for your care.
13. Except in a medical emergency or if you have been adjudged incompetent, you have the right to be informed immediately whenever.
 - a. You are involved in an accident which results in injury and could require physician intervention.
 - b. A significant change occurs in your physical, mental, or psychosocial status.
 - c. There is a need to alter treatment significantly.
 - d. A decision is made to transfer or to discharge you from the facility.
 - e. A change in room or roommate assignment occurs.
 - f. There is a change in your rights under federal or state law or regulations.

You also have the right to have your attending physician consulted regarding the above (except e. and f.) and to have your legal representative or interested family member notified promptly.

Resident Funds.

14. You have the right to manage your financial affairs and the facility may not require that you deposit your personal funds with the facility. The facility may not impose a charge against your personal funds for any item or service for which payment is made under Medicare or Medicaid (except for applicable co-insurance and deductible amounts). The facility may charge you for requested items or services that are more expensive than or in excess of covered services. A description of the manner of protecting personal funds is contained in the Policy on Protection of Resident's Funds.

Free Choice.

15. You have the right to choose a personal attending physician.
16. You have the right to be fully informed in advance about care and treatment and of any changes in the care of treatment that may affect your well-being and to participate in planning care and treatment or changes in care and treatment, unless you have been adjudged incompetent or found to be incapacitated under state law.

Privacy and Confidentiality.

17. You have the right to personal privacy and confidentiality of your personal and clinical records. Personal privacy includes privacy in accommodations, medical treatment, written and telephone communications, personal care, visits and meetings of family and resident groups, but this does not require facility to provide a private room.
18. You have the right to approve or refuse the release of personal and clinical records to any individual outside the facility.,
except:
 - a. When you are transferred to another health care institution; or
 - b. When record release is required by law.

Grievances.

19. You have the right to voice grievances with respect to treatment or care that is, or fails to be furnished, without discrimination or reprisal for voicing the grievances. You have the right to prompt efforts by the facility to resolve grievances you may have, including those with respect to the behavior of other residents.

Examination of Survey Results.

20. You have the right to examine the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction in effect with respect to the facility. The facility will either post the results or a notice of their availability in a place readily accessible by you.
21. You have the right to receive information from agencies acting as client advocates and to be afforded the opportunity to contact these agencies.

Work.

22. You have the right to refuse to perform services for the facility. You have the right to perform services for the facility if you choose to do so and agree to the work arrangement described in the plan of care. The facility will document the need or desire for work in your plan of care. The plan will specify the nature of the services performed and whether voluntary or paid. Compensation will be at or above the prevailing rates.

Mail.

23. You have the right to privacy in written communication including the right to send and promptly receive mail that is unopened and to have access to stationery, postage, and writing implements at your own expense.

Access to Facility/Visitation Rights.

24. You have the right to receive visitors and the facility must allow access to you for any such visitors at any reasonable hour.
25. You have the right and the facility must allow access to you for any such visitors at any reasonable hour.
 - a. Any representative of the Secretary of the Department of Health and Human Services.
 - b. Any representative of the state.

- c. Your individual physician.
- d. The state long term care ombudsman.
- e. The agency responsible for the protection and advocacy system for developmentally disabled individuals.
- f. The agency responsible for the protection and advocacy system for mentally ill individuals.
- g. Immediate family or relatives, subject to your right to deny or withdraw consent at any time.
- h. Others, including any entity or individual that provides health, social, legal, or other services to you, subject to your right to deny or withdraw consent at any time.

Telephone.

26. You have the right to reasonable access to the private use of a telephone.

Personal Property.

27. You have the right to retain and use personal possessions including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights to health and safety of other residents.

Married Couples.

28. You have the right to share a room with your spouse if you live in the same facility and you both consent to the arrangement.

Self-Administration of Drugs.

29. You have the right to self-administer drugs if the interdisciplinary team has determined, for you individually, that this practice is safe.

Admission, Transfer, and Discharge Rights.

30. You have the right to remain in the facility and not be transferred (including transfers to a bed outside the certified facility) or discharged from the facility unless:
- a. The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility.
 - b. The transfer or discharge is appropriate because your health has improved sufficiently so you no longer need the services provided by the facility.
 - c. The safety or health of individuals in the facility is endangered.
 - d. You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) your stay at the facility.
 - e. The facility ceases to operate.
31. When transfer or discharge occurs for any of the above-referenced reasons, you have the right to have the reason for the transfer or discharge documented in your medical record (except 30.e) and to have written notice of the reason given to you and your family member or legal representative in a language and manner you and they understand. This notice will include: the reason for the transfer or discharge, the effective date of the transfer or discharge, the location to which you are being transferred or discharged, a statement that you have to appeal the action to the state agency designated by the state for such appeals, and the name, address, and telephone number of the state long term care ombudsman.

For residents with developmental disabilities, the notice will include the mailing address and telephone number of the agency Responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act.

For nursing home residents who are mentally ill, the notice will include the telephone number of the agency responsible for the Protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

You also have the right to be provided by the facility with sufficient preparation and orientation to insure safe and orderly transfer or Discharge from the facility.

32. You have the right, without effecting your eligibility or entitlement to Medicaid benefits, to refuse a transfer to another room within the facility, if the purpose of the transfer is to relocate you from:

- a. that part of the facility, if any, that is Medicare-certified to a noncertified part of the facility: or
- b. that part of the facility that is not Medicare-certified to the Medicare-certified part of the facility (if any).

Resident Behavior – Facility Practices.

33. **Restraints.** You have the right to be free from any physical restraints or psychoactive drugs which are used for the purpose of discipline or convenience and are not required to treat your medical symptoms. Restraints may only be imposed:
- a. To ensure your physical safety or the physical safety of other residents.
 - b. Only upon the written orders of a physician. The orders must specify the duration and circumstances under which restraints are restraints are to be used, except in emergency circumstances specified by the Secretary, until such order could reasonably be obtained.
34. **Abuse.** You have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Resident's Rights Acknowledgement

I have been instructed in Resident's Rights and understand my responsibilities in upholding them as a volunteer of Healthwin Specialized Care. I also acknowledge that any infraction of resident's rights can result in my immediate termination.

Volunteer Signature: _____ Date: _____

Abuse Prohibition Review for Employees

Introduction

Abuse Prohibition/Know Your Role

"The resident has the right to be free from verbal, sexual, physical, and mental abuse, misappropriation of property, exploitation, corporal punishment, and involuntary seclusion."

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes deprivation by an individual of goods or services necessary to attain or maintain physical, mental and psychosocial well-being. Also, verbal abuse, sexual abuse, physical abuse, and mental abuse include abuse facilitated or enabled through use of technology.

Willful means the individual must have acted deliberately; not that he/she must have intended to inflict injury or harm.

Recognize the Different Types of Abuse:

- **Verbal** – Something said – oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend, or disability. Rude comments.
- **Physical** – Something done to the resident but not limited to hitting, slapping, pinching, kicking etc., report of rough treatment. It also includes controlling behavior through corporal punishment.
- **Emotional/Mental Abuse** – Humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s).
- **Sexual** - Non-consensual sexual contact of any type with a resident. Harassment, coercion or sexual assault
- **Involuntary Seclusion** – A separation of a resident from other residents or from his/her room or confinement against the resident's will or the will of the legal representative
- **Exploitation** - Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- **Neglect** - Failure of the facility, its employees or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- **Misappropriation** – The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of resident's belongings or money without the resident's consent.
- **Mistreatment** - The inappropriate treatment or exploitation of a resident.
- **Injuries of Unknown Source** - An injury should be classified as an injury of unknown source when both of the following conditions are met:
 - 1. The source of the injury was not observed by any person or the source of the injury could not be explained. AND
 - 2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not vulnerable to trauma) or the number of injuries observed at one particular point in the time or the incident of injuries over time.

You are Responsible to Immediately Protect the Resident should you SUSPECT OR WITNESS Abuse/Neglect.

- You must stay with the resident and call for assistance
- Ask a caregiver to leave the room if he/she is witnessed to be abusive to the resident

What is our facility's policy regarding reporting abuse?

To whom do you report?

- Administrator IMMEDIATELY

How should you report?

- Verbally – Administrator IMMEDIATELY
 - Business hours – x 215 or have Administrator paged
 - After hours - (574) 276-4403 – Cell - Call or Text
- In writing – if requested by the Administrator or Direct Supervisor
- Form Used – Healthwin Resident/Family Grievance/Concern form

When should you report?

- IMMEDIATELY

You must report when you....

- Actually see/witness/ or hear of an incident that you suspect is abuse or neglect
- Observe signs that "suggest" abuse or neglect may be happened, including a change in the resident's behavior/demeanor (e.g., a resident becomes quiet, withdrawn or flinches as if fearful when touched?)
- ANY Adverse event which is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.

You don't make a determination that abuse or neglect "has" or "has not" occurred and then decide whether to report. If the resident makes an allegation (even if it doesn't seem that it can be true) it must be reported to the Administrator IMMEDIATELY.

I have read and understand the above information, as well as our facility's policy regarding Abuse Prohibition and Immediate reporting if abuse is alleged by a resident or witnessed.		
Employee Signature	Printed Name	Date

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Resident Photographs

RECOMMENDER: Administration

SCOPE OF PRACTICE: All Employees

SECTION: Human Resource

PURPOSE/REQUIRED STANDARDS:

Regulations at F-226 require facilities do all that is within their control to prevent occurrences of abuse. Each resident has the right to be free from all types of abuse, including mental abuse. Mental abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). Taking photographs and/or videos of residents or their personal belongings is a violation of residents' rights to privacy and confidentiality.

POLICY:

1. All photographs or videos of residents will only be taken by an employee having written authorization from the Administrator as indicated below.
2. Photographs taken by this facility will be used for the purposes of resident identification, internal facility functions, facility brochures, facility website and facility activities with resident's written consent.
3. Any employee or past employee that takes photographs or videos of any resident that is not authorized may be considered abuse.
4. No current or past employees will post pictures, videos, comments, etc., on social media of any kind that pertains to anyone within this facility. Doing so may result in immediate termination or litigation.
5. Permission will be obtained by the resident and/or resident's sponsor prior to any photographs taken.
6. All staff are required to adhere to this policy and sign a copy for their personnel file indicating they have read and understand.
7. Upon discharge of the resident, the photograph will become property of the facility for medical record purposes.

Initiated: September 14, 2016

Revised:

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Resident Photographs Policy Acknowledgement Form

I have been given the Resident Photographs Policy effective September 14, 2016. I have reviewed it and I understand disciplinary actions may be taken if I violate the policy.

Employee Signature: _____

Employee Printed Name: _____

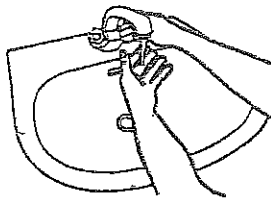
Date: _____

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds

0



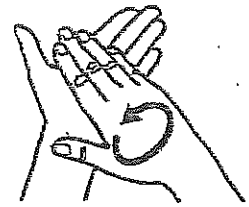
Wet hands with water;

1



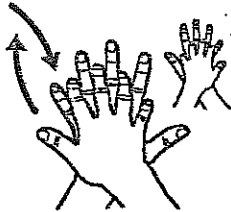
Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



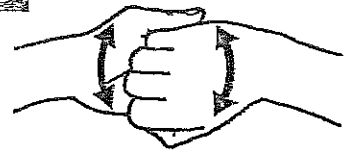
Right palm over left dorsum with interlaced fingers and vice versa;

4



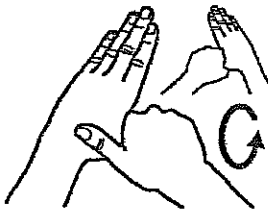
Palm to palm with fingers interlaced;

5



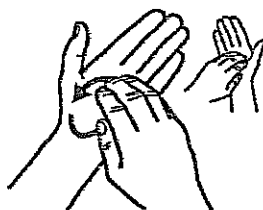
Backs of fingers to opposing palms with fingers interlocked;

6



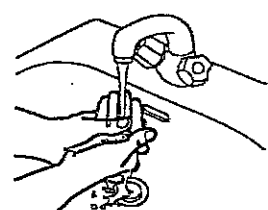
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



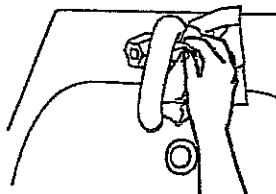
Rinse hands with water;

9



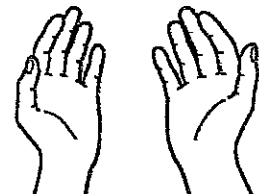
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health Organization

Patient Safety


A World Alliance for Patient Safety

SAVE LIVES

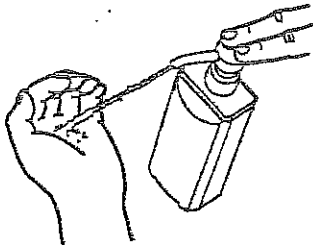
Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

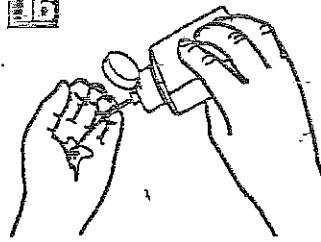
 Duration of the entire procedure: 20-30 seconds

1

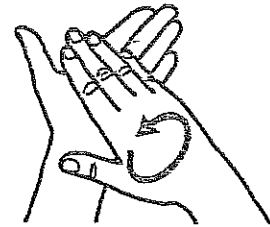


Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

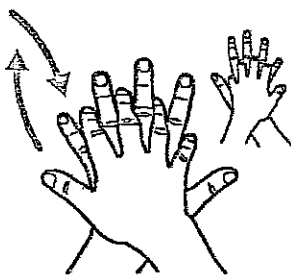


2



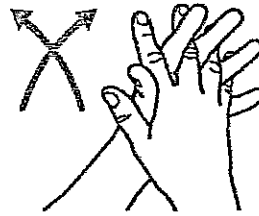
Rub hands palm to palm;

3



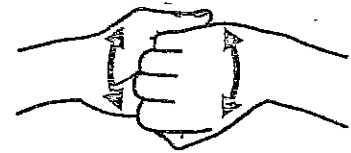
Right palm over left dorsum with interlaced fingers and vice versa;

4



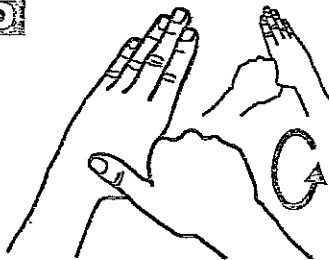
Palm to palm with fingers interlaced;

5



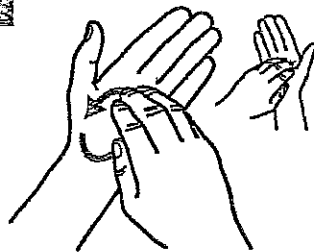
Backs of fingers to opposing palms with fingers interlocked;

6



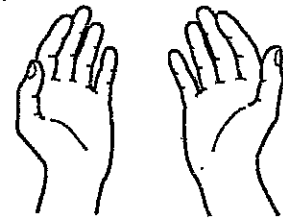
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health
Organization

Patient Safety

A World Alliance for Safe Health Care

SAVE LIVES

Clean Your Hands

NAME _____
DATE _____

HANDWASHING /OSHA
2016

1. Universal Precautions require that you treat all patients as though they may be infectious.

True False

2. Both people and objects can be sources of infection.

True False

3. Does it matter how long I clean my hands with Soap & Water or Hand Gel?

YES NO

4. How long should you wash your hands with Soap & Water?

5. How long should you rub your hands together with Hand Gel?
