



Employee Handbook

1-800-872-4427

Office - 630.236.3501 Fax - 630.236.3505
Intermittent Visits - 630.585.0074 Fax - 630.236.3505

RN 24 hours on-call (**Press #1 for emergencies**)

www.ahhc-1.com

1660 N. Farnsworth Ave., Ste. 3 Aurora, IL 60505

Office Hours are Monday – Friday 8:00 A.M. – 4:30 P.M.
Except Holidays and Weekends

Quality Checks Available @

www.medicare.gov under Midwest Healthcare Associates
www.jointcommission.org American Home Health
Joint Commission phone # (800)994-6610
Illinois Department of Public Health Complaint Registry 1(800)252-4343

Revised 12/11



Table of Contents

3	Welcome
4	Mission Statement
4	Our Philosophy
4	Client-Centered Care
4	Client Bill of Rights and Responsibilities
5	General Home Care Policies
7	Policies and Procedures
8	Payroll Procedures
8	Benefits
10	Performance Evaluations
10	Employment Policies
11	Risk Management
14	APPENDIX A – Guidelines For Nurses Working in Home Care
20	APPENDIX B - After Hours Emergency Phone
21	APPENDIX C - Military Time
22	APPENDIX D – Pay Schedule 2010-2011
23	APPENDIX E – Bloodborne Pathogens
24	APPENDIX F – Universal Precautions Policy
25	APPENDIX H - HIPAA
25	APPENDIX G – Organizational Chart
27	Summary of Notice of Privacy Practices
28	Clients Notice of Privacy Practices
30	APPENDIX I – Employee Handbook Sign Off
30	APPENDIX J – Confidentiality Agreement

Welcome

Dear Colleague,

Welcome aboard! You are embarking on a challenging and rewarding career. It is my pleasure to welcome you as a new staff member. You have become a part of an organization that prides itself on honesty, integrity, and compassionate service to our clients. With the commitment of hardworking staff like you, we have been able to successfully serve the home healthcare needs of our communities for over 15 years. The next pages will describe what will be expected of you and what you can expect from American Home Health Corporation. We look forward to a long and mutually beneficial relationship with you, providing exemplary, client-centered healthcare in a home environment.

Our philosophy is simple, “We provide prompt and caring healthcare to our clients in an appropriate setting, their home. Our commitment to excellence in service is reflected in our client care and individualized scheduling, using only the best qualified, motivated and dedicated nurses.”

Home healthcare has emerged as a positive solution to the complex problems in healthcare. Technological advances allow sophisticated medical treatments to be performed in the home. Home healthcare is a safe and less costly alternative to hospitals and nursing homes.

Our employees are this company’s most valuable assets. This handbook is a guide that will help you understand how you and AHHC can work together toward a shared success. We ask that you take the time to read it and familiarize yourself with our company philosophy, policies, and procedures. If anything in this handbook is not clear to you, or if you need more information, please call the Human Resources and Finance Director at (630) 236-3501.

Your continued success depends on open communications. Please feel free to call me if I can help you in any way to make your career with American Home Health successful. My number is (630) 236-3501.

I look forward to working together with you.

Sincerely,

Jan Fulfs

Janet Fulfs, R.N., BSN
President

Mission Statement

American Home Health Corporation values are client-centered. We provide compassionate, cost effective home health care to clients throughout the Chicago area. We perform our professional services with pride and respect. The client's dignity and sustained well-being are our guiding principles.

Our Philosophy

You are our most valuable asset. We expect you to represent your profession and AHHC in a fashion, which will result in the satisfaction of our clients and referral sources. This will enable us to provide more services for clients and more work for you. We provide a wide variety of nursing opportunities including private duty, intermittent infusion, pediatric, and adult care services in the home. This is our only business.

We have a commitment to our clients and their families to provide the best care in a cost effective way. We are careful in our screening and hiring process, and we believe that continuing education and training of our employees is paramount to quality services and client satisfaction. Our goal is to make you the best you can be. Let us know how we can help.

American Home Health Corporation's home care program originated in the belief that each individual, regardless of age, race, color, religion, sex, marital status, national origin, handicap, or source of payment, is entitled to maximize his/her optimum level of health status towards more complete physical, mental and social well being, for that person and that person's FAMILY.

It is our philosophy to include both client and FAMILY to the fullest extent of their abilities in the planning and implementation of care, and to provide educational and emotional support.

Client-Centered Care

There is research evidence that individuals recover more quickly when the family is active in the planning and implementation of their care. American Home Health Corporation (AHHC) uses the term "client" rather than "patient" to reflect this active role. The term "patient" connotes dependency and illness while the term "**client**" focuses on independence and complete wellness. We prefer the use of "client" for this reason.

Client Bill of Rights and Responsibilities

The following is a copy of the information given to the client when we start a case.

We believe this will help you understand the client's responsibilities to you and the company. Kindly review this information.

1. As our Client, you will be informed of your rights in writing by receipt of this Client Bill of Rights and Responsibilities. Additionally you have the right:

- To be given information about your care in a form you and/or your family and other
- caregivers can be reasonably expected to understand.
- To be provided with a copy of the Agency's criteria for admission and discharge from service upon request.
- To be provided information concerning your condition as it relates to the care provided.
- To be informed of your responsibilities in the care process.

- To be provided with information concerning the nature, reason and method of care to be rendered and the identity and professional status of the individuals responsible for providing that care.
- To be informed of the expected consequences of any refusal on your part to permit care.
- To have access to or receive a copy of your clinical record upon written request.
- Upon admission to the Agency and prior to changes in policy and/or services, to receive information regarding the ownership or control of the agency; the type and frequency of services offered, including skilled nursing, therapeutic services, home health aide, and other paraprofessional services; written information regarding the charges for services provided; policy regarding payment and the extent to which services will be covered and the expected charges for which the client will be responsible.
- To be advised of changes in financial responsibility in writing no later than 15 working days after the agency becomes aware of the changes.
- To receive an itemized and detailed explanation of the bill for the services rendered by the agency, regardless of the source of payment, upon request.
- To be informed upon admission of the Agency's mechanism for receiving, reviewing, and resolving complaints made by clients.
- To be informed of any financial benefit to the referring agency when referred to another organization, service or individual.

2. As our Client you have the right to expect the Agency to develop and maintain a written plan for your care and to participate in all decisions affecting your admission to the Agency, services provided, and plans for discharge, including the right:

- To participate, along with your family and advocates, in the establishment of your plan of care.
- To be advised in advance of any changes in the plan of care before the change is made.
- To refuse all or part of your care to the extent permitted by law. To not receive experimental treatment or participate in research unless you give written voluntary informed consent.
- To review and recommend changes in the Agency's policies and services, without fear of coercion, discrimination or reprisal.
- To file a grievance or complaint including one of discrimination to the Agency administrator and have that complaint investigated within 5 working days
- To contact the state regulatory Agency in writing or via the state home health agency hotline to seek information on agencies in the state and/or file a complaint. The patient also has the right to use the hotline to lodge complaints concerning the implementation of advanced directives requirements. The state agency is: Illinois Department of Public Health Central Complaint

Registry 1-800-252-4343 operates 24 hours a day, seven days a week.

3. As our client you have the right to expect continuity in the care provided to you by the Agency, including the right:

- To receive care in a timely manner which is coordinated and appropriate to your needs.
- To be admitted for service only if the Agency has the ability to provide safe, professional care at the level of intensity needed. (If the Agency is unable to meet your needs, you will be referred to available alternatives services.) To have access to the Agency's management personnel and to be informed of the Agency's policy for supervision, including how to contact Agency management personnel as needed.
- To receive timely prior notice of the need for transfer to another organization or level of care, and of the alternatives, if any, to such a transfer.
- To receive timely prior notice of impending discharge, continuing care requirements, and other available services if needed at the time of discharge from Agency services.
- To receive care from properly trained personnel.

4. As our Client, you have the right to be treated with consideration, respect and dignity, including the right:

- To be treated without regard to race, color, religion, sex, age, gender preference, national origin, handicap, marital status, or creed.
- To have your privacy respected and all your medical, financial, and other care related information treated as confidential.
- To have your property treated with respect.
- To voice grievances to the agency, state health department or consumer affairs representative on any other outside representative of your choice without coercion, discrimination, reprisal, or unreasonable interruption of service.
- Have your pain recognized and addressed appropriately, to have your pain assessed by a competent professional. To be educated about your role in managing pain and potential limitations and side effects of pain treatments.

5. As our client, you t a responsibility:

- To promote the retention of staff.
- To use appropriate language and behavior around staff.
- To dress appropriately around staff.
- To review and sign time sheets and nursing notes as requested.
- To communicate any and all concerns to the office.
- To return all used and unused AHHC documents upon discharge from care.
- To reasonably protect and store your valuables.
- To inform the office of new orders or changes in the physician's plan of care.
- To acknowledge that all original documents are the property of AHHC.
- To refrain from discussions of a personal nature with staff.

General Home Care Policies

The Role of the Nurse Supervisor

The Nurse Supervisor is a registered nurse, experienced in home health-care management. The Nurse Supervisor is responsible for the direction of all services provided by AHHC. All risk management, clinical or client care questions or concerns are to be reported to the Nurse Supervisor or designee. The Nurse Supervisor will be the individual to whom you will report. The Nurse Supervisor will provide you with job performance feedback.

The Nurse Supervisor's role is to assure that AHHC's client care services are provided in compliance with all state and federal regulations and that the company policies are of the highest quality and is managed in the most effective, efficient manner. There is a nurse manager on call 24/7 to respond to any type of call or concern you may have during the course of your employment with us. No question is too trivial. Do not hesitate to call.

The Nurse Supervisor's goals are to provide a challenging and fulfilling work environment for all AHHC's caregivers. He/she is available to assist you in resolving any difficulties you encounter in home care, and to help you chart a fulfilling, long-term career path at AHHC.

Confidentiality

The right to confidentiality is one right held by our clients under our Patient Bill of Rights. As is true with any other medical/nursing record, the charts maintained on clients or AHHC's home care programs are confidential documents. It is not appropriate to document in the chart or other places any aspects of family life or family functioning which is not directly related to the medical care, status, or safety of the client. Information you read and hear about an individual is for you only and is not to be repeated outside the professional environment. Caregivers do not discuss clients or office staff outside the context of professional conversation relevant to the client's condition and plan of care. Discussions regarding clients are not held in the presence of non-involved individuals, even other AHHC employees. Any breach of confidentiality on the part of caregivers is grounds for possible termination.

As a nurse working for American Home Health you can be working more than one case and, therefore you need to be extra cautious that you don't discuss one client with another. You should never talk about other nursing personnel or the office staff.

On occasion you will be exposed to a client or another nurse who tries to push you into gossip by asking leading questions. Some answers to these questions should be on the order of, "It's none of my business." "I don't know.", "I haven't noticed.", etc. Then you should immediately change the subject. Please try to stop these kinds of conversations before they start.

DSCC Guidelines for Nurses Working in Home Care says, "Privacy is a major issue for parents who have other caregivers in their home." Nurses are expected to respect the confidentiality of the family and not discuss the family members with anyone outside of the home, except with specified health care professionals as it relates to the child. Nurses should respect and protect the family's privacy appropriately at all times whether in the home or talking with others outside of the home. Any breach of confidentiality by a nurse mandates immediate supervisory action."

Visitors

No nurse who works for American Home Health should have friends or family visit her while she is working at the home of one of our clients. This is an infringement of the family's privacy. In the event that you are being picked up from work or someone is bringing you something, that person must not be let into the client's home. Violation of this policy may result in disciplinary action up to and including termination.

Reporting Abuse or Neglect

There are occasions when it may be necessary to raise concerns about a caregiver's ability to care for a client. Nurses are mandated reporters under the Child Abuse and Neglect Reporting Act and are responsible to report any acts of physical abuse, neglect, or sexual abuse to the proper state authorities. Physical and sexual abuses are fairly clearly defined in the Act itself. Neglect, on the other hand, is less easy to determine, especially when a medically complex child is concerned.

Determining when to report neglect can be difficult; hence, it is recommended that there be consultation with others involved with the child including the physician, the home health agency supervisor, and the case manager before making a report. It is also necessary to document incidents of neglect including description of alleged neglectful behavior, dates and times. It is important to remember that, if the nurse is in the home to care for the child, it is difficult to make a case for the parent or other caregiver as neglectful since the nurse is responsible for the child during that time.

However, it can be considered neglect if, for example, the family caregiver taking over the care of the client is intoxicated, fails to appear without notice, fails to provide the necessary care, or where the environment is unsafe or potentially life threatening.

In reporting physical or sexual abuse or neglect, nurses are responsible for providing specific information, which is pertinent to the allegation. It should be understood that a report is only an allegation of abuse or neglect. The designated agency for protective services, not the nurse, is responsible for investigating the report. While as much information as possible is important, nurses do not have to prove abuse or neglect, only to report it when they suspect that it is occurring.

It is also a professional responsibility for the reporting nurse to remain with the client whom the nurse ascertains is at risk of harm, until the protective services worker or the police arrive after a report is made. The nurse cannot legally remove the client from the home without permission unless the client is in need of emergency medical treatment. Being at risk of abuse is not sufficient grounds for removing the client and the nurse doing so could be arrested for abduction or kidnapping. Only the police or designated protective service worker can legally take custody of a child at risk, and in a non-medical but protective emergency, the police should be called. The Abuse Hot Line # is 1-800-25ABUSE (252-2873).

No One at Home

If you arrive at the scheduled day and time and no one appears to be home, even after arrangements have been made and verified, please call the AHHC office for further instructions. **DO NOT GO HOME** until you have been instructed to do so by the office.

Telephone & Communications

The clients' telephones are NEVER to be used for your personal phone calls. If it is necessary to call the AHHC office or any other member of the health care team for purposes of coordinating services, please be sure to ask the client's permission.

If you become ill while on duty, please obtain the client's permission to use the phone to call the office. We will help you make arrangements for care for yourself and the client.

NEVER give the client's phone number out, and never page others to the client's phone number. This is a breach of privacy that cannot be tolerated.

We realize in this age of electronics that many of our employees have cellular phones and pagers. While it is good that your families can reach you in emergencies, we want to stress this is the only time you should be talking on your cell-phones. You are being paid to take care of a client, not to be spending your shift talking on a phone. In addition cell phones may have adverse outcomes on equipment in the home.

AHHC's policy in regards to cell-phones is clear. Do not use cell-phones while driving. Do not call the office while driving, and do not respond to pages or calls to your cell-phone while driving. Those of you who use cell-phones in your cars should be aware that some cities are passing laws against the use of car phones while driving. These laws have large fines attached. We rely on telephone contact heavily; it is our primary form of contact between office, nurses and clients. It is imperative that whenever you receive a call or page from our office that you respond immediately regardless of your ability to assist in staffing, so that our efforts can be directed effectively toward a solution for the client.

You may use our toll free phone number to conduct business with the office, but do not abuse it by socializing with office staff. This is a benefit to you and our clients so do not be the one responsible for spoiling it for everyone else. Our toll free line is 1-800-872-4427.

Smoking

Smoking is not permitted while on duty at the client's home. Our company strives to provide our clients with a healthful environment. Many of our clients are allergic to or sensitive to smoke.

Drugs and Alcohol

In an effort to maintain a reasonably safe and healthful workplace, and in accordance with both federal and state law, AHHC will from time to time inform employees through educational materials about the dangers of drug abuse in the workplace. The Company also has adopted the following policy:

It is a violation of AHHC policy for any employee to sell, purchase, use, consume, possess, manufacture, distribute, dispense, or transport any illegal substance, or to abuse any controlled substance, on Company, or Client premises and at any time during working hours, including meal and break periods. AHHC employees shall report to work with their abilities unimpaired by illegal or controlled substances, and remain so throughout their assigned workday. Therefore, random drug or alcohol screens may be done at any time.

If you are convicted of a violation of any criminal drug statute, and that violation occurred in the workplace, you are required to notify your supervisor within five (5) days after such conviction. "Conviction" means a finding of guilt or acceptance of a guilty plea, including

a plea of nolo contendere, or imposition of a sentence, or both, by a judicial body.

If you violate this policy, you will be subject to appropriate disciplinary action, up to and including immediate discharge. Alternatively, at the AHHC's discretion, you may be required to complete satisfactorily a drug assistance or rehabilitation program.

You must comply with the requirements set forth in this statement. Any questions regarding this policy should be directed to your immediate supervisor or the Human Resources Department.

Driving While on Duty

You are strictly prohibited from driving other people's automobiles or from transporting any client or family member in your car while on duty. There are no exceptions. This is not a part of your job description nor is this an expectation which the client should have of you or the agency. If you are requested to transport the client or a family member or are asked to drive their car, please refuse and/or call the office. We will notify the client that it is not an expectation they should have.

Parking

When parking near your client's home, you must obey all local parking laws. American Home Health Corporation cannot provide you with any special parking privileges. American Home Health Corporation will not pay for any parking violations or reimburse you for the fines.

Service Location – Client's Home

Services are to be provided only in the clients' homes. The clients' homes may include their place of residence, a family member's home in which they are residing, a senior housing facility, etc. If services are requested for any other location, call your AHHC care office for instruction.

Policies and Procedures

All personnel are responsible to be familiar with the policies and procedures of this organization. Complete and comprehensive manuals are available in the office to review during office hours. It is a part of your professional accountability to take the initiative to review these manuals or ask for the information if you have questions regarding a policy or procedure.

Dress Code and Personal Cleanliness

American Home Health Corporation strives to promote nursing professionals. We work to create and enhance our nurses' reputations as professionals worthy of the highest respect. To create your own professional image, we ask that you adhere to our dress code and cleanliness rules:

1. Clean, pressed or permanent press casual and comfortable clothing. Shorts are acceptable in some cases.
2. Skirt length no shorter than one inch above the top of the kneecap.
3. Hair - clean and pulled back from face. Fingernails - clean and short.
4. Do not use perfume or scented after-shave; many of our clients are allergic or asthmatic.
5. Be very conservative in use of jewelry.
6. For males, beards and mustaches should be clean and well trimmed.

7. It is important to be as inoffensive as possible. We expect daily bathing, good oral hygiene and the regular use of deodorant.
8. Tight fitting or revealing clothing is considered inappropriate.

Footwear

Proper footwear should be worn. Examples of inappropriate shoes are:

1. High heels shoes
2. Open toe shoes
3. Sandals
4. Flip flops

Scheduling and Cancellations – Private Duty

The Client Service Coordinator is the office person with whom you will have contact for scheduling. All scheduling and cancellations are to be handled through American Home Health Corporation (AHHC) office. We can offer flexibility in scheduling. You may accept or reject any assignment offered to you. If you accept it, you will be expected to fulfill the assignment in a professional manner and for the agreed length of time.

You cannot accept assignments or change assignments directly with the client or other nurses. You may only do so through the AHHC office. Shift cancellation from the client may occasionally occur. You will be notified immediately and an alternative assignment offered if possible. If your assignment is canceled after you arrive at the home, notify our office for instructions before leaving the client.

When assigned to a home care case, you will be provided with the client's name, address, telephone number, a description of the client's needs and the expected duties involved. You may also expect to be oriented to a particular case. In the event you do not feel comfortable or competent to perform the client's care, inform the office at once and additional information or training can be provided.

During your scheduled shift you are expected to provide care and be with the client the entire time. You are expected to take your meal with and store it at the home. You are not permitted to leave the child to take a "lunch hour" or breaks, and you will be compensated for the entire time.

The child cannot be left in the care of anyone except another nurse or designated, trained caregiver.

Should you find it absolutely necessary to change or cancel your agreed upon schedule, you must call the office as soon as possible. It is essential to give the office a timely notice, no less than 24 hours, in order for us to find an appropriate replacement for your assignment. This is a very important factor in our ability to satisfy our clients. Remember that they are not in a hospital or nursing home where, if you don't show for work, someone else will pick up the slack. A "No Call/No Show" is grounds for disciplinary action, possibly including termination of employment. Repeated call-offs are also grounds for disciplinary action up to and including termination.

An employee who has missed three consecutive scheduled shifts due to illness or injury will have to get a doctor's release to go back to work.

If you have a problem, AHHC representative is always on call to help you, 24 hours a day, seven days a week.

Scheduling and Cancellations – Intermittent Nurses

Clients will be assigned to a primary nurse based on matching availability and skill to the client's needs. Once a nurse accepts the assignment he/she is responsible to arrange the ordered visits with the client. The nurse must inform the office of his/her schedule by Thursday for the following week. Nurses who will not be able to perform the necessary visit frequency for a client must inform the office 2 business days in advance of the visit(s) he/she will not be able to accomplish.

Payroll Procedures

General Information

American Home Health Corporation workweek begins every Sunday night at midnight and ends at midnight on the next Saturday night. If you work a Saturday night shift from 11P.M. to 7 A.M. you will sign out on one timesheet at 24:00 and sign in on a new timesheet at 00:01 and out on it at 7A.M. A record of your time must be kept on the AHHC time sheet or visit note for the client you serve. During orientation, you will learn which record to use. If you have questions, call us before you report for your scheduled assignment.

We must receive your timesheets, progress notes, etc., in our local office. Payroll documents are due in our agency no later than Monday A.M. every week. Therefore, it is necessary for the nurses to fax the timesheet over the weekend, and then to mail timesheets so that we receive the original. The last nurse on Friday needs to see that this gets done. If there is no Friday nurse, the responsibility falls to the next nurse who comes in. AHHC provides self addressed, stamped envelopes to be used to mail the timesheets. Paychecks are mailed every other Tuesday, or you may opt for Direct Deposit of your pay.

Direct Deposit

Direct deposit is available to any employee. This is an optional benefit. Just complete the direct deposit form, and attach a voided check. Your pay is credited directly into your account the morning of payday.

Overtime and Holidays

Overtime for work in excess of 40 hours per week must be AUTHORIZED. You may be asked to remain longer than scheduled only if patient safety is threatened. If such a situation arises, please call our office immediately. Failure to seek authorization for overtime hours may result in disciplinary action.

Our work week is Sunday through Saturday (Effective May 2nd, 2010).

Our holiday pay is time and one half the regular rates for 12:01 am to 11:59 p.m. on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Holiday hours MUST be approved in advance. If employee works without prior approval, hours will be paid at regular time and disciplinary actions will follow.

Clockwork

Clockwork is a telephone and computer based timesheet program used by nurses to record their time in and time out. You are required to call the Clockwork number from the client's primary phone number. Clockwork will register the call to create an accurate record of arrival times and hours worked.

To sign-in and sign-out for your shifts, follow the easy steps listed below:

1. Call 630-851-9426 or the toll free number (866) 429-4070 from the client's primary number and follow the prompts.
2. Enter Employee ID followed by the number sign--****#
3. Enter the last four numbers of your Social Security number--****
4. Option 1: Press 1 to sign-in for a shift/visit
Option 2: Press 2 to sign-out for a shift/visit

If you are unable to clock-in/clock-out, please call the non-emergency line/office to report your times. If you accompany a child to school and the child stays home, call the non-emergency line/office immediately.

Time Card – Private Duty Nurses

The time sheets, as well as clinical notes must be complete and accurate. Your paycheck is generated from these documents. Incomplete, incorrect, or illegible time sheets will be returned to you. This will cause a delay in your paycheck. Each completed time sheet must contain:

1. Your legal name (last name, first name), as shown on your nursing license and signature.
2. Your license number.
3. Name of the client you are serving.
4. Your classification: RN, LPN
5. Date you worked.
6. Enter the time you started and completed the shift or visit. Enter in 15-minute increments. Use military time. Please be aware that accuracy of the time sheets is extremely important to avoid any allegations of fraud.
7. The client or family member is to sign.
8. You are to sign on the form as indicated.

Private duty time sheets must be faxed to the office every **Monday** as well as mailed. All other documents must be in our office no later than seven (7) days after service has been rendered. This is a state law, and we must have your cooperation in order to comply with it. Employees who are consistently late or fail to comply with this law will be duly counseled and disciplined accordingly. Non-compliance of this policy and law may result in your termination

Time Card – Intermittent Care Nurses

Time sheets are required to be in the office no later than noon on Monday when all paperwork is due for the specific payroll period. Intermittent nurses are to turn in documentation at a minimum once a week. As stated above, state law requires all documentation must be in the office within seven (7) days after service is rendered. Admission paperwork must be sent to the office within 48 hours of the admission. Recertification's OASIS forms must be completed within 5 days of the end of the certification period. Transfer and Discharge OASIS are to be sent into the office within 48 hours of the event.

Benefits

DISCLAIMER: The descriptions given below are a summary of the benefits plans. For specific information, contact Human Resources. American Home Health reserves the right to change or discontinue plans at any time at the discretion of management with or without notice.

Benefits matrix and video explaining benefits are available at <http://www.ahhc-1.com>.

Eligibility for Benefits

An employee becomes eligible for health insurance, dental insurance, life insurance, and long term disability the first of the month after completing a minimum of 30 hours or 20 visits per week for 45 days. One intermittent visit has an equivalent to one and one-half hours. If you fall below 30 hours in any week during your eligibility period of 45 days, you must begin your eligibility period over again to qualify as a full time employee eligible for benefits. You must maintain 30 hours or 20 visits per week for at least 48 weeks out of every year. PTO hours may be used to maintain the required number of hours. If an employee loses eligibility, the employee may regain eligibility after working full time at least 30 hours a week for 30 days.

Health Insurance

Health insurance benefits are offered to full time employees only. We offer health insurance with a choice of an HMO, a PPO, and a PPOHSA. You can choose an individual or family plan. You must maintain the 30 hours per week to keep the plan in force; it is your responsibility to secure hours from the schedulers to maintain your hours. Any employee who loses his permanent full time status would become eligible for COBRA coverage.

Disability

Buy up option is available for full time employees.

Group Life Insurance—Buy Up Option

All full time employees have the opportunity to purchase group life insurance in increments of \$10,000 up to \$300,000. These policies are portable.

Retirement Plan

401(k) Retirement Benefits are available to all employees after they complete six months of service with at least five hundred hours. Enrollments occur twice a year for all employees (January 1 and July 1). American Home Health will match 100% for every dollar the employee contributes up to 3% of their salary and 50% of the next 2%. Company matching contributions begin after eligibility. If you want to enroll in this benefit, please call the American Home Health office and request an enrollment package.

Dental Insurance

Dental insurance is available to all full time employees on the first of the month following 45 days. Two PPOs are offered. You may choose either individual or family coverage.

Paid Time Off (PTO)

An employee will be eligible to earn Paid Time Off after forty-five days of employment. An employee who works thirty hours a week or more will accrue one hour per week. An employee who works at least twenty hours but less than thirty hours will accrue one-half hour per week. One intermittent visit equals one and one-half hours. To earn Paid Time Off, the employee must have all Human Resource requirements up to date.

Paid time off request form is available at <http://www.ahhc-1.com>.

Paid Time Off cannot be accumulated in excess of fifty-two hours at any point in time. Once fifty-two hours have accumulated, the accrual will cease until the accumulated time falls below fifty-two hours again. Paid Time Off will be one pay period in arrears. To receive PTO, the

employee must complete and submit to Human Resources a Request for Paid Time Off.

Referral Bonus

Any employee who refers a nurse who satisfactorily completes 40 hours or 25 visits will receive \$100 referral bonus. The applicant must indicate on the application the name of the referring employee.

Work Place Banking

Free Credit Union and free banking are available upon hire. We currently work with HACU (Health Associates Credit Union) and US Bank.

Direct Deposit

You may have your check deposited directly into you checking, savings, or investment account(s) by simply filling out a form and supplying us with a voided check for your checking account. You have your money in your account on payday. No waiting for the postman.

In-Services

In-Services are provided regularly for all employees. These specific courses are mandatory: OSHA, Safety, skills competency evaluations at time of hire and annually thereafter.

Policy on Employment Status

All permanent full time employees are eligible for health insurance the first of the month after 45 days of full time employment with American Home Health. A full time employee is one who works at least 30 hours (or 20 visits) per week at least 48 weeks per year. For example: Your regular patient goes into the hospital for an undetermined period of time. A permanent full time employee must then fill in on other cases and/or shifts in order to complete his 30 hours (or 20 visits) for that or any subsequent week. The four weeks per year will allow for those times when you want vacation or are ill for an extended period of time.

Following the loss of eligibility when you have dropped below 30 hours (or 20 visits) per week for the fourth week in a year, the company will no longer subsidize your insurance. You will have the option of remaining in the group for up to 18 months under COBRA, but you will be responsible for the full payment of the premium each month.

Leave Due to Injury

If you have been off work due to a work related injury or illness, you will be responsible for the payment of your insurance premium under COBRA. When you return to work full time, you will be reinstated with the previous benefits of the company paying a portion of the premium.

Leave Due to Family or Medical Leave

If you take an unpaid leave of absence due to family or medical leave (FMLA), you will remain responsible for your portion of the premium for your health, dental and additional life insurance. Arrangements for payment should be made with the office upon utilization of FMLA. Any employee who was in good standing on a full time basis at the time he takes leave will be eligible for full benefits of the group health insurance upon return to full time work.

Termination of Full Time Status

At the time when you no longer qualify for group health insurance, you are given the opportunity to maintain group health insurance through COBRA. This means that the company will no longer be responsible for a portion of the premium. You may maintain the insurance for up to 18 months as long as you make the payments by the deadline date.

Return to Full Time status

If you lose your eligibility due to a decrease in hours, you may regain eligibility by working full time, a minimum of 30 hours per week, for 30 days. If you leave the company and return on a full time basis, you must meet the requirements as if you were a new employee and maintain a minimum of 30 hours (or 20 visits) per week for 45 days to become eligible again for insurance benefits.

Enrollment

When you become eligible for enrollment into the health insurance group, you will have one chance to enroll. If we do not receive your election within the month of your eligibility, you may not enroll until the next open enrollment. In addition you must be sure to choose the correct benefit to suit the needs of you and your family. Once you choose you may not change until the next open enrollment. Example: If you pick single coverage and then decide you wanted family, you cannot change unless you meet one of the criteria listed below. Open enrollment is on January 1st.

Changes in Enrollment

You may change your election of benefits only for the following reasons: termination of employment, change in spouse's insurance, loss of eligibility (decrease in hours), an unpaid leave of absence, change in spouse's employment, marriage or divorce, birth or adoption, or death of a spouse or dependent. In these circumstances you must notify the office and complete the necessary forms for "Change in Enrollment" and sign and return the form.

For additional information or if you have questions, call the Human Resource and Finance Director.

Performance Evaluations

Conditions of Continued Employment

As a condition of continued employment, you are required to maintain your personnel file with current license, annual competency evaluation, physical exams, CPR certification, TB tests, etc., in adherence with relevant state and federal requirements. In addition, completion of mandatory OSHA in-services and 4 continuing education in-services per year will be required. All personnel files must be current for you to remain an active employee.

In Home Services Workers are required to complete 8 hours of in-services per year.

Home health aides are required to complete 12 hours of in-services per year.

We ask you to call the Scheduler for monthly scheduling and fill out an availability form no later than the 15th of each month for the next month's schedule. All schedules are in the hands of the clients by the first of each month.

You are an employee of American Home Health Corporation. AHHC is not an employment agency or placement service. When you are working an assignment at our client facility or our client's home, you are employed by AHHC only, providing a service to the client. If the client desires to hire you, AHHC must be given a 60-day written notice. If you do go to work for an AHHC client and do not comply with the 60-day written notice, you are required to pay AHHC a placement/finders fee, the sum of \$5,000.00.

It is every health care professional's responsibility to maintain their personnel records and protect their livelihood.

Employment Policies

This handbook is a guide to our Human Resource policies and is not meant to be viewed as all-inclusive and may be changed without notice. Each employee is expected to comply with all company policies and procedures. The policies and procedures manuals are available for review.

Termination

American Home Health Corporation cannot offer work assignments to any employee who is chronically tardy, has numerous late cancellations, whose work performance or attitude draws repeated complaints from clients, or who has been found to be dishonest, unreliable or incompetent. An employee's supervisor may issue verbal or written warnings in an effort to resolve any conflicts or misunderstandings that may occur. An employee who does not fulfill the obligation of a scheduled assignment, either through a no call/no show, or by leaving the assignment prior to the end of the assigned shift, may be terminated immediately.

Insubordination, libel, and slander toward anyone are also cause for termination.

Disciplinary actions can be taken against an employee for reports including but not limited to the following:

1. Infractions of expected professional conduct or dress code
2. Tardiness
3. Failure to report to a scheduled assignment
4. Insubordination on an assignment
5. Intoxication or drug abuse
6. Theft (including misrepresentation of hours worked), gambling
7. Infractions of written, "house rules" for a client
8. Professional incompetence, or violation of the state or other applicable laws and professional regulations
9. Profanity, in any form
10. Racial or sexual innuendo, in any form
11. Malicious gossip or derogatory statements about others (peers, clients, administration)
12. Breaches in confidentiality
13. Failure to follow company's policies and procedures

Evaluation Process

American Home Health Corporation's commitment to excellence is fulfilled in part through an ongoing quality assurance process. All those who join our team of health care professionals participate in evaluation programs to help assure high levels of performance.

You will be evaluated on the following criteria: reliability, cooperation, attendance, skill proficiency, grooming and professional behavior.

When you are providing care in the home, the clients and their families contribute to the evaluation performed by AHHC Nurse Supervisor or designee.

An annual performance appraisal must be conducted for full time employees. PRN and part time employees will be evaluated every three years. Employees working through the intermittent department will be evaluated annually regardless of status of part/full time. In Home Services Workers will be evaluated annually.

Complaints and Grievances

American Home Health Corporation truly depends on the professionalism and dedication of you, our most treasured asset. That is why we strive to create and maintain a positive working environment. When problems or complaints arise, it is important that these matters be thoroughly investigated and resolved.

Please inform us about any condition that may be causing you a problem on the job. It is your responsibility to identify and openly discuss with us any problems as well as suggestions you may have. It is our responsibility to help you correct problems and to evaluate / implement your ideas when you make them known.

American Home Health Corporation asks that you use the following procedure to handle suggestions, problems and complaints relating to your position:

- Discuss any problems, complaints or suggestions concerning your job, or any matter relating to it, with your immediate supervisor as soon as you become aware of the situation. Never discuss an administrative problem with your client or their care partner or with other nursing personnel.
- If the matter is not satisfactorily resolved with your immediate supervisor, we encourage you to request a review with his/her supervisor, who will work to resolve the issue.
- If no reasonable solution can be reached, you may contact the AHHC Human Resources Department directly for a review of the matter.

American Home Health Corporation's procedures to handle complaints about an employee are:

- Supervisory personnel document any complaint made by AHHC clients or their representatives on their observations and assessments of inappropriate behavior or performance.
- The complaint is discussed with the employee who is requested to respond to the issue.
- If the complaint is basically due to client / employee communication problems, the AHHC's supervisory personnel will intervene to help resolve the issue.
- If the complaint involves clinical performance or judgment, a question of ethics or competency or a failure of the employee to fulfill AHHC standards of service, action will be taken to resolve the issue in the best interests of client safety, AHHC's reputation, and the employee's career.
- Recommendations for further education and training may be made if the complaint arose over a clinical issue.
- Disciplinary action resulting in probation, termina-

tion on a particular assignment, or termination of employment will be taken as determined by the Nurse Supervisor, Human Resources and Finance Director or President.

Report to The Joint Commission

Any person, including employees, has a right to contact The Joint Commission directly about safety and quality of care issues. Retaliation against an employee who files a complaint to The Joint Commission is strictly prohibited.

The Joint Commission can be contacted through:

E-Mail:

complaint@jointcommission.org or <http://www.jointcommission.org/GeneralPublic/Complaint/>

Fax:

Office of Quality Monitoring
(630) 792-5636

Mail:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Note: You can print a **Quality Incident Report Form** from website.

If you have any questions about how to file your complaint, you may contact The Joint Commission at this toll free U.S. telephone number, 8:30 a.m. to 5 p.m., Central Time, weekdays.

Toll free number is (800) 994-6610

Risk Management

Protection Against Accusation of Theft

American Home Health Corporation's insurance coverage does not extend to protect our employees in the event of criminal acts. Thus, it is to your benefit to protect yourself from any situation in which you feel false accusation is likely. This is especially true in dealing with senile individuals. Should it become apparent to you that your client has sums of money, jewelry or other valuables around the house in unsecured locations, report this to the AHHC office immediately. The Nurse Supervisor will request the family remove these valuables from the home to a secure area such as a safety deposit box for your protection as well as for the client's.

Accept no gifts or money. While a patient may sincerely give you a present one day, he/she may report the item stolen the next. Should the client repeatedly express a wish to present you with a gift, ask your Nurse Supervisor to negotiate this "gifting" with the client and responsible family members. Then, there will be no suspicion of wrongdoing.

At no time should you perform errands of a financial nature for your client such as depositing Social Security checks, paying bills, etc., without the prior knowledge and approval of your Nurse Supervisor. If you are asked to provide such services, please notify your Nurse Supervisor.

Entering the Client's Home

When you have accepted a home care assignment, you will be given the address, directions to the home and instructions on how to enter the home. Never accept a client's key and keep it with you. You may be falsely accused of "breaking and entering."

Incident Reports

Any incident involving the client or his/her property must be reported immediately to your supervisor and/or the Nurse Supervisor. A Client Incident Report form is to be completed by the individual witnessing or discovering the event. The Nurse Supervisor will assist the employee in writing this report if necessary. In cases staffed by RN's or LPN's all incidents relating to clients' care are to be reported to the physician by the nurse. In cases staffed by other personnel the Nurse Supervisor will notify the client's physician for appropriate orders.

Examples of incidents that should be reported may include client falls, medication errors, untoward drug reactions, a client reporting personal property missing from the home, and a client or caregiver who becomes angry or abusive. If you have any doubt whether or not you should report an incident - report it! These incidents are to be documented on a Client Incident Report form. Obtain direction from the Nurse Supervisor before documenting the incident on the client's clinical record.

Any injury involving yourself or another employee should be reported to the office. An employee incident report is to be filled out by the employee involved. In the event of an accident the company reserves the right to conduct a drug, and alcohol screening.

Nursing Assessments and Interventions

1. The scope and frequency of assessments and ongoing assessments are determined by the Client's diagnosis, change in condition, ability for self care, prognosis, and response to the treatment.
2. During each visit the clinician shall perform systems review, assess vital signs, weight (if applicable), mental, psychosocial, functional and nutritional status, location, intensity of pain and pain management, compliance with medications and treatment, response to treatment and progress towards goal, medication side effects and complications.
3. The clinician provides ongoing Client/caregiver education on action, administration and side effects of medication, treatments, complications, home safety, and emergency measures.
4. Any significant change in the Client's status or condition indicating deterioration shall be reported to the physician within 8 hours.
5. When an assessment reveals life threatening findings, the clinician will call emergency medical services to transport the client to the nearest emergency room for treatment. The primary physician is to be notified of transfer immediately.
6. When an assessment reveals subtle changes in the condition of the client, the assessment will be reported to the physician during the immediate or next business day.
7. Ongoing assessments will be documented on the appropriate forms and sent into the office within 7 days of time of service rendered.

Medical / Nursing Emergencies

In emergency situations, the RN caregiver will contact the physician directly for necessary medical orders. In cases staffed by LPN's, Illinois does not permit LPN's to take physicians orders for medications. The caregiver will contact the AHHC office and the Nurse Supervisor will contact the physician for you. No matter what your classification, you

are expected to assess the client's condition thoroughly and determine all pertinent details prior to notifying the Nurse Supervisor and/or physician and/or requesting any emergency services. Verbal orders need to be sent to the office within 24 hours.

Upon admission, an individualized Emergency Action Plan is developed for each client as part of the Care Plan. In being oriented to any case, you will be informed regarding established plans for actions to be taken in the event of acute illness and/or life threatening emergency. When in doubt, notify the local emergency medical system to transport the client to the nearest hospital. In case of an emergency, the client should not be left unattended for longer than the duration of an emergency assistance telephone call.

If it is determined necessary, either by the caregiver, or Nurse Supervisor, or the physician, that the client's condition is too precarious for any delay, you are to call an ambulance or rescue squad for assistance and/or transport for the client. If a client is found unresponsive, without a pulse or respiration, call the paramedics immediately and start CPR if indicated. The caregiver should not attempt to transport the client alone in a private vehicle.

If not present, the family is notified only when the client is stable and responsibility for safety and treatment turned over to other health team professionals. Pertinent charting regarding the emergency situation such as its cause, development, results, etc., is done only when the client is stable and comfortable, professional emergency help has arrived, and the AHHC caregiver is no longer responsible for the client. You may be dismissed from your duties once the following have been met:

- The care of the client is assumed by emergency care professionals.
- The American Home Health Corporation's Nurse Supervisor is fully informed of the entire situation.
- All charting necessitated by the situation is complete.
- The client's property is secured or responsible family members are in the home and have verbalized personal stability.

Safety Policy

The safety and protection of our employees and clients is a major concern at AHHC. It is in your best interest to inform us of any conditions that might limit your capabilities. In this way we may place you in a safe environment. American Home Health Corporation complies with all applicable federal, state, and local regulations regarding client and employee safety. To foster a safe work environment, we analyze all incidents on a regular basis to determine trends; to plan and take necessary corrective actions. Your ongoing safety consciousness is crucial to the achievement of an incident free workplace.

All employees are required to complete an annual in-service on bloodborne pathogens, safety and infection control. When this in-service is requested, it must be returned so it can be placed in your file.

Safety Procedures

All employees take part in an orientation session. These techniques must be used to insure your safety and the clients' safety.

Employees are to report any safety hazards they discover to the client or client's representative and to their AHHC supervisor.

Home care employees are to familiarize themselves with the traits of the clients' homes and emergency phone numbers. Immediately report

any existing hazards to your supervisor. All home care employees are also to familiarize themselves with the client's personal disaster plan. Employees should immediately call the office for instructions after hearing sirens or radio notification of weather or civil emergency.

Any employee who is injured on the job must immediately notify his or her supervisor of the occurrence so that a report can be filed with our Workers' Compensation carrier and appropriate treatment provided to the employee. Failure to report an injury in a timely manner may be cause for refusal of your claim.

A physician release form is required from employees before they return to duty after a disabling, work-related illness or injury, or after an illness of three days or more.

Fire Safety

In the home, be sure you know the location of the phone and the number of the fire department. Inspect the home for fire hazards such as frayed wiring, overloading of electrical circuits, and improper storage of flammable materials. Question the client and/or family about the client smoking habits. Determine if there is a fire extinguisher kept in the home, ready for use. If there is no fire extinguisher, be sure there is a box of baking soda accessible for use in grease cooking fires. Notify the AHHC office of obvious fire hazards.

Fire Safety Procedures

Although procedural details may vary, there are four basic principles in fire control that are universally applicable in home or facilities.

RESCUE: Rescue anyone in immediate danger. Remove these individuals to the closest safe area.

ALARM: Sound the fire alarm by pulling the nearest manual pull-station and/or dialing the facility's code for fire. In the home, dial 911, the fire department or the operator.

CONFINE: Close all doors in and around the fire area to block its progress. Shut off all oxygen. Turn off all equipment not needed to sustain life.

EXTINGUISH: Put out the fire using portable fire extinguisher, baking soda, or water if safe to do so. The greatest danger in most fire situations is the result of panic. Most fires in homes and facilities occur from 6:00 P.M. to 6:00 A.M. Always "watch" for fire with your nose, especially at night. Defective electrical equipment is the cause of the highest property loss from fire in homes and hospitals. Most severe injuries and deaths related to fire are traceable to failure to plan for such an emergency.

Sexual Harassment

Sexual harassment is defined in federal regulations as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature" when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include, but is not limited to, intentional physical conduct that is sexual in nature; sexually-oriented gestures, noises, remarks, jokes, or comments about a person's sexuality or sexual experience; repeated unwelcome requests for a romantic relationship; and displaying pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning, or pornographic.

If a client demonstrates or threatens you in any way with sexual advances or aggressive behaviors, you must report their behavior to the office immediately. All clients and their family members must dress and behave in an appropriate manner. A client or their family member who makes you uncomfortable working in their home will have to become aware of the possible consequences of their actions. Complaints may be reported to a nurse supervisor, a manager, or to Human Resources.

Personal Safety

American Home Health Corporation's clients come from all cultural, social and economic backgrounds. Serving these clients may take you to all areas of your community. For your own security it is essential to follow some simple "common sense" safety rules:

Be alert to building surroundings, elevators and body language of people you encounter. Eye contact may ward off trouble. Establish a professional presence by adhering to dress code. Convey an attitude of control in a non-threatening manner when in a home. Exit the home immediately if you feel threatened. Find some excuse to leave the home (i.e., you forgot something in the car). Once you are in a safe environment, discuss with a manager as appropriate and call the patient to resolve the problem. Be aware of your concerns. If you have a feeling that a situation is dangerous, it probably is. Do not sacrifice yourself for a client. Acknowledge that some risks are too great to take. Never give the clients your home number. They can call the office.

Crowds

While approaching the client's home, if there is a group of people loitering in the street that you feel may be hostile or threatening, be proactive and protect yourself. Avoid walking through a crowd. Walk around if possible. If you still feel unsafe, go to a safe place and call the client's family to see if someone can meet you on the porch or doorstep, or meet you at a designated location to escort you in. If this arrangement cannot be made and the area still looks unsafe, call AHHC office for further direction. You are our valued employee and your safety comes first.

Being Followed?

If you have parked your car a distance from the client's home and you suspect that someone is following you, take these measures. First, crossover to the other side of the street to confirm that you are actually being followed. If you are, enter the nearest public building and call the police. Try not to panic - the person behind you may simply be going in the same direction. When you are safe, call the AHHC office and report the incident.

Credit Cards/Money

Carry only the amount of money you will need for meals, gasoline and any other essentials. Do not carry a purse, but put your valuables in your pocket or other concealed place. If you must carry a purse, do not

leave it in the client's living room where neighbors, delivery men, family or children have easy access to it. Do not leave personal belongings on the seat of your car. Do not take valuables into the home with you.

Car Safety

Even when the neighborhood appears safe, be sure to lock all doors and windows. Do not leave objects on the seat in open view (tapes, radios, packages, etc.). Cover them with a blanket or put them out of view. Drive with windows no lower than ear lobe level and keep all doors locked. Know exactly where you are going, have accurate directions and if necessary call the client for directions. Park in well lighted areas away from trees and shrubs.

Non-Discriminatory Policy

It is the policy of American Home Health Corporation to provide service to all persons without regard to race, color, national origin, handicap or age in compliance with 45 CFR Parts 80, 84, and 91, respectively. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin, handicap or age. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, color, origin, handicap, sexual orientation or age.

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. 6101 seq.) and 45 C.F.R. Part 91, the agency adheres to an equal opportunity policy for all person seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (nondiscrimination against the handicapped) is the Human Resources and Finance Director, who can be reached at 1-630-236-3501.

APPENDIX A – Guidelines For Nurses Working in Home Care

Guidelines for Nurses Division of Specialized Care for Children

Working in Home Care

I. Introduction to Working in Home Care

- Providing nursing care in a home is very different from hospital based nursing for a number of reasons. The following information describes some of the differences and difficulties experienced by families and nurses working together to provide home and community based services to medically fragile children. What follows is based on surveys of home health nurses and interviews with parents, siblings, and ventilator-assisted children who have been or are participants in home based care.

A. The Environment

- The main difference between hospital and home care has to do with the setting itself. The hospital is a primary setting for nurses and a secondary setting for families on the other

hand, the home is the primary setting of the family and a secondary setting for nurses. Under normal circumstances, nurses are the authorities on nursing care in the hospital and parents are the authority on their family life in the home. In the hospital, nurses do not do much consulting with parents about what is done and in the home parents rarely consult with anyone on how they function or about the decisions they make. Under normal circumstances, the hospital and the home are two distinct environments. However, in the context of home care, there is a blending of these two settings, which can and often does create a difficult situation for nurses and parents.

- Prior to taking the disabled child home, parents should be taught the child's total care. When this is done, parents usually know more about the individual care of their child than any other people entering the home. The parents become the experts in the total, day-to-day care of their child at home. Parents are not used to being in charge of nursing care, but they are used to being the authority at home. Nurses are not used to providing nursing care in homes, but are used to being the authority on nursing care. Serious conflicts may arise once home care begins because the parents have "home court- advantage and know more about the specific child, but do not have the overall knowledge base and experience of the skilled nurse.
- The home setting carries with it other differences from the hospital in addition to the issues related to authority. In an intensive care unit there are prescribed and enforced standards of care. There is a contained space in which to carry out care, and there are limitations about who can visit and for how long. There are also defined lines of authority for determining care and for enforcing rules and regulations. In the home there may be specified standards of care but who, where, and when care will be provided is not as easily defined as in the hospital. Frequency and duration of visits and numbers of visitors or playmates are more relaxed, and, therefore, less controlled than in the hospital. Nurses have less control over to whom and to what the child is exposed. They are more at the mercy of the environment in the home setting than they are accustomed to in the hospital. There are a greater number of decisions which need to be made by nurses about how to balance normal developmental experiences with care needs, and there is a real sense of isolation from other professionals with whom to discuss treatment plan, progress and problem solving.
- Similarly, the home is more relaxed than the ICU environment with less backup or support available to help. While it may be desirable to be able to focus more intensely on one patient, there are also fewer challenges than offered by an ICU or hospital environment. Boredom and complacency may be a problem as home care can become almost too casual at times and the professionalism required in the hospital may become diluted by the home environment.

B. The Relationships

- The second most significant difference between hospital and home rests within the relationships. In home care, nurses are in the position of being observed and supervised by parents. While this may not be supervision in the classical sense of the word, it is nonetheless a reality. In some cases, it may feel more like being continually “scrutinized” and it can be a difficult adjustment for nurses. There is the basic feeling that a nonprofessional, such as a parent, does not have the education to evaluate the nurses’ performance. This feeling of being evaluated by a nonprofessional can be a major source of irritation for those working in home care.
- Also, in the home, nurses will be exposed to the inner workings of family life, some of which may be distressing. Nurses may not agree with the way family members are treated and may feel uncomfortable with a variety of aspects of family living and life-style. In a hospital setting, nurses may have some exposure to the behavior of siblings and parents, but generally it is lacking in the intensity and extent to which it will be experienced when working in the home. In the home, nurses may become involved in family relationship issues on a day-to-day basis, which while technically unrelated to the care of the child, are related to the environment in which the care is being provided. This may cause difficulty in maintaining the professional relationship required by the job.
- The primary focus of home care nurses is the medical care of the child with a medical problem. But nurses can expect to take part in any activities which relate to the child, including physical care, daily care of the child’s equipment and environment, and support of the educational and developmental program. Questions regarding other aspects of the child’s life, within the context of the family, will arise for nurses, just as questions about nurses will arise for the family. Although the nursing personnel are employed to care for one child, the fact that nurses will essentially be working in home, requires that relationships be established with other family members as well as other health care professionals. The initial months are especially difficult as everyone adjusts to their roles and relationships with the multiple providers of care.
- The following information is provided to help nurses establish and maintain a professional working relationship within a home environment. The general guidelines are designed to help nurses prepare mentally for the experience of home care with the specific guidelines as a way of avoiding identified sources of stress. It is recommended that parents, case consultant and/or the hospital personnel meet with nursing personnel who will be in the home after discharge to go over the guidelines. When a home health agency is involved, the agency supervisor needs to be involved in the discussions to assure that the guidelines are in line with agency policies and procedures and will be supported by the agency and supervisor.

II. General Information for Nurses Working In Home Care

A. Adjustment to Home Care

- For nurses who have not worked in home care before, there will be a period of adjustment no matter how well thought through the experience is by all involved. It is a different environment and nurses need to be aware that it will take time to mentally make the adjustment. There are never going to be the clearly defined roles and responsibilities which exist in other environments. Learning to cope with the home setting will necessitate a willingness and ability to be flexible.
- Family members will be experiencing a number of emotionally charged issues over the course of the home care experience. They may react angrily toward nurses in ways that are inappropriate. Nurses do not have to submit to mental or verbal abuse. However, it is important to remember to objectify and not take personally, outbursts which are not rational. Experienced professionals do feel affronted when a parent questions actions and nurses need to be prepared to both listen to the content as well as the meaning of questions or even outbursts. For example, around the end of the month the stress of bill paying may cause parents to be more anxious and less tolerant. It is important to evaluate what else is going on in the home, because even subtle changes may be the source of stress which feeds into the immediate circumstance.

B. The Early Months of Home Care

- The first six months of home care is a time of high anxiety for everyone, with the first month being the most difficult. Parents are nervous about their own ability to care for their child without the backup of the hospital staff, and are not yet fully trusting of the home care nurses. Parents will be anxious about everything, but especially about the “details” of the care of the child. Nurses may be on the receiving end of this anxiety, simply by virtue of being there.
- It is also a time of anxiety for nurses who are new to home care and who are not sure of their own ability or the parents’ ability to handle emergencies. It is during this time that trust must be established between parents and nurses. Because of the parent’s anxiety and nurse’s anxiety, there is a strong risk that inappropriate patterns of communication will be established.
- The first six months are also a time of high turnover of nurses who decide they do not wish to work in such an environment. However, it is important to understand that the home care situation will not always be so anxiety or tension ridden. Parents and nurses will develop a routine with the child and anxiety will decrease markedly.

C. Home Care over the Long Term

- Once staffing patterns are established and the home has relaxed into a workable routine, the next “critical incident” time for families commonly occurs at about 20 to 24 months. By that point, the family has generally

dealt with the ‘getting home’ and “getting along” aspect of home care, but seem to go through an intense experience dealing with “getting on’ with a family life which is markedly different than they had anticipated. The fact that this will be a long term or “forever’ experience seems to hit parents rather hard after the first two years and can be a major turning point for some families.

- The experience can last for several months and is usually characterized by anger, ambivalence and depression. Again, this is a time when nurses, simply by virtue of being present, are going to be the most obvious target for the anger and ambivalence. Parents may begin to find fault with everything the nurses do, even though the nurses have been doing the exact same things for many months. This is a particularly difficult time for families because it seems so out of sync with what they felt they had already dealt with by coming home. It is a prime time for what can appear to be arbitrary discharge of nurses and home health agencies, Family discord may reach an all time high and the tension in the home can permeate all aspects of family life.
- Nurses need to be particularly sensitive to parents getting tired at this time and help in whatever way possible to make things run smoothly. Legitimate concerns about the care of the child can be addressed through proper channels as they arise, but it is important to remain as calm and objective as possible through the rough points and to not personalize the situation.

III. Guiding Principles for Nurses in Home Care

- There are three guiding principles, which are important to assure that the home care experience will be the supportive service it is intended to be. The principles overlap and are interrelated, but are presented in the following as distinct entities for emphasis.

A. The Parent as Authority in the Home

- With the large number of agencies, organizations and health care professionals involved with the child and family, it is easy to forget that the parents are the ultimate authority over their child and the care that their child receives. Everyone else is there as service providers and/or as consultants but it is the parents who are and should be in control of the overall situation. In this regard, while nurses may be hired by a home health agency, and while funding for home care may come from a payer other than the family, the parents are, in fact, the consumers and therefore equivalent to being the nurse’s employers. They have the rightful authority to both select and remove agencies and individual service providers and to establish the specific guidelines for how service is provided to their child in their home. While the discharge of individual providers and/or agencies is not the recommended first response when dealing with problems in home care, the parents are the authority in their own homes and therefore this can occur.
- Nurses need to keep in mind that they are working for the family, not present in the home as a favor to the

child or family, or out of altruistic concern. Working in home care is a contractual, business relationship. Therefore, inherent in this business relationship is the requirement of respect for parental authority. Efforts to enable parents to develop and maintain the central position of authority are essential. This does not mean that parents have to do everything themselves, but rather that they have the authority over the entire home care situation, and can assign responsibility to the appropriate people.

- Nurses need to consistently carry out their responsibilities in a manner which will gain the trust of the parents. Parents must also feel that the nurses in the home will be supportive of parental decisions and will respect the parents’ ability and right to care for their own child. If nurses are able to develop a supportive, trusting and mutually respectful relationship with parents, then difficulties can be discussed and problems can be resolved in a way which is not threatening to either parents or nurses.
- Developing a relationship that is respectful of the parents’ authority and the nurses’ skills and responsibilities is a dynamic process. It takes time and a conscientious, consistent commitment from the nurse, the nursing agency, and the parent,

B. Professional and Personal Support

- It is of utmost importance for nurses to establish a personal and professional supportive network outside of the home in which they are working, to deal with the intensity and stress of home care. Working with one patient in one home, while it has its desirable qualities, also has drawbacks. It can become boring, stressful, or all consuming, especially for nurses who work full time in the home. Professional support should be available through the nurse supervisor, home care colleagues or their professional organizations. Regular supervision meetings, staff conferences or even nursing support groups may help the individual nurse to put into perspective one’s own behavior, or the unexpected behavior of family members.
- Personal or social support from one’s own family and friends is also important. Nurses who try to have personal or social needs fulfilled in the client’s environment are at risk of becoming too personally involved with the family. This can lead to an inability to maintain an appropriate professional relationship.

C. Maintaining a Professional Relationship

- It is perfectly normal for families consciously or unconsciously, to seek to incorporate the home care nurse into the family unit in order to decrease the stress of having an outsider in the home. This pull is difficult to resist because it feels like an acceptance and statement of affirmation to be considered as a “family member.” While this may be appealing for the nurse, this does not necessarily reflect the family’s personal statement regarding the nurse as a person. It is, instead, an attempt to decrease the family’s own anxiety.

- The problem comes from the fact that families have established boundaries and rules by which they live. These rules have evolved over the life of the family and have a history to which no outsider could possibly have access. In a fairly short period of time, nurses who allow themselves to be incorporated into the family unit will become recipients of much frustration and hostility for not fitting into the expectations of the family system. As professionals, nurses are responsible to maintain an appropriate, professional distance, while at the same time supporting and respecting the families' naturally established boundaries, even when the family attempts to include nurses as family members.
- There are families on the other hand, who have no boundaries, or boundaries which are so diffuse as to be virtually nonexistent. These families will automatically view nurses as members of the family unit and expect nurses to function as a full member of the family. In these circumstances, it is all the more important for the nurses to help the family establish boundaries, by identifying those areas where it is inappropriate for the nurses to be involved, even when invited, such as in family arguments, decisions about family activities or even life style choices.
- Becoming overly identified with the child or family can be a problem for nurses as well as the family. It is important for nurses to remain objective in order to execute their role with maximum efficiency and effectiveness. This is not intended to mean that the home care assignment is "just another job", but it is intended to emphasize that it is a job and should not become the nurse's life.

IV. Specific Guidelines in the Home

- The next four sections will deal with more specific guidelines for nurses working in home care. The specific guidelines are written for all levels of professionals in home care, and while some may seem obvious they are provided as reminders that certain behaviors and actions may have impact beyond the original intent.

A. Common Courtesy in Home Care

- There will be many caregivers entering the home and the child's bedroom in particular. It is important to be sensitive to the fact that it is someone's home, and treat the furnishings with respect, e.g.: wipe up spills on furniture and carpeting, notify the parent if something is broken; wipe feet before entering, etc. With so many additional people coming in and out of the home, there will be extra wear and tear on the furnishings and efforts need to be made to minimize the damage as much as possible.
- It is not the responsibility of the nurses to do general housework, but it is expected that nurses will help maintain a clean and neat environment for the child, e.g.: replacing supplies and equipment in their proper places, making sure the child puts toys away after use, etc.

B. Value Judgments

- Nurses may be working in homes in which they experience differences in basic social values and behavior, than

their own. These differences should not be expressed to the parents as long as the life style and behaviors of the family do not risk harm to the child, or impede the nurses from doing the job they are there to do. How a family lives is their own choice. Most concerns in this area center on judgments regarding discipline of the child and/or siblings, housekeeping, and relationships with others, such as friends, spouses, or dating relationships. Similarly, the financial affairs of the family including how a family chooses to spend their limited funds are not the business of the nurses. It is recognized however, that it can be difficult to work in an environment where values differ dramatically. If nurses find the differences too distressing, it may be necessary to consider the decision to not work with a particular family

C. Spiritual or Religious Beliefs

- The spiritual or religious beliefs of nurses should not be expressed in the work place. In addition, it is important to avoid any attempt to influence the child, siblings, or parents regarding spiritual or religious values which deviate from the families own spiritual or religious values. If the child asks questions of a spiritual or a religious nature, nurses are expected to refer to the parents.

D. Day-to-Day Routine

- Home care is a 24-hour a day, 7 days a week job for the family, and generally a 40-hour or less workweek for nurses. Routines which the family has established for the child should be followed as closely as possible. Asking the family how and when they would like to discuss non-emergency updates on the child's care will avoid repetition of information of which they may already be aware.

E. Authority in the Home

- Where there are mutually acceptable options for care, it is important for nurses to support the parents' authority. Unless the child is placed at risk of harm, the parents have a right to determine the care of their child. When parents are felt to be making inappropriate decisions about the care of the child it needs to be discussed with the parent and the nurse supervisor. If this does not resolve the concern, the nurse supervisor, physician, and the case manager may be helpful in negotiating differences.
- When a written plan of treatment includes a specific activity or routine, nurses are expected to follow written physician orders at all times. If parents wish to alter a plan of treatment, which is part of the physician orders, it is up to the parents to negotiate this with the physician. However, there will be many daily routines in the care of the child, which are not covered by written physician orders. The parents are the authority in determining routine, non-prescriptive routines and procedures, and nurses are expected to respect this authority.

F. Dependency

- Parents are dependent on the services provided by nurses to keep the child at home. This can create a power differential to which nurses need to be sensitive. Parents do not want to antagonize nurses any more than nurses

want to antagonize parents. Systematic negotiation of differences of opinion, while everyone's responsibility, should be a skill which the experienced professional brings to the home environment. The primary goal is to foster independent family functioning while providing appropriate support as needed.

G. Documentation

- There must be a standard procedure in the home for recording information about the care the child is receiving. Other than the required charting and recording, it is not appropriate to document in the chart or other places, any aspects of family life or family functioning which is not directly related to the medical care status, or safety of the child.

H. Reporting Abuse or Neglect

1. Child Abuse

- There are occasions when it may be necessary to raise concerns about a parents or other caregiver's ability to care for a child. Nurses are mandated reporters under "The Child Abuse and Neglect Reporting Act" and are responsible to report any acts of physical abuse, neglect, or sexual abuse to the proper state authorities. Physical and sexual abuses are fairly clearly coined in the Act itself. Neglect on the other hand, is less easy to determine, especially when a medically complex child is concerned.
- Determining when to report neglect can be difficult; hence it is recommended that there be consultation with others involved with the child including the physician, the home health agency supervisor, and the case manager before making a report. It is also necessary to document incidents of neglect, including description of alleged neglectful behavior, dates and times. It is important to remember that if the nurse is in the home to care for the child, it is difficult to make a case for the parent or other caregiver as neglectful, since the nurse is responsible for the child during that time.
- However it can be considered neglect if, for example, the family care giver taking over the care of the child is intoxicated, fails to appear without notice, fails to provide the necessary care, or where the environment is unsafe or potentially life threatening.
- In reporting physical or sexual abuse or neglect, nurses are responsible for providing specific information which is pertinent to the allegation. It should be understood that a report is only an allegation of abuse, or neglect. The designated agency for protective services, not the nurse, is responsible for investigating the report. While as much information as possible is important, nurses do not have to prove abuse or neglect, only to report it when they suspect that it is occurring.
- It is also a professional responsibility for the reporting nurse to remain with the child whom the nurse ascertains is at risk of harm until the protective services worker or the police arrive after a report is made. The nurse cannot legally remove the child from the home without the parents'

permission unless the child is in need of emergency medical treatment. Being at risk of abuse is not sufficient grounds for removing the child, and the nurse doing so could be arrested for kidnapping. Only the police or designated protective service worker can legally take custody of a child at risk, and in a non-medical but protective emergency, the police should be called.

2. Elder Abuse

- Reporting suspected abuse, neglect or exploitation of older persons living in your community
- Anyone can report a case of elder abuse in good faith.

The Elder Abuse and Neglect Act provides that people – who in good faith report suspected abuse or cooperate with an investigation – are immune from criminal or civil liability or professional disciplinary action. It further provides that the identity of the reporter shall not be disclosed except with the written permission of the reporter or by order of a court. Anonymous reports are accepted.

- Certain professionals are required by law to report suspected elder abuse. Illinois has a law which requires certain professionals to make reports of suspected abuse of older persons who are unable, due to dysfunction, to report for themselves.

This law applies to persons delivering professional services to older persons in the following fields:

- social services
- adult care
- law enforcement
- education
- medicine
- state service to seniors
- social workers.

Mandatory reporting requirements only apply when the reporter believes that the older person is not capable of reporting the abuse themselves.

For more information, see the booklet, "Reporting Elder Abuse: What Professionals Need to Know," listed in Publications (http://www.state.il.us/aging/1news_pubs/onlinepubs.htm). For a free copy, contact the Senior Help Line (<http://www.state.il.us/aging/1helpline/helpline-main.htm#contact>).

To report suspected abuse, exploitation or neglect of an older person, call the statewide, 24-hour Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY).

You may also call your local Elder Abuse Provider Agency (http://www.state.il.us/aging/1directory/elder_abuse.pdf). A list is available in the Directory of Agencies and Organizations Serving Seniors (<http://www.state.il.us/aging/1directory/directory-main.htm>).

1. The reporter should be prepared to answer the following questions to the best of their ability;
2. The alleged victim's name, address, telephone number, sex, age and general condition;
3. The alleged abuser's name, sex, age, relationship to victim and condition;

4. The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
5. Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
6. Whether the reporter believes the client could make a report themselves;
7. The name, telephone number and profession of the reporter;
8. The names of others with information about the situation;
9. If the reporter is willing to be contacted again; and,
10. Any other relevant information.
11. Confidentiality

All reports and records of the Elder Abuse and Neglect Program are subject to strict confidentiality provisions, except as provided by law or court order.

V. Specific Guidelines for Dealing with the Child

A. Supporting the Parent-Child Relationship

- Nurses need to be diligent about supporting and reinforcing the parent-child relationship and not do anything to undermine that relationship. It is extremely easy to become attached to and feel protective of the child, but to usurp the parental relationship with the child is unethical behavior. This is not to say that it is inappropriate to experience the child as more than just a “patient.” What is inappropriate is to lose objectivity and to try and replace the parent in the child’s life.
- It is important to be conscious of how home care providers refer to the child. Statements such as “my patient” are common in the hospital but it can be offensive to parents in the home situation, similarly, when speaking of the family, a nurse should avoid using the word “we” as though the nurse is part of the family. Use of “you” or “they” is more appropriate and less offensive.

B. Communication with the Child

- It is not appropriate to discuss any negative reflections about family members with the child. Children will look for support from nurses by speaking negatively about one or both parents when they feel parents are being unfair. Nurses who support children’s negative comments about their parents will be interfering in normal family functioning. While children may be initially looking for support they ultimately resent a non-family member making negative comments about the family. Children should be encouraged by nurses to discuss their feelings with their parents- even the most innocent of questions, e.g.: “Why is my Dad doing that?” can be redirected with a simple, “I don’t know, I think you should ask him.”, to avoid falling into the trap of trying to interpret parental behavior to the child.

C. Influencing the Child

- Children under the care of an adult for any extended period of time will begin to adopt the traits of that

person. This occurs naturally when children begin school and are influenced by teachers, but in home care of the young child this may happen at a much earlier age. Nurses need to be sensitive to the fact that their personalities and personal habits may be reflected by the child. Therefore, it is important to remember to be circumspect in attitudes, conversations, and behaviors because the child will adopt a variety of mannerisms and verbalizations which may or may not appear desirable to the family.

VI. Specific Guidelines Regarding the Relationship with Siblings

A. Day-to-Day Involvement

- Siblings are an important part of family life. When there are other children in the family nurses need to be sensitive to those children, also. Some siblings may seem like more of a nuisance than a help, but it is not the right or responsibility of the nurses to “organize” the rest of the children. If siblings are interfering with the care of the child then this needs to be addressed directly with the parents and/or nurse supervisor. It is also important to remember that siblings are going to resent all the attention that the child receives, including the child having his or her very own adult with whom to play. Nurses can help foster positive family relationships by including the siblings whenever appropriate in activities, being patient in answering their questions, and by demonstrating a genuine interest in the sibling’s activities and feelings whenever possible.

B. Sibling Interactions

- It is important for siblings to spend time together. This may include play activities, but also may include the normal disagreements and fighting which occur among brothers and sisters. Nurses should encourage and provide the opportunity for as much normal activity between siblings as possible and not be overly protective of the child. Sibling interaction is an important socializing experience and even a good squabble promotes growth and development for all involved, as long as it does not endanger the physical well being of the child.

C. Baby-Sitting

- Nurses are not expected to baby-sit siblings, nor should they take responsibility to do so. This does not mean that nurses may not supervise the play of siblings with the child, only that they should not be responsible for siblings when the parent is out of the home.

D. Discipline

- It is recommended that nurses not be responsible for disciplining the other children, however, this is an area which needs to be discussed with the parents. It is important for nurses to be able to exercise some authority over young siblings to avoid problems, but how this authority is defined needs to be negotiated.

VII. Specific Guidelines for Involvement with parents

A. Communication

- Good communication between parents and home care staff is critical to the success of homecare. Therefore, it

is important to clarify with parents what information needs to be reported to parents immediately, and which information can wait. Methods and systems of communication need to be established and may entail written as well as verbal communication. If there is repeated breakdown in communication or an inability to resolve communication difficulties, the nurse supervisor or the case manager may be of assistance in helping the nurse problem solve. It is inappropriate to call a consultant of any sort to come into “fix” the family, but nurses working in the home may profit from talking to others in order to determine an appropriate course of action.

- It is also expected that nurses will not call the doctor, D. M. E. provider, or other state agencies regarding the child without discussing it with the parents first. Except in the case of an emergency when the parent is unavailable, all home care providers should comply with this expectation.

B. Privacy and Confidentiality

- Privacy is a major issue for parents who have other caregivers in their home. Parents need to identify times when they do not wish to be disturbed, e.g.: for the first hour in the morning or after coming home from work, places where they do not wish to be disturbed, e.g.: in the bedroom or bathroom, and under what circumstances they do not wish to be disturbed, e.g.: when on the phone, when visiting with friends
- Nurses are expected to respect the confidentiality of the family and not discuss the family members with anyone outside of the home except with specified health care professionals as it relates to the child. Nurses should not provide information pertaining to the whereabouts of the parent when the parent is not at home. Nurses should respect and protect the family’s privacy appropriately at all times, whether in the home or talking with others outside of the home. Any breach of confidentiality by a nurse mandates immediate supervisory action.

C. Interactions between Parents or Parent and Significant Others

- All couples periodically get into arguments. Nurses are expected to avoid involvement in relationship disputes unless the child or the nurse is placed at risk. If it seems as though parents are trying to involve the nurse in a dispute, it is the nurse’s responsibility to identify to the parents that this is unfair and inappropriate. At times this may be difficult to do because sympathy may well

be with one parent over the other but it is important for the parents to negotiate their own problems without the involvement of nurses.

- It is inappropriate for nurses to become romantically involved with a parent in the home where they are working, even if the relationship is with a single parent and to be developed after work hours. If the parent and the nurse desire a relationship, the nurse is expected to cease working in that home because of the conflict of interest which exists.

VIII. Conclusion

- Home care is not for everyone, and in spite of best intentions some nurses are not able to make the adjustment. For those who do, however, it can be a rewarding and fulfilling experience. Of the nurses surveyed, the overwhelming majority were very satisfied with working in home care. They felt the flexibility of hours, the proximity to home, and the freedom to be involved with only one child and family far outweighed any of the problems they might have experienced. There are stresses for family members and for nurses working in a home environment but with conscientious effort most of the difficulties can be alleviated. When attention is provided to assuring good communication and understanding early in the home care experience, the service provided can be supportive to the family and professionally gratifying for nurses.

APPENDIX B - After Hours Emergency Phone

When the office is closed you still have access to both scheduling and nursing support. Call the regular office number and you will receive instructions on how to contact the on-call team member. Keep in mind an on-call emergency is any situation that cannot wait until the next business day (i.e. calling off for a shift, client condition changes such as hospitalization or an event which requires administrative acknowledgement).

When calling the on-call line please be specific by providing your first and last name, phone number with area code, location/client home/name.

If you have called the on-call person and not received a return call within 30 minutes, call back.

On-Call Numbers:

Private Duty -- (630) 236-3501

Intermittent Visits -- (630) 585-0074

APPENDIX C - Military Time

ALL TIME SHEETS MUST FILLED OUT USING MILITARY TIME

All times between the hours are to be entered as ¼ hour.

810=815, 607=615, 522=530, 2305=2315, 2240=2245; 1848=1900; etc.

All weeks begin and end at midnight on Saturday. Saturday night shift times should end at midnight with the remainder of the shift starting a new timesheet.

You must put your license number on the time sheet each time you sign in.

When taking a client to school, school hours should be on a separate time sheet. These are the hours from getting on the bus to getting off the bus.

00	AFTER MIDNIGHT (OR 0000)
0100	1 AM
0200	2 AM
0300	3AM
0400	4 AM
0500	5 AM
0600	6 AM
0700	7 AM
0800	8 AM
0900	9 AM
1000	10 AM
1100	11 AM
1200	NOON
1300	1 PM
1400	2 PM
1500	3 PM
1600	4 PM
1700	5 PM
1800	6 PM
1900	7 PM
2000	8 PM
2100	9 PM
2200	10 PM
2300	11 PM
2400	MIDNIGHT

FOR QUARTER AND HALF HOURS, JUST REPLACE THE ZEROS:
8:15 PM= 2015
9:30 PM= 2130
10:45 PM= 2245
15 MINUTES AFTER MIDNIGHT 0015
15 MINUTES AFTER NOON = 1215

APPENDIX D – Pay Schedule 2012-2013 Pay Period Start and End Date

Pay Period Start Date	Pay Period End Date	Pay Date
3/25/2012	4/7/2012	4/17/2012
4/8/2012	4/21/2012	5/1/2012
4/22/2012	5/5/2012	5/15/2012
5/6/2012	5/19/2012	5/29/2012
5/20/2012	6/2/2012	6/12/2012
6/3/2012	6/16/2012	6/26/2012
6/17/2012	6/30/2012	7/10/2012
7/1/2012	7/14/2012	7/24/2012
7/15/2012	7/28/2012	8/7/2012
7/29/2012	8/11/2012	8/21/2012
8/12/2012	8/25/2012	9/4/2012
8/26/2012	9/8/2012	9/18/2012
9/9/2012	9/22/2012	10/2/2012
9/23/2012	10/6/2012	10/16/2012
10/7/2012	10/20/2012	10/30/2012
10/21/2012	11/3/2012	11/13/2012
11/4/2012	11/17/2012	11/27/2012
11/18/2012	12/1/2012	12/11/2012
12/2/2012	12/15/2012	12/25/2012
12/16/2012	12/29/2012	1/8/2013
12/30/2012	1/12/2013	1/22/2013
1/13/2013	1/26/2013	2/5/2013
1/27/2013	2/9/2013	2/19/2013
2/10/2013	2/23/2013	3/5/2013
2/24/2013	3/9/2013	3/19/2013
3/10/2013	3/23/2013	4/2/2013
3/24/2013	4/6/2013	4/16/2013
4/7/2013	4/20/2013	4/30/2013

Fax Timesheets to this number:
(630)701-1644
Then mail to the office

Intermittent Visits
(630)585-0074 Phone
(630)236-3505 Fax

APPENDIX E – Bloodborne Pathogens

Introduction

In response to the threat created by occupational exposure to bloodborne pathogens, (Hepatitis B and HIV), OSHA created the Bloodborne Pathogens Standard which was made effective in 1992.

OSHA is the Occupational Safety and Health Administration, which was created to assure that employees are protected from hazards likely to cause death or serious physical harm.

In workplaces where there is a risk of exposure to bloodborne diseases such as health care workers, the employer has the responsibility of reducing or eliminating the risk of transmission of Hepatitis or HIV. These responsibilities are:

1. Adherence to universal precautions - which means treating all blood and bodily fluids as potentially infectious or contaminated.
2. Determining which positions carry the risk of exposure to Hepatitis or HIV.
3. Developing an Exposure Plan and updating it.
4. Educational and training programs for those employees at risk for exposure.
5. Using appropriate protective equipment and clothing.

Hazards of Bloodborne Pathogens

Bloodborne pathogens are microorganisms in human blood that can cause disease in humans. They include the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), which causes AIDS.

Occupational transmission of HIV is relatively rare, but the lethal nature of HIV requires that we take every possible measure to prevent exposure. HBV on the other hand is more easily transmitted and is potentially life threatening. The Centers for Disease Control estimates there are approximately 28,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract Hepatitis B and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Any one with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B is vaccination.

Who Needs Vaccination?

Any one who may be exposed to blood or other potentially infectious materials as part of their job duties. A three-injection series is recommended.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood can be reasonably anticipated.

The vaccination involves three injections in the arm (with a non-infectious, yeast-based vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. Since this preparation is not of human blood or plasma, there is no risk of contamination from

other bloodborne pathogens nor is there any chance of developing Hepatitis B from vaccine.)

The second injection is given one month after the first and the third injection is given six months from the date of the initial dose. More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts. The CDC states that between 30% and 50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within seven years, however, immunity seems to be dependent upon the individual's own immune system. For persons at occupational risk of needle stick injuries, it is recommended that a titer level be drawn every 3-5 years to verify immunity.

Handling Blood

Proper handling of blood and regulated waste is essential to prevent unnecessary exposure. Handling must be done with great care - especially liquid or semi-liquid blood and other potentially infectious materials, items caked with these materials if compressed, and contaminated sharps.

If surfaces are contaminated with blood they may require the use of a product potent enough to kill HBV, HIV and TB. Common laundry bleach and water is excellent and economical: mix 1 part bleach to 4 parts water to disinfect surfaces.

What are Universal Precautions?

Universal precautions is the name for the recommended policy for health care workers regarding blood and bodily fluids of all patients as potential sources of disease. **ASSUME THAT YOU WILL BECOME INFECTED, NOT THAT YOU WON'T!!!!**

The general rule is to wear gloves and other barriers to reduce the risk of exposures. Specific precautions are to be taken with soiled linen, trash and used sharps. For the purpose of post exposure management, employers must provide Hepatitis immunization and periodic HBV and HIV testing at the discretion of the affected employee. This concludes universal precautions.

Engineering and Workplace Controls

The standard talks about Engineering and Work practice controls... what does that mean? Engineering controls are methods that isolate or remove hazards from the workplace. Some examples are:

- Washing hands immediately after removal of gloves.
- Removing personal protective equipment and clothing which is contaminated with blood or other potentially infectious material as soon as possible prior to leaving the treatment area and placing the article in the appropriate designated area for decontamination, disposal.
- Contaminated needles must not be sheared or broken.
- Contaminated needles must not be bent or recapped (recapping may be done using the one-handed scoop method)
- Contaminated reusable sharps must be placed in appropriately labeled leak proof container.
- Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas.
- Employees are required to perform all procedures involving blood with other infectious or potentially infectious materials

in such a way as to minimize splashing, spraying, spattering, and generating droplets of blood.

- Personal Protective Equipment and Clothing (PPE)
- In addition to engineering controls, employees must use appropriate personal protective equipment and clothing. The employer is required to provide necessary equipment and clothing when there is a significant probability for exposure to blood.

Specific Requirements:

Gloves must be worn when the employee has the potential to have hand contact with blood. Gloves must not be washed or reused. Utility gloves, (latex, dish washing gloves) on the other hand may be decontaminated for reuse so long as they are intact. If signs of deterioration are observed replace them immediately.

Eye and face protection - you must wear masks in combination with eye protection devices, such as goggles or glasses with side shields or chin length face shields whenever splashed or sprays may be generated.

Gowns and other protective clothing must be worn in exposure situations. The type of procedure determines the type of clothing to be worn. The clothing must form an effective barrier such as gowns, lab coats, clinic jackets or similar outer garments.

When an Exposure Occurs:

First, contact the office and report the exposure. Complete an incident report. The office will consult with you regarding where to receive medical attention and consultation. Generally you will be tested for your baseline Hepatitis B status and HIV status. The attending physician will counsel you about what happened and how to prevent further spread of any potential infection. He will prescribe appropriate treatment and will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development. Have the physician complete the Post Exposure Evaluation form and request a copy be forwarded to us to be filed in your medical file per OSHA regulations. We must have a copy of the Exposure Incident and the Post Exposure Evaluation on file.

YOU MUST REPORT AN EXPOSURE INCIDENT AND RECEIVE MEDICAL TREATMENT. IMMEDIATE INTERVENTION CAN FORESTALL THE DEVELOPMENT OF HEPATITIS B OR ENABLE YOU TO TRACK POTENTIAL HIV INFECTION.

IMMEDIATE ACTION IS CRUCIAL!!!

In Summary

Complying with the procedures concerning blood borne pathogens is tantamount to reducing your risk of exposure and maintaining a safe environment for you, your peers and your clients. The specific responsibilities of the employee include:

- Observing universal precautions (see policy on this procedure)
- Identifying areas which you are at risk.
- Using appropriate housekeeping and infection control measures.
- Reporting exposures.
- Informing the American Home Health office of potential hazards.
- Reviewing policies and procedures on an annual basis.

APPENDIX F – Universal Precautions Policy

Policy:

It is the policy of this agency that universal precautions will be consistently used for all clients to provide protection for clients and health care professionals without compromising client's rights, confidentiality, trust or care.

Procedure:

1. Hand Washing

- A. Hand washing shall be done before and after all aspects of client care whether or not gloves have been worn and as necessitated by client care circumstances.
- B. If soap and water are not available, a waterless anti-septic solution shall be used.
- C. Hands must be washed when they come in contact with blood or other body fluids.

2. Aseptic Technique

- A. All procedures for infusion and dialysis therapy shall be performed using sterile or aseptic technique.
- B. All workspaces shall be cleaned with alcohol or soap and water or a 1:4 bleach to water solution prior to equipment set up.
- C. Disposable, one time use supplies will be used.

3. Blood and Body Fluid Precautions

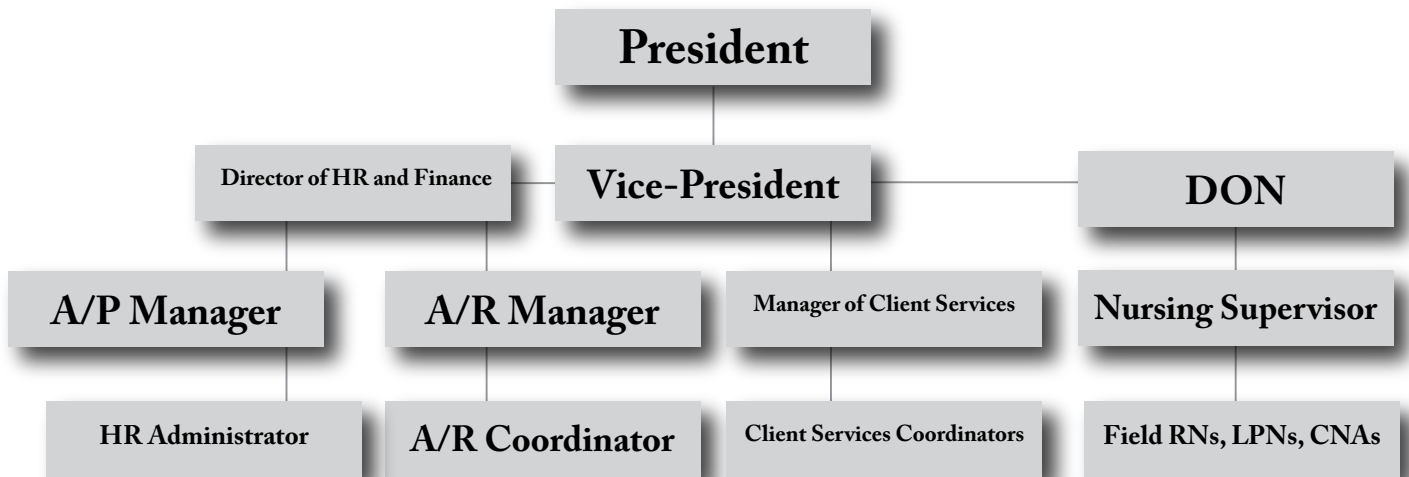
- A. Gloves must be worn in the following circumstances:
 1. When handling blood and blood specimens.
 2. When handling body secretions such as emesis, urine, stool and wound exudates.
 3. When touching mucous membranes.
 4. When touching skin lesions or lacerations.
 5. When touching items or surfaces contaminated by blood or body secretions.
 6. When handling needles and/or syringes which a client has used.
 7. When cleaning blood and body fluid spills.
 8. When performing venipuncture or other vascular access procedures.
 9. When there is skin breakdown or lesions on the hands of the person providing care.
 10. When cleaning equipment.
- B. Hands must be washed before and after wearing gloves.
 1. Masks shall be worn during procedures that may generate droplets or splashes of blood or body fluids.
 2. Protective eyewear shall be worn during procedures that may generate droplets or splashes of blood or body fluids.
 3. Needles should never be recapped, bent, broken, or removed from the syringes.
 4. All needles and sharp instruments shall be placed as one piece into a puncture resistant container after use.
 5. The puncture resistant container will be discarded properly as hazardous waste and

replaced with an empty container when it is three-fourths full - do not overfill containers.

6. Never pick up broken glassware that may be contaminated. A brush, dustpan, forceps and/or tongs are used for picking up broken glassware. Implements used for this purpose are to be cleaned and decontaminated.

7. Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited in work areas where there is any risk of exposure to blood borne pathogens. Food and drink should be stored in areas free of risk of contamination.

APPENDIX G – Organizational Chart



APPENDIX H - HIPAA

HIPAA-Health Insurance Portability and Accountability Act
 HIPAA: Privacy Compliance

The HIPAA Privacy Rules – finalized on August 14, 2002 – ensures that personal medical information you share with doctors, hospitals, and others who provide and pay for healthcare is protected. It is the first-ever comprehensive federal protection guideline for the privacy of health information.

Basically, the Privacy Rule does the following:

- Imposes new restrictions on the use and disclosure of personal health information
- Gives Patients greater access to their medical records, and
- Gives patients greater protection of their medical records.

You can make sure you protect personal patient data by learning the basics of the final HIPAA Privacy Rule outlined in this handbook.

Who is covered by the HIPAA Privacy Rule?

You're covered by the HIPAA Privacy Rule – and termed a covered entity – if you are a:

- Healthcare provider
- Health Plan

- Healthcare clearinghouse
- Business associate who has access to patient records.

What is Protected Health Information (PHI)?

When a patient gives personal health information to a covered entity, that information becomes Protected Health Information – or PHI. It includes:

Any health information or patient information used or disclosed by a covered entity in any form-oral, recorded, on paper, or sent electronically, or:

- Any personal health information that contains information that connects the patient to the information
- Examples of information that might connect personal health information to the individual patient include:
 - » The individual's name, address, diagnosis, or treatment
 - » Social security or other identification numbers
 - » Physician's personal notes
 - » Billing information

What are the rules for the use and disclosure of Protected Health Information?

HIPAA's Privacy Rule is all about the use and disclosure of Protected Health Information or PHI. With few exceptions, PHI can't be used or disclosed by anyone unless it is permitted or required by the Privacy Rules.

PHI is used when:

- Shared
- Examined
- Applied
- Analyzed

PHI is disclosed when:

- Released
- Transferred
- In any way accessed by anyone outside the covered entity.

You are permitted to use or disclose PHI:

- For treatment, payment, and healthcare operations
- With authorization or agreement from the individual patient
- For disclosure to the individual patient
- For incidental uses such as physicians talking to patients in a semi-private room.

You are required to release PHI for use and disclosure:

- When requested or authorized by the individual – although some exceptions apply
- When required by the Department of Health and Human Services for compliance or investigation.

When is authorization required?

But you are required to get a signed authorization from the patient if you use or disclose his or her Protected

Health Information for purposes other than:

- Treatment
- Payment
- Healthcare operations.

Generally, authorization is required to use PHI:

- For use or disclosure of psychotherapy notes (except for treatment, payment, or healthcare operations)
- For use and disclosure to third parties for marketing activities such as selling lists of clients.

However, covered entities can communicate freely with patients about treatment options and health-related information.

What is included in an authorization form?

Each authorization form only covers the use/disclosure outlined in that form. The form must contain:

- A description of the PHI to be used/disclosed, in clear language
- Who will use/disclose PHI, and for what purpose
- Whether or not it will result in financial gain for the covered entity
- The patient's right to revoke the authorization
- A signature of the patient whose records are used/disclosed, and a date of signing.
- An expiration date.

When is authorization not required?

- PHI can be used/disclosed without authorization, but with patient agreement, for the following reasons:
- To inform family members or other identified persons involved in the patient's care, or notify them on patient location, condition or death
- To inform appropriate agencies during disaster relief.

Other permitted uses/disclosures that do not require patient agreement include:

- Public health activities related to disease prevention or control
- To report victims of abuse, neglect, or domestic violence.
- Health oversight activities such as audits, legal investigations, licensure or for certain law enforcement purposes or government functions
- For coroners, medical examiners, funeral directors, tissue/organ donations, or certain research purposes
- To avert a serious threat to health and safety.

What is minimum necessary?

In general, use/disclosure of PHI is limited to the minimum amount of health information necessary to get the job done. That means:

- Covered entities must develop policies and practices to make sure the least amount of health information is shared
- Employees must be identified who regularly access PHI
- The types of PHI needed and conditions for access.

The minimum necessary rules do not apply to use/disclosure of medical records for treatment, since healthcare providers need the entire record to provide quality care.

What is the Privacy Notice?

Patients have the right to adequate notice concerning the use/disclosure of their PHI on the first date of service, or as soon as possible after an emergency. And new notices must be issued when American Home Health Corporation's privacy practices change.

The Privacy Notice must:

- Contain patient's rights and the covered entities' legal duties
- Be made available to patients in print
- Be displayed at the office, or posted on a web site if possible.

Once a patient has received notice of his or her rights, covered entities must make an effort to get written acknowledgement of receipt of notice from the patient, or document reasons why it was not obtained. And copies must be kept of all notices and acknowledgements.

What are the patient privacy rights?

The Privacy Rules grants patients new rights over their PHI. It's your job to make sure they can exercise their rights, including the following:

- Receive Privacy Notice at time of first delivery of service
- Restrict use and disclosure, although the covered entity is not required to agree
- Have PHI communicated to them by alternate means and at alternate locations to protect confidentiality
- Inspect, correct, and amend PHI and obtain copies, with some exceptions

- Request a history of non-routine disclosures, and
- Contact designated persons regarding any privacy concern or breach of privacy

What about the privacy rights of minors?

In general, parents have the right to access and control the PHI of their minor children-except when state law overrides parental control.

Examples include:

- HIV testing of minors without parental permission
- Cases of abuse
- When parents have agreed to give up control over their minor child.

What must American Home Health Corporation do to comply?

- Allow patients to see and copy their PHI
- Designate a full- or part-time privacy official responsible for implementing the program.
- Designate a contact person responsible for receiving complaints.
- Develop a Notice of Privacy Practices document.
- Develop policies and safeguards to protect PHI and limit incidental use or disclosure.
- Institute employee-training programs, so everyone knows about the privacy policies and procedures for safeguarding PHI.
- Institute a complaint process, and file and resolve formal complaints.
- Make sure contracts with business associates comply with the Privacy Rule.

What happens to those who do not comply?

If you violate the Privacy Rules, HIPAA set civil and criminal penalties including:

- A \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated
- A criminal penalty for knowingly disclosing PHI-a penalty that may escalate to a maximum of \$250,000 for conspicuously bad offenses.

But if you unknowingly make a mistake, remember: the Department of Health and Human Services is mandated to give American Home Health Corporation advice and technical assistance to help work out our problems.

What can you do to protect patient's privacy and confidentiality?

HIPAA protects our fundamental right to privacy and confidentiality. And that means HIPAA's Privacy Rules is everyone's business-from the CEO to the healthcare professional to the maintenance staff. To do your part:

- Make sure you fully understand our privacy practices.
- Protect your patients' personal health information.
- Encourage others to do the same.

In review, it is our responsibility to ensure the privacy of our clients is protected. This means limiting our communication about our clients to only those who have a need to know. If you believe there has been a violation please call Janelle Fulfs to discuss the circumstances so appropriate actions can be taken, if any.

Summary of Notice of Privacy Practices

The following information is a summary of the NOTICE OF PRIVACY PRACTICES, which is attached, in full text. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE SUMMARY OF NOTICE OF PRIVACY PRACTICES

The following information is a summary of the NOTICE OF PRIVACY PRACTICES, which is attached, in full text. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice. We must follow the terms of this notice. If the notice is changed in any material way, a revised notice will be available upon request.

We will use your medical information for Treatment. For example, a nurse who is providing your care will report any changes in your condition to your doctor. We will use your medical information for Payment. For example, we may need to give your insurance plan information about your diagnosis, treatment and supplies used. We will use your medical information for Health Care Operations. For example, we may use your medical information to evaluate our services. We may contact you at any phone number or address you have provided to us to remind you of an appointment or other health care matters or to obtain payment for our services.

We may use your name and address for fund raising activities. We may use and disclose your medical information to inform you of treatment alternatives or other health related benefits and services. We may disclose your medical information to family members or others who are involved in your care or payment for that care. If we have a patient directory, we will include information about you in that directory. You must notify Janelle Fulfs in writing if you do not want us to communicate with you in any of these ways.

We may use your medical information for any uses that are required or permitted by law.

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying Janelle Fulfs in writing.

You have the following rights:

Right to privacy notice; Right to request restrictions on uses and disclosures of your medical information; Right to receive confidential communications; Right to inspect and copy your medical information; Right to request an amendment to your medical information; and Right to an accounting of disclosures of your medical information.

If you feel that your privacy rights have been violated, please contact the individual listed at the end of this notice immediately or the U.S. Secretary of Health and Human Services.

Contact Information. Our Designee, Janelle Fulfs, can be contacted at (630) 236-3501.

Clients Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of This Notice

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We will tell you if we change this notice. A copy of the revised notice will be available upon request or posted at our location or on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information.

This notice will be given to you on the date that you first receive medical products or treatment from American Home Health Corporation. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

How We Use or Disclose Your Medical Information

For Treatment

We will use medical information about you to provide you with treatment and services. We may share this information with members of our healthcare staff or with others involved in your care such as doctors, nurses, or health care facilities. For example, a nurse who is providing your care will report any changes in your condition to your doctor. We may also disclose your health information to a member of your family or other person who is involved in your care.

For Payment

We may use or disclose your medical information to bill and collect payment for the services we provided to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

Health Care Operations

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

Your name and address may be used to send out patient satisfaction surveys.

We may contact you either by telephone or by mail at your home or your office to remind you of an appointment that you have with us or any other matter related to the health care services we provide or

payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this notice.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your medical information.

Other Use and Disclosures of Your Medical Information

Fund-raising – Your name and address and the dates you received treatment or services may be added to a mailing list of patients in order to invite you to a fund-raising event or to send you a newsletter. If you do not want to receive these communications, please notify Janelle Fulfs in writing.

Treatment Alternatives – We may use and disclose medical information about you to contact you about other health care treatment that is available to you. If you do not want to receive these communications, please notify Janelle Fulfs in writing.

Health Related Benefits and Services – We may use and disclose medical information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify Janelle Fulfs in writing.

Individuals Involved in Your Care – We may disclose medical information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose medical information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose medical information about you, please notify Janelle Fulfs in writing.

Use or Disclosures That Are Required or Permitted by Law

Disaster Relief – We may use or disclose medical information about you assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a natural or man-made disaster.

Required by Law – We may use or disclose medical information about you when we are required to do so by law.

Communicable Diseases – We may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

Public Health Activities – We may disclose medical information about you for public health activities to prevent or control disease.

Victims of Abuse, Neglect or Domestic Violence – We may disclose medical information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

Health Oversight Activities – We may disclose medical information about you to a health oversight agency.

Food and Drug Administration – We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

Legal Activities – We may disclose medical information about you in response to a court proceeding. We may also disclose medical information about you in response to a subpoena or other legal process.

Disclosures for Law Enforcement Purposes – We may disclose information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- About crimes that occur on our premises.
- To report a crime in emergency circumstances.

Funeral Directors, Coroners and Medical Examiners – We may disclose medical information about you as necessary to allow these individuals to carry out their responsibilities.

Organ Donation – We may disclose medical information about you to organ procurement organizations if you are an organ donor.

Workers' Compensation – We may disclose medical information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

Public Health or Safety – We may use or disclose medical information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

Military – If you are a member of the Armed Forces, we may use and disclose medical information about you to your military command.

National Security and Intelligence – We may disclose medical information about you to authorized federal officials for national security and intelligence activities.

Security Clearance – We may use medical information about you for a required security clearance.

Inmates – We may disclose medical information about you to a correctional institution or law enforcement official who has custody of you.

Research – We may disclose your medical information to researchers under certain limited circumstances.

Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying Janelle Fulfs in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

- A request to provide certain medical information to a drug company for marketing purposes.
- A request to provide your medical information to an attorney for use in a civil law suit.

Your Rights

The information contained in your health or medical record is the physical property of American Home Health Corporation. The information in it belongs to you. You have the following rights:

Right to Request Restrictions – You have the right to ask us not to use or disclose your medical information for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific medical information. That

request must be made in writing to Janelle Fulfs. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or American Home Health Corporation can stop a restriction at any time.

Right to Receive Confidential Communications – You have the right to ask that we communicate with you in a certain manner or at a certain place. If you want to request confidential communications the request must be made in writing to Janelle Fulfs. We must agree to your request if it is reasonable.

Right to Inspect and Copy Your Medical Information – You have the right to request to inspect and obtain a copy of your medical information. You must submit your request in writing to Janelle Fulfs. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

Right to Request Amendments to Your Medical Information – You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to Janelle Fulfs.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request if we determine that the information:

- Was not created by us
- Is not part of the medical information that we maintain
- Is in records that you are not allowed to inspect and copy
- Is already accurate or complete

Right To An Accounting of Disclosures of Health Information -- You have the right to find out what disclosures of your medical information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before April 14, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to Janelle Fulfs. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. We will notify you in advance if there will be a charge.

Right To Obtain a Copy of the Notice – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

Complaints

You have the right to complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There is no risk in filing a complaint.

To file a complaint with us, contact by phone or by mail:

Our Designee: **Janelle Fulfs, Vice President**

1660 North Farnsworth Avenue, Suite 3

Aurora, IL 60505

(630) 236-3501 - Phone

To file a complaint with the United States Secretary of Health and Human Services send your complaint to:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Janelle Fulfs
1660 North Farnsworth Avenue, Suite 3
Aurora, IL 60505

By phone with questions or with written requests for information as defined under the Your Rights section of this notice. Complaints or questions may be made by phone or in writing.

The revision date of this privacy notice is: April 14, 2003

APPENDIX I – Employee Handbook Sign Off

I have received the entire Employee Handbook and understand my responsibility to read the contents in its entirety. I agree to follow the official policies of the corporation to the best of my ability. I acknowledge that this handbook is a summary only of policies and the policies of the company can change without notice. Initial _____

I understand that American Home Health has a drug and alcohol free policy. With this in mind I understand that I may be asked to undergo a drug or alcohol screen on a random basis. I further agree that in the event of an accident that occurs while I am on the job, I may be asked to undergo a drug and/or alcohol screen. Initial _____

My beginning hourly rate, will be: \$ _____

I authorize American Home Health Corp. to make investigative background inquiries in connection with my possible employment with AHHC. I understand that these background inquiries may include, but may not be limited to, consumer, criminal, driving, and other reports, and may include information regarding my character, work habits, performance, and experience, including reasons for termination. I understand, further, that AHHC may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any part or agency contacted by this employer to furnish the above-mentioned information.

SIGNED _____ DATE _____

WITNESSED _____ DATE _____

Please find the handbook online at:
http://www.ahhc-1.com

APPENDIX J – Confidentiality Agreement

The undersigned employee (“Employee”) of American Home Health (“the Company”) understands that Employee’s duties requires the Company has disclosed and will disclose to the Employee knowledge and information concerning its client’s/patient’s private information, business methods, and other means which constitute the property of the Company which enable the Company to operate successfully in its business. In disclosure of this confidential and proprietary information the Employee agrees as follows:

To hold in confidence any and all patient/client information for an indefinite period of time. Staff members may not discuss or communicate any medical record or client information except that which is necessary to perform their job.

To refrain from discussing clients/patients outside of the context of professional conversation regarding the patient’s/client’s condition or care.

To treat all matters relating to the Company’s business as confidential information, which has been entrusted to Employee solely for use of the Employee within the scope of their job with the Company.

Employee shall not, during the term of Employee’s employment, and for a period of one year thereafter, directly or indirectly divulge, communicate, furnish, make accessible to anyone or misuse in any way any knowledge or information of the Company with respect to a) any confidential information or trade secrets or business of the Company, b) patient/client lists, customer lists, or referral source lists or c) any patient list or any other information relating to patients/clients of the Company

To refrain from directly or indirectly request or advise any customer or client of the Company to withdraw, curtail or cancel any of their business or other relationships with the Company.

The Company shall be entitled to enforce this agreement by action brought in any court of competent jurisdiction for damages, injunctive relief or such other relief as may be appropriate under this confidentiality agreement. This agreement is legally binding on both of us and benefits our successors and assigns. The Company shall be entitled to all costs and attorneys fees incurred in enforcing this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year written below.

Dated this _____ day of _____, 20__

Employee’s Signature _____

Witness’s Signature & Title _____