RIGHT ACCORD
Private Duty-Home Health Care

MAIN OFFICE: 941.366.0801
ALT. PHONE: 941.685.3453
FAX:941.240.2145

EMAIL: management@rightaccordhealth.com
WEBSITE: www.rightaccordhealth.com

NOTICE TO ALL CLIENTS

Florida State requires that we provide you with the following information. If you have any reason to believe that you are abused, neglected, or exploited, you have the right to report this by calling

Toll Free: 1.800.962.2873

Agency for Health Care Administration (AHCA)

Toll Free: 1.888.419.3456

Or

The Joint Commission

Toll Free: 1.800.994.6610

To report a suspected Medicaid Fraud

Toll Free: 1.866.966.7226

Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/her or other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the Florida Medicaid system by phone at 1.866.966.7226 or on the agency website at https://ahca.myflorida.com/executive/inspector_general/complaints.shtml

RIGHT ACCORD
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Emergency Procedures

1. The area shall be secured.

2. Assess the situation.

3. Call for help. In the event of a fall, do not attempt to move client with injuries.

4. Non-Emergency (Sarasota) – 941.316.1199

Non-Emergency (Manatee) – 941.747.3011

Caregiver will call 911 (or hospice if applicable)

5.. Caregiver will call RIGHT ACCORD at 941.366.0801

Alternate Number – 941.685.3453

6. RIGHT ACCORD will call the family with status and disposition of the emergency. (Client's family information MUST remain current!)

Licensed personnel, such as Licensed Practical Nurses (LPN, LVN) working in this non-medical caregiving capacity may fulfill the dictates of their license to perform CPR, etc., however , they do so under the authority of their license and not under the authority of RIGHT ACCORD.

NOTE: DNR (Do Not Resuscitate) Orders should be prominently displayed and made available to emergency and hospice personnel immediately upon their arrival.

RIGHT ACCORD
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Caregiver Telephone Instructions
(LINK: http://tsc214.ersp.biz)

STEP 1: From the client's phone, dial the toll-free number
1.888.392.6431
STEP 2: When prompted, enter your employee PIN:
STEP 3: Press 1 to clock-IN and 2 to clock-OUT

Main Office
3821 Clark Road,
Sarasota, FL 34233-2550
Phone: 941.366.0801

Mailing Address
3900 Clark Road Suite B5,
Sarasota, FL 34233-2550
Phone: 941.366.0801

AT THE END OF YOUR SHIFT, IN ORDER TO CLOCK OUT:

1.888.392.6431 ID#

YOU MUST ENTER ACTIVITY CODES AT THIS TIME. ENTER AT LEAST (2) PERSONAL CARE ADLCODES

(1) Bath/Shower Assistance
(2) Bath/Shower Declined
(3) Bed/Sponge Bath
(4) Transfer/Mobility Assistance
(5) Dressing Assistance
(6) Oral Care
(7) Grooming/Shaving
(8) Cleaning Commodes/Urinals
(9) Change Briefs Pads
(10) Toileting Assistance
(11) Medication Reminders
(12) Meal Preparations
(13) Cleaned Kitchen/Trash
(14) Cleaned Bathroom
(15) Changed Bedding
(16) Laundry
(17) Light Housekeeping
(18) Appointment/Errands
(19) ROOM - Exercise
(20) Companionship/Homemaker

RIGHT ACCORD
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CLIENT/CAREGIVER INSTRUCTION IN THE EVENT OF AN EMERGENCY

In case of an unexpected natural disaster, severe weather, and/or other emergencies, we may not be able to provide care to the client. The client and/or family member or friend should know how to take care of the medical needs until we are able to return to the client's home.

Right Accord Private Duty – Home Health Care, LLC will make every effort to teach the patient and/or a designated caregiver how to take care of the client's medical needs. This includes how to manage the client's disease/symptoms, medications – including injections such as insulin or Lovenox, wound care, intravenous therapy, and the use of oxygen or other equipment that may be used in the home.

The caregiver will work with the client to decide the best care while services cannot be provided within the home. If you, the client, is unable to care for yourself and have needs that cannot be met in your home, you may need to evacuate to shelter or to the hospital. Please refer to the PSN Registry form, located in this binder. If possible, call us and tell us where you will be going. In an emergency, please follow the advice of any police, fire, or emergency worker.

What are the items that you should always have prepared and have available in the event of unexpected interruption of services?

1. Name and number of the client's doctor, pharmacy, oxygen, and medical supply company and Right Accord Private Duty – Home Health Care number 941.366.0801

2. Prescription and non-prescription medications needed for at least 72 hours.

3. All wound care and IV supplies that the client may need.

4. Special diet items, non-perishable food for 72 hours, and 1 gallon of water per person per day,

5. Glasses, hearing aids, and batteries, prosthetics and any other assistive devise.

6. Personal hygiene items for 72 hours.

7. Flashlight and batteries

Every attempt will be made to contact the client in advance of any interruption of service. However, that may not always be possible, especially in the event of power failure. We will continue to contact the client to resume care for the client as soon as we are able to do so.

INFORMATION FOR CLIENTS and CARE PROVIDER

You need to be prepared **prior** to an evacuation to a special needs shelter.

1. If the client had a caregiver: The caregiver must accompany the client and must remain with the client at the special needs shelter.

2. The following is a list of what the special needs clients need to bring with them to the shelter during an evacuation:

a. Bed sheets, blankets, pillow, folding lawn chair, air mattress

b. The clients medication, supplies,, and equipment list supplied by the agency, including telephone and emergency numbers for the clients physician, pharmacy, and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; do not resuscitate (DNR) form, if applicable.

c. Name and phone number of Right Accord Private Duty – Home Health Care

d. Prescription and non-prescription medication needed for at least 72 hours.

e. A copy of the client's plan of care

f. Identification and current address

g. Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day

h. Glasses, hearing aids, and batteries, prosthetics and any other assistive devices

i. Personal hygiene items for 72 hours

j. Extra clothing for 72 hours

k. Flashlight and batteries

l. Self-entertainment and recreational items, like books, magazines, and quiet games

People with Special Needs (PSN) Application

Return Application to:

PSN Registry
Emergency Management
1660 Ringling Blvd., 6th floor
Sarasota, Florida 34236
(941) 861-5000

Official Use (Revision 8/09/06)

FZ	Div# & Evac/Flood	GRID	Destination	File #

Received	Entered	Processed

Please print clearly

For convenience and comfort, citizens are encouraged to make their own evacuation and shelter plans if possible. As an alternative, the PSN program addresses the needs of people who have medical conditions or need transportation to shelters.

Name: _____ Birth date: _____/_____/_____ Age: _____

Address: _____ Apt.: _____
Street City State Zip code

Name of residential complex / sub-division / facility:_____

Telephone: (____) _____ E-mail address:_____

Spouse's name:_____ Your weight: _____ lbs.

Emergency contact (who does **not** reside with you):

Name: _____ Phone: (____) _____

My spouse will evacuate with me: __Yes __ No My caretaker: __ Yes __ No
Other person: _____ Total people to evacuate (including you): ____

Primary doctor's name: _____ Phone: (____) _____
Home health agency: _____ Phone: (____) _____

Type of home: __ Single family __ Condo __ Apartment __ Villa
Construction: __ Mobile home __ Wood-frame __ Masonry __ Red brick __ Not sure

Do you have a work/guide dog? __ Yes __ No
(Work/guide dogs are the only animals allowed in Special Needs shelters.)

Total number of: ___ Dogs ___ Cats
(Make arrangements for your pet with a vet or kennel prior to evacuation.)

Transportation

"I need evacuation transportation." __ Yes __ No
If marked "Yes" above, what kind of transportation do you need?
__Standard vehicle __Stretcher vehicle __Wheelchair vehicle

More on page 2

Medical History (Please check all that apply)

❶

__ Skin infections
__ Dementia (early)
__ Arthritis
__ Asthma
__ Bronchitis
__ Heart condition (stable / CHF)
__ High blood pressure
__ Skin disease
__ Diabetes
__ Edema
__ Ostomy (type:_____)
__ Seizures (controlled)
__ Kidney disease (stable)
__ Emphysema / COPD

❷

__ Muscular Dystrophy (MD)
__ Stroke/CVA (limitations)
__ Open sores
__ Nebulizer
__ Multiple Sclerosis (MS)
__ Hip/knee replacement (less than 6 months)
__ Cerebral Palsy (CP)
__ Aphasia
__ Oxygen use, ___ **L/min (Liters per minute, number on dial**)

❸

__ Comatose
__ Parkinson's disease, (early)
__ Special diet (**Bring any doctor-prescribed food items with you when you evacuate**.)
__ Medical Equipment (IV, tube feeder, indwelling catheter)
__ Dementia (moderate to late)
__ Parkinson's disease, (advanced)

❹

__ Psychosis (uncontrolled)
__ Unstable heart condition
__ Seizures (uncontrolled)
__ Dialysis
__ Hospice
__ Contagious disease (name:) _____

Other medical conditions / Comments _____

Power Dependant

__ Ventilator/respirator __ Sleep apnea (CPAP Machine) __ Oxygen concentrator
__ Other: _____

Mobility

__ I walk without help __ I use a cane __ I use a walker
__ I use a wheelchair __ I am wheelchair bound __ I am bedridden

__ I have someone assist me with all my daily activities

Read and Sign

To the best of my knowledge, I certify that this information contained herein is true and correct. I understand that based on the data I have provided, the Department of Emergency Management in consultation with the Department of Health will determine which evacuation assistance, if any, this program may be able to provide.

The law permits Sarasota County Government, Emergency Services to use and disclose my protected health information, for treatment, payment and health care operations. Understanding the PSN evacuation program is provided at no charge, I also accept responsibility for all expenses associated with any extenuating medical issues that arise.

Name: (print)_____ Signature:_____

If person completing this form is **NOT** the applicant, please answer the following:

Name/Phone: _____ Relationship/agency: _____

You will be contacted with more information.

Thank you for allowing us to help you be prepared.

Sarasota County

RIGHT ACCORD
Private Duty-Home Health Care

CLIENT BILL OF RIGHTS

Right Accord Private Duty- Home Health Care is dedicated in helping you and your family to continue living a quality and fulfilling life at the comfort of your own home. We believe that each client is worthy of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, we wish to advise you as a client, your caregiver or guardian of the following rights and responsibilities to assist you in understanding and exercising these rights.

As a client, you have the right to:

1. Be treated with dignity, courtesy and respect.
2. Have your property treated with respect.
3. Know the name and title of agency personnel who are providing service and supervision and to expect that they are properly qualified to provide your care.
4. Receive competent, individualized quality services regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
5. Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan. You may have a copy of the medical plan of treatment if requested.
6. The caregiver being referred to you is an employee of Right Accord.
7. Be informed prior to the initiation of care and before changes in the care you will receive, including the disciplines delivering the care and frequency of the service.
8. Refuse all or part of the care from agency personnel, to be told the consequences of that decision and to initiate a "living will", durable power of attorney and other directives about your care consistent with applicable laws and regulations.
9. Be informed of the nature, purposes and frequency of service or procedures and what discipline will be performing the care.
10. Expect reasonable continuity of care, timely delivery of service, and to have your preferences considered in planning and delivering care.
11. Receive prior notice and to make an informed decision before participating in experimental treatment or research.
12. Receive information regarding community resources and to be informed regarding any financial relationship between the agency and other providers to which you are referred.
13. Expect the agency personnel to coordinate care through regular communication with your physician, caregivers and other providers.
14. Receive timely notice of impending discharge or transfer to another organization or to a different level of intensity of care and to be advised of the consequences and alternatives to such transfers.
15. Expect confidentiality of all clinical records and access to your records on request. Information will not be released to anyone other than your physician without your written consent or unless required by law.
16. Notification verbally and in writing regarding your financial liability for agency services, including the extent of payment anticipated from all payers sources, charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to notice of changes in sources of payment and your financial responsibility within 30 calendar days after the agency becomes aware of the change. You have the right to appeal payment decisions.
17. Have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
18. Voice grievances about care, which is or is not provided, recommend policy/services changes and make complaints without fear of reprisal or unreasonable interruption of care.

Complaints, recommendations or grievances should be reported to:
Right Accord Private Duty- Home Health Care
Rosemarie Tamunday, RN (Administrator) Telephone: 941.366.0801
Report any complaints or grievances concerning agency services or the implementation for your advance directives (if any) and to request information about home care providers by contacting:
The State Home Health Hot Line at 1.888.419.3456
The Joint Commission (JCAHO) Toll Free: 1-800-994-6610

To report abuse, neglect, or exploitation, call Toll-free 1.800.96.ABUSE or 1.800.962.2873

I also understand as a client, I have a responsibility to:

1. Provide accurate and complete medical information to the agency regarding medical history and current condition, payer that may cover my care and financial information and to promptly inform the agency of changes in this information.
2. Agree to accept all caregivers regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law.
3. Inform agency staff if I wish to appoint other family member of my care other than myself.
4. Select a physician; remain under medical supervision and to notify the agency of changes in my physician, medication, treatment or symptoms.
5. Maintain an adequate and safe environment for home care.
6. Protect my valuables by storing them carefully in an appropriate manner.
7. Provide live-ins with reasonable space for personal items, food and time to rest or sleep.
8. Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
9. Adhere to the plan of care which I participate in developing, follow through with instructions and procedures taught by agency staff, and inform agency staff when I do not understand the plan of care.
10. Arrange for supplies, equipment, medications and other services, which the agency cannot provide, which are necessary for provision of care and my safety.
11. Notify the agency prior to the scheduled visit if I will not be present at the agreed upon visit times or wish to discontinue services.
12. Follow agency's rules affecting patient conduct and treat staff with respect, courtesy and consideration.
13. Pay for services agreed in the Consent for Services and Schedule of Fees, assure that the financial obligations of my care are fulfilled as promptly as possible.
14. Accept the consequences for any refusal of treatment or choice of noncompliance, be responsible for my own actions if I refuse treatment or do not follow the staff's instructions.

PEOPLE WITH SPECIAL NEEDS (PSN) – ACCEPT or DECLINE

Who is a Person with Special Needs (PSN)?
A PSN is an individual who would require special medical sheltering or transportation during a declared State of Emergency. It is available to persons who are unable to respond independently to an emergency situation and have no other means of assistance, should they be required to evacuate their home.

This would be in an unexpected natural disaster, severe weather, and/or other emergency.

If you choose to register, please complete the attached PSN application and send to the Emergency Management Unit at the address provided.

On acceptance from the Registry unit please contact us and tell us where you will be going. In an emergency, please follow the advice of any police, fire or emergency workers.

Should you choose **NOT** to take advantage of the registry for People with Special Needs, please indicate below your decision to decline. This form will be held on your file and also in your care plan folder.

I confirm I have completed the PSN form and will contact you regarding the address of my local shelter ☐

I have chosen **NOT** to complete the PSN form and that I will stay in my residence or make my own arrangements ☐

_____ _____
Client Name (printed) Date

_____
Client Signature

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WEBSITE: www.rightaccordhealth.com

END OF SERVICE/CHANGE OF SERVICE INSTRUCTIONS

Client Name: _____ Start of Service (Date) : _____

As of _____, the following services will be/are terminated:

Mark **X** as applied:

- ☐ Nursing – RN/LPN
- ☐ Home Health Aide
- ☐ Certified Nursing Assistant
- ☐ Homemaker
- ☐ Companion

These services are no longer required because:

- ☐ Goals are met
- ☐ Client no longer wishes any services
- ☐ Periodic care only – no more than once per month
- ☐ The services are not medically necessary
- ☐ Services are transferred and will continue under _____
- ☐ Date of death _____

INSTRUCTIONS:

- Medication schedule given
- Diet Instructions given
- Equipment Company: _____ Phone #: _____
- Next MD appointment: _____ Dr.:_____ Phone #: _____
- Symptoms to report to MD: _____
- Special Instructions: _____

CLIENT SIGNATURE: _____ Date: _____

RIGHT ACCORD SIGNATURE: _____ Date: _____

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END OF SERVICES

1. The last working caregiver **MUST** ensure that the attached END OF SERVICE letter is completed and signed by the client. Return with the Care Plan Binder.

2. The last working caregiver **MUST** ensure that this binder as well as accompanying documents are **REMOVED** from the household.

3. The last working caregiver **MUST** ensrure that any RIGHT ACCORD material (i.e. gloves, etc) are **REMOVED** from the household.

4. Caregiver should call RIGHT ACCORD Main Office at 941.366.0801 to confirm the removal of the Care Plan Binder.

5. RIGHT ACCORD will follow up with the last caregiver to ensure everything has been removed. If you have not removed these items, you may be requested to return for these documents.

Emergency Contacts

NAME: _____

RELATIONSHIP: _____ PHONE: _____

NAME: _____

RELATIONSHIP: _____ PHONE: _____

DOCTOR'S NAME: _____

PHONE: _____

HOSPITAL: _____

PHONE: _____

My Home

ROOMS I PREFER TO BE IN:

_____

ROOMS THAT ARE "OFF LIMITS":

_____

ROOMS THAT ARE AVAILABLE FOR CAREGIVER:

_____

OTHER INFO ABOUT MY HOME:

_____

_____

WHAT YOU NEED TO KNOW ABOUT ME

The Basics

Please complete and give to your caregiver!

MY NAME: _____

HOW I LIKE TO BE ADDRESSED: _____

NAMES OF THOSE WHO LIVE WITH ME:

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

PETS WHO LIVE WITH ME:

_____ TYPE _____

_____ TYPE _____

_____ TYPE _____

My Usual Day

	WEEKDAY	WEEKEND
6:00-7:00 AM		
7:00 – 8:00 AM		
8:00 – 9:00 AM		
9:00 – 10:00 AM		
10:00 – 11:00 AM		
11:00 – NOON		
NOON – 1:00 PM		
1:00 -2:00 PM		
2:00 – 3:00 PM		
3:00 – 4:00 PM		
4:00 – 5:00 PM		
5:00 -6:00 PM		
6:00 – 7:00 PM		
7:00 -8:00 PM		
8:00 – 9:00 PM		
9:00 -10:00 PM		
10:00 – 11:00 PM		

My Meals

	BREAKFAST	LUNCH	DINNER
Usual Meal Time			
Foods I DO like			
Foods I DO NOT like			
Foods I CANNOT eat			
Snacks I enjoy			

I can drink alcohol (beer, wine, liquor)

☐ YES ☐ NO

If yes, how much? _____

Bedtime

The time I usually go to bed: _____

What I normally do before I go to bed:

_____

_____

Things I may need help with include:

_____

_____

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MEDICATION RECORD

Client Name: _____ **Date:** _____

Physician Name: _____ **Name:** _____
(recorded by)

Please list client allergies:			
DRUG NAME	**DOSAGE**	**FREQUENCY**	**ROUTE**

RN signature: _____ **Date:** _____

DRUG NAME	DOSAGE	FREQUENCY	ROUTE

Authorized by:

RN signature: _____ Date: _____

RIGHT ACCORD
Private Duty-Home Health Care

RIGHT ACCORD Private Duty-Home Health Care

ADL CHECKLIST

Client Name:	Week ending date:
(full name)	(Saturday date)

*Please **V** for each service provided for each day. If a previous Caregiver has already performed the same duties, only one **V** is necessary.*

DATE								←←← Enter dates for each day
Services / Activities	**Sun**	**Mon**	**Tue**	**Wed**	**Thurs**	**Fri**	**Sat**	**Brief Documentation Notes pls initial**
Personal Care Shaved								
Bath / Shower assistance								
Client declined bath								
Bed bath / sponge bath								
Assisted transfers / mobility								
Teeth / Denture care								
Dressing assistance								
Grooming / Hair care								
Cleaned commode / urinals								
Changed briefs / pads								
Toileting assistance								
Declined incontinence care								
Meal preparation Breakfast								
Lunch								
Dinner								
Declined meal -note time								
Medication reminders								
Morning pills – taken								
Morning pills – declined								
Afternoon pills – taken								
Afternoon pills – declined								
Evening pills – taken								
Evening pills - declined								
Housekeeping Laundry								
Ironing								
Vacuum								
Dusting and tidy living area								
Changed bedding								
Cleaned bathrooms								
Cleaned kitchen / trash								
Errands Appointment								
Shopping								
Other – please note								
Activities ROM Exercises								
Companionship- please note								
Games / Cards / Reading								
Caregiver initial on visit day								

Caregiver initial on visit day								

Each visiting Caregiver ***must print and sign*** *below to confirm that the above* ***√****services were performed in accordance with the Care Plan. Only one signature is required for the week.* ***This sheet MUST be submitted to the office each week by Monday am.***

Print:	**Sign:**		**Print:**	**Sign:**
Print:	**Sign:**		**Print:**	**Sign:**
Print:	**Sign:**		**Print:**	**Sign:**

Revised 08/01/2013 PJ

RIGHT ACCORD
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Sample of Care Notes

Daily COVID-19 Screening (7 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Does the client have a fever greater than 100F?			
2	Does the client have cough/shortness of breath?			
3	Does the client have runny nose or sore throat?			
4	Does the client have diarrhea?			
5	Has the client traveled by plane or cruise ship within and/or outside the US in the last 14 days?			
6	Has the client been in contact with a person with confirmed or under investigation for COVID-19 within the last 14 days?			
7	Did you clean surfaces and properly assist in disinfecting the home?			

General Health (7 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Did you check the overall condition of the client and alerted the supervisor for anything unusual?			
2	Does the client have any new skin concerns or skin breakdowns and has it been reported to supervisor?			
If YES	FOLLOW UP: Where is the skin problem?			
3	Did you take client's daily weight if required in the Care Plan?			
4	Is the client experiencing increase in memory loss and has it been reported to the supervisor?			
5	Has the client experienced any pain or discomfort?			
If YES	FOLLOW UP: Follow up with client regarding pain/discomfort.			
6	Did you help with making and going to doctor's appointments?			
7	Did you read the Client Care Plan prior to your shift?			

Homemaking (7 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Did you help client with dusting, vacuuming, and mopping their living area or space?			
2	Did you do the laundry?			
3	Did you help client with dishwashing and returning clean dishes to cabinets and drawers?			

4	Did you make the bed and change with clean linens?			
5	Did you ensure client area is tidy, clean, and organized?			
6	Did you empty garbage and take trash out?			
7	Did you clean and keep bathrooms tidy?			

Medication Management (8 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Does the client need assistance with medications?			
2	Is the client able to handle their medications independently?			
3	Does the client prepare their own medication box?			
4	Does the client need assistance with filling their medication box?			
5	Do you have any concerns about client's medications such as overdosing or underdosing?			
6	Did you speak to your supervisor regarding your concerns about client's medications?			
7	Does client have enough medications, and do they need assistance to call pharmacy for refill?			
8	Did you help with pet care such as walking the dog and emptying the cat litter?			

Nutrition and Hydration (9 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Client is able to eat independently?			
2	Client is able to prepare their own meals?			
3	Client need assistance with meal preparation?			
4	Client has enough food in the pantry and refrigerator?			
5	Client need assistance with grocery shopping?			
6	Client is able to eat well balanced diet with caregiver's help?			
7	Caregiver educated client with proper diet and nutrition?			
8	Did you encourage hydration if no fluid limitation was ordered?			
9	Did client have a bowel movement on your shift?			

Safety and Fall Prevention (10 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Has the client fallen since the last visit?			
If YES	TASK: Follow up with client regarding recent fall (+ 1 Days)			
2	Did the client fall on your shift?			
3	Did you call supervisor and report fall?			
4	Is your client high risk for falling?			
5	Did you take some actions to reduce the risk of fall?			

6	Does client have balance issues?			
7	Is client using cane or walker and you reinforced the need to use it?			
8	Did you encourage your client to do some physical activity to improve strength and flexibility?			
9	Did you encourage client to go outside for a walk or sit outside for fresh air?			
10	In the event of a fall, did you call for help or 911 and report injuries?			

Socialization and Cognitive St (7 Questions)				
NUMBER	QUESTION	YES	NO	NOTES
1	Is the client engaging in conversation?			
2	Did you encourage healthy conversation to keep client mentally stimulated?			
3	Did you help client to connect with family if desired?			
4	Is client interested in card games, arts and crafts, music, etc, and encouraged to do so?			
5	Did you provide privacy to client while on the call/be with friends or families?			
6	Is client showing any signs of depression or isolation?			
7	Is there any signs of abuse, neglect, or exploitation?			

Vital Signs and Others (4 Questions)			
NUMBER	QUESTION	Quantity	NOTES
1	If ordered, what was the client's blood pressure today?		
If Answer > 150	TASK: Follow up with client regarding blood pressure (+1 Days)		
2	What is the client's temperature?		
3	If client has a Foley catheter, did you empty the bag and document how much was the urine output and the end of your shift?		
4	What was the urine output from the Foley bag?		

RIGHT ACCORD
Private Duty-Home Health Care

SERVICE's DOCUMENTATION

Please document behaviors / activities provided to the client, on a daily basis as additional notes to the ADL Checklist. This document should NOT be removed from the Care Plan folder until spot checked by a member of Right Accord. Entry MUST be date & time on each line with your signature.

Client Name: _____

DATE	TIME	ADDITIONAL NOTES and OBSERVATIONS	CAREGIVER SIGNATURE

DATE	TIME	ADDITIONAL NOTES and OBSERVATIONS	CAREGIVER SIGNATURE

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Private Duty-Home Health Care

INTAKE/OUTPUT FLOWSHEET

Client/Patient Name: ____

DATE	TIME	INTAKE: FLUID	INTAKE: FOOD %		OUTPUT: FLUID	OUTPUT: URINE

DATE	TIME	INTAKE: FLUID	INTAKE: FOOD %		OUTPUT: FLUID	OUTPUT: URINE

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VITAL SIGNS FLOWSHEET

Client/Patient Name: ____

DATE	TIME	BLOOD PRESSURE	PULSE	RESP.	TEMP.	WEIGHT	HEIGHT	INITIALS

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BEDSORE PREVENTION FLOWSHEET

Client/Patient Name: ____

Reposition client/patient every two (2) hours. Proper documentation examples shown in red below.

DATE	TIME	REPOSITIONING ACTIVITY	LEFT (**L**) RIGHT (**R**) BACK (**B**)	CARGIVER NAME (PRINT)	INITALS
01/01/2020	8:00 AM	ROM Exercise	(R)	Caregiver Name	CG
01/01/2020	10:00 AM	In bed	(L)	Caregiver Name	CG

RIGHT ACCORD
Private Duty-Home Health Care

Write DATE and INTIAL in time slots

FALL PRECAUTION LOG

Client/Patient Name: _____

	SUN	MON	TUE	WED	THURS	FRI	SAT
8:00 AM							
8:15 AM							
8:30 AM							
8:45 AM							
9:00 AM							
9:15 AM							
9:30 AM							
9:45 AM							
10:00 AM							
10:15 AM							
10:30 AM							
10:45 AM							
11:00 AM							
11:15 AM							
11:30 AM							
11:45 AM							
12: 00 PM							

Employee Name

_____

_____

_____

Employee Initials

_____

_____

_____

COMMENTS

Date: Time: By:

Date: Time: By:

Date: Time: By:

	SUN	MON	TUE	WED	THURS	FRI	SAT
12:15 PM							
12:30 PM							
12:45 PM							
1:00 PM							
1:15 PM							
1:30 PM							
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8:00 PM							

	SUN	MON	TUE	WED	THURS	FRI	SAT
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	SUN	MON	TUE	WED	THURS	FRI	SAT
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5:45 AM							
6:00 AM							
6:15 AM							
6:30 AM							
6:45 AM							
7:00 AM							
7:15 AM							
7:30 AM							
7:45 AM							

COMMENTS

Date: Time: By:

Date: Time: By:

Date: Time: By:

Date: Time: By:

RIGHT ACCORD
Private Duty-Home Health Care

SLEEP FLOWSHEET

Client/Patient Name: _____

Document the time when the client wakes up (WAKE) and when they go back to sleep (SLEEP). This will be monitored. One (1) form for each week. All caregivers initial at the bottom of the form. Form can be faxed (941.240.2145) or sent to RIGHT ACCORD.

	TIME	__/__/____ SUN	__/__/____ MON	__/__/____ TUES	__/__/____ WED	__/__/____ THURS	__/__/____ FRI	__/__/____ SAT
1	WAKE							
	SLEEP							
2	WAKE							
	SLEEP							
3	WAKE							
	SLEEP							
4	WAKE							
	SLEEP							
5	WAKE							
	SLEEP							
6	WAKE							
	SLEEP							
7	WAKE							
	SLEEP							
8	WAKE							
	SLEEP							
9	WAKE							
	SLEEP							
10	WAKE							
	SLEEP							
11	WAKE							
	SLEEP							
12	WAKE							
	SLEEP							
13	WAKE							
	SLEEP							

Caregiver Name (Print): Caregiver Initials:

RIGHT ACCORD
Private Duty-Home Health Care

Infection Control
Home Health Associated Infections

Surveillance efforts are focused on clients and services that represent the greatest risk for Home Health Associated Infections. RIGHT ACCORD Private Duty- Home Health Care conducts a surveillance on those infections such as device related infections because home care staff are responsible for the care and administration of the device.

Specifically:

- Urinary tract device infections
- Intravascular device infections
- Wounds: Soft tissue infections, cellulitis, surgical sites (report to hospital)
- Enteric infections: both from oral and tube feeding routes, including but not limited to V.R.E. and C. difficile
- Multi drug resistant infections including but not limited to V.R.E. and M.R.S.A.
- Reportable communicable diseases
- Influenza at non-peak times

An infection Identification Patient Report is begun at time of the suspected infection, culture results, follow-up treatment and results are recorded as soon as they are received. Culture results with antibiotic sensitivities are necessary in order to conduct surveillance, tracking, and trending.

RIGHT ACCORD
Private Duty-Home Health Care

Infection Identification: Client/Patient Report

Patient/Client Name: _____ Report Date: _____

SIGNS AND SYMPTOMS OBSERVED RELATED TO PRESENCE OF AN INFECTION (CHECK BOX)

- ☐ Blood in Urine
- ☐ Cloudy Urine
- ☐ Erythema
- ☐ Dyspnea
- ☐ Diarrhea
- ☐ Frequency
- ☐ Dysuria/Flank Pain
- ☐ Fever/Chills
- ☐ Wound Pain
- ☐ Foul Odor Urine/Wound
- ☐ Burning
- ☐ Purulent Drainage
- ☐ Change in Sputum Color
- ☐ Cough
- ☐ Increased Wound Drainage

Other: _____

Explanation/Description: _____

SITE OF SUSPECTED/ACTUAL INFECTION (CHECK BOX)

- ☐ Urinary
- ☐ IV Site
- ☐ Suprapubic
- ☐ Indwelling Catheter
- ☐ Wound location _____
- ☐ Oral
- ☐ Surgical Site
- ☐ Gastrointestinal
- ☐ Respiratory
- ☐ Blood

Other: _____

Immune Compromised ☐ PEG Tube ☐ Tracheostomy

HAS THE PHYSICAN BEEN NOTIFIED OF ABOVE OBSERVATIONS? YES NO

If yes, name of physician: _____ Phone: _____

RESULTS/FINDINGS:

FOLLOWUP REQUIRED/ADDITIONAL COMMENTS:

Reported by: _____

Date: _____

CLIENT SCREENING TOOL

Name of Client: ____

DATE OF SCREENING:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

DATE OF SCREENING:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

CLIENT SCREENING TOOL

Name of Client: ____

DATE OF SCREENING:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

DATE OF SCREENING:	
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Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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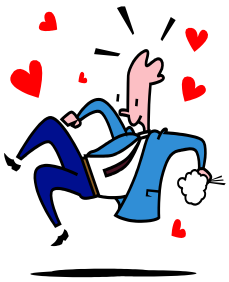
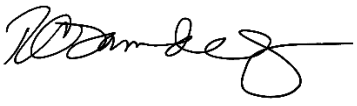
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Contact with a person with confirmed or under investigation for coronavirus (COVID-19) within the last 14 days?	If YES, please indicate details:
Education and/or materials provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

RIGHT ACCORD
Private Duty-Home Health Care

JCAHO NATIONAL PATIENT SAFETY GOALS 2020

National Patient Safety Goal	Application for RIGHT ACCORD Staff
GOAL 7 - Reduce the risk of health care-associated infections • Comply with current CDC hand-hygiene guidelines 	CDC Guidelines applications in home care: **Clean Hands Save Lives** • Wash hands upon entering patient's home When washing hands with soap and water: • Wet your hands with clean running water and apply soap. Use warm water if it is available. • Rub hands together to make a lather and scrub all surfaces. • Continue rubbing hands for 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. • Rinse hands well under running water. • Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet. When should you wash your hands? • Before and after preparing food • Before and after eating food • After using the toilet • After changing diapers or cleaning up a child who has used the toilet • Before and after tending to someone who is sick • After blowing your nose, coughing, or sneezing • After handling an animal or animal waste • After handling garbage • Before and after treating a cut or wound **Remember:** If soap and water are not available, use alcohol-based gel (at least 60% alcohol) to clean hands.

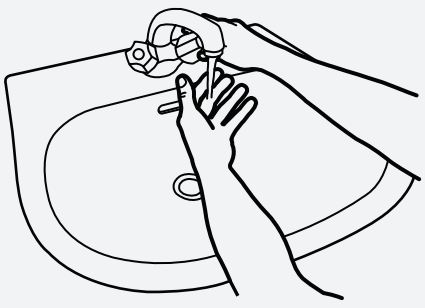
• Manage as sentinel events all identified cases of unidentified death or major permanent loss of function associated with a health care-acquired infection.	Infections diagnosed while patient is on home care are to be reported on Infection Report • Submit Infection Report to Case Manager • Call and submit Occurrence Report to PI Manager/Administrator if patient's condition, as a result of an infection, causes major permanent loss of function or death.
GOAL 9 – Reduce the risk of patient harm resulting from falls • Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.  **Date Reviewed:** Jan. 1, 2020	At start of care, assess the patient's risk for falls including the potential for falls due to med actions or side effects. • Provide safety instruction including methods to prevent falls • Educate staff on fall reduction program in time frame determined by the organization • Educate the patient and family on any individualized fall reduction strategies • Refer to physical therapy as needed for safety, gait and balance training • Follow-up to evaluate the effectiveness of the interventions **NAME AND TITLE:**  Rosemarie Tamunday-Casanova, RN

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

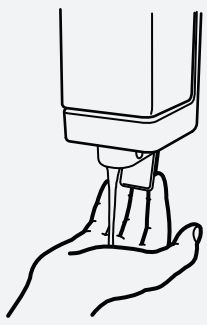
Duration of the entire procedure: 40-60 seconds

0



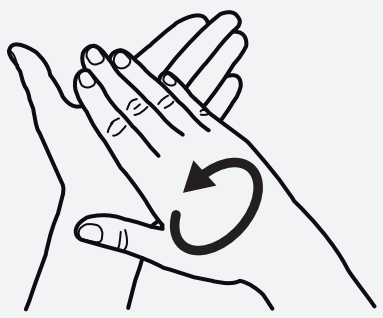
Wet hands with water;

1



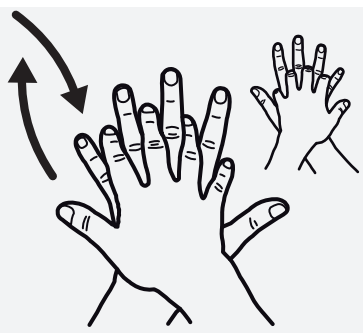
Apply enough soap to cover all hand surfaces;

2



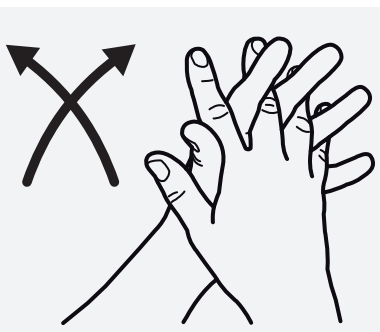
Rub hands palm to palm;

3



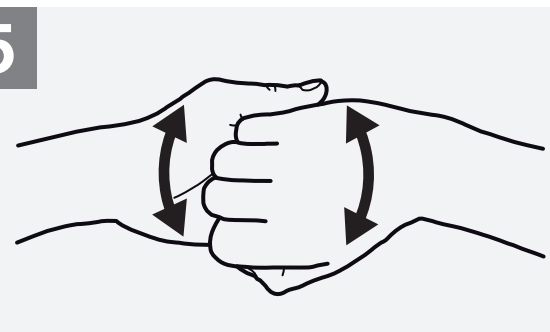
Right palm over left dorsum with interlaced fingers and vice versa;

4



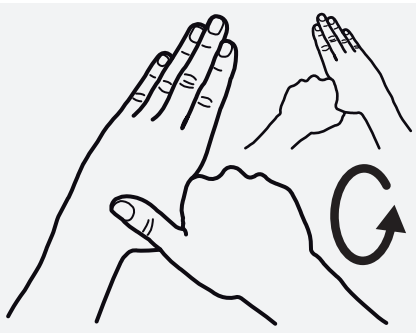
Palm to palm with fingers interlaced;

5



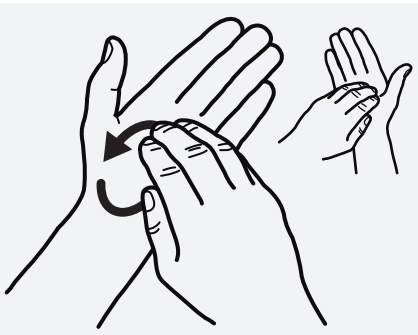
Backs of fingers to opposing palms with fingers interlocked;

6



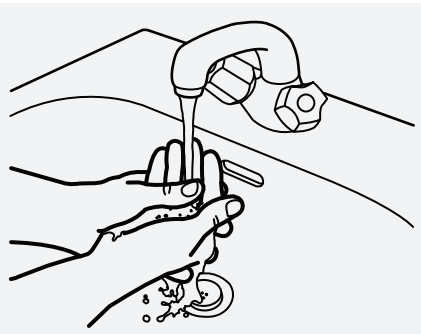
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



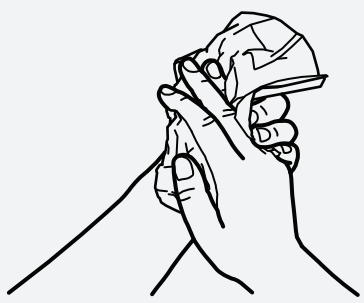
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



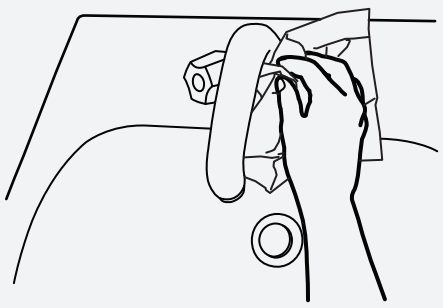
Rinse hands with water;

9



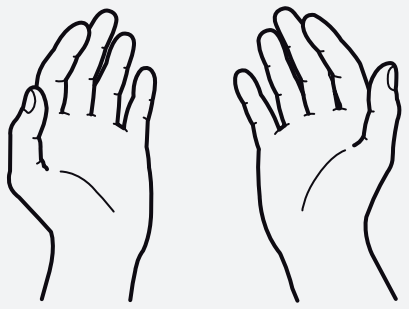
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean **Your** Hands

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Each year, millions of people are injured by falls. People at risk of falling include hospital patients, nursing home residents and those who are recovering from an illness or injury at home. This brochure includes tips and actions you can take to reduce your risk of falling, whether at home or in a medical facility.

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

Helping health care organizations help patients

The Joint Commission

SpeakUP™

Reduce your risk of falling

Why do falls happen?

- Person is weak, tired or ill
- Person is not physically fit
- Person may have problems seeing
- Medicines may cause weakness, sleepiness, confusion or dizziness
- Slippery or wet floors or stairs
- Obstructed pathways
- Darkness

How to reduce your risk of falling

Take care of your health

- Exercise regularly. Exercise builds strength.
- Prevent dehydration. Dehydration can make it easier to lose your balance.
- Have your eyes checked. Make sure you do not have any eye problems or need a new prescription.
- Talk to your doctor if your medicine makes you sleepy, light-headed, sluggish or confused. Ask how to reduce these side effects or if you can take another medicine.

Take extra precautions

- Turn on the lights when you enter a room. Do not walk in the dark.
- Make sure your pathway is clear.
- Use the handrails on staircases.
- Sit in chairs that do not move and have arm rests to help when you sit down and stand up.
- Wear shoes that have firm, flat, non-slip soles. Do not wear shoes that do not have backs on them.
- Replace the rubber tips on canes and walkers when they become worn.

Make small changes to your home

- Install timers, “clap-on” or motion sensors on your lights.
- Use night lights in your bedroom, bathroom and the hallway leading to the bathroom.
- Keep the floor and stairs clear of objects such as books, tools, papers, shoes and clothing.
- Remove small area rugs and throw rugs that can slip. Rubber mats are a good replacement.
- Put frequently used items in easy-to-reach places that do not require using a step stool.
- Make sure your bed is easy to get in and out of.
- Apply non-slip treads on stairs.
- Apply non-slip decals or use a non-slip mat in the bathtub or shower.
- Install grab bars near the toilet and the bathtub or shower.

A home care agency, personal care and support agency, or community program may be able to help make changes to your home if you live alone and need help.

Take extra precautions in the hospital or nursing home

Many falls occur when patients or residents try to get out of bed either to go to the bathroom or walk around the room by themselves. If you need to get out of bed:

- Use your call button to ask for help getting out of bed if you feel unsteady.
- Ask for help going to the bathroom or walking around the room or in hallways.
- Wear non-slip socks or footwear.
- Lower the height of the bed and the side rails.
- Talk to your doctor if your medicine makes you sleepy, light-headed, sluggish or confused. Ask how to reduce these side effects or if you can take another medicine.

The Joint Commission

SpeakUp™

Speak Up™ To Prevent Infection

1. Clean your hands ...

- Use an alcohol-based hand sanitizer.
- Use soap and water if your hands are visibly dirty.
- Clean your hands before eating or touching food.

2. Remind caregivers to clean their hands ...

- As soon as they enter the room.
- This helps prevent the spread of germs.
- Your caregivers may wear gloves for their own protection.

3. Stay away from others when you are sick ...

- If possible, stay home.
- Don't share drinks or eating utensils.
- Don't touch others or shake hands.
- Don't visit newborns.

4. If you are coughing or sneezing ...

- Cover your mouth and nose.
- Use a tissue or the crook of your elbow.
- Clean your hands as soon as possible after you cough or sneeze.
- Ask for a mask as soon as you get to the doctor's office or hospital.
- Keep a distance of about 5 feet between you and others.

5. If you visit a hospital patient ...

- Clean your hands when entering or exiting the hospital.
- Clean your hands before going in or out of the patient's room.
- Read and follow the directions on signs posted outside the patient's room.
- You may be asked to put on a mask, gloves, a paper gown, and shoe covers.
- If sanitizer wipes are in the room, read the instructions. Some wipes are only for cleaning equipment and surfaces, and are not safe for skin.
- If you are unsure about what to do, ask the nurse.

6. Get shots to avoid disease ...

- Make sure your vaccinations are current — even for adults.
- Help prevent diseases like the flu, whooping cough and pneumonia.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.

RIGHT ACCORD
Private Duty-Home Health Care

INCIDENT REPORT

DATE: _____

Details of who the incident refers to:

Name: _____ Telephone #: _____

Address: _____ City: _____ State: ____ Zip: _____

****

Date of incident (if known): _____ Time of incident (if known): _____

Location where incident occurred: _____

Details: (describe details of how incident occurred including prior to incident and indicate any injuries on body)

_____

_____

_____

_____

Individuals present at time of incident: _____

How did you handle the incident? _____

_____

_____

Was Physician or hospitalization required? No ☐ Yes ☐ (provide details of contact/hospital)

_____

_____

Reported **by**: name _____ Title: _____

Reported **to**: name _____ Title: _____

(Office use only)

ACTION TAKEN

Was report made promptly? Yes ☐ No ☐ Explain: _____

_____

Identification and/or cause of incident: _____

_____

Immediate action taken by agency/representative: _____

_____

_____

_____

Is this incident: Isolated ☐ Recurring ☐

Is the employee at fault? No ☐ Yes ☐ How could this matter have been handled more effectively?

_____

_____

Is a disciplinary action necessary? No ☐ Yes ☐ (if yes complete details below)

_____

_____

_____

Is it appropriate to re-evaluate the client's situation? No ☐ Yes ☐

Is it appropriate to assign a different caregiver for the safety of both the client & caregiver? No ☐ Yes ☐

Copy placed in employee file (disciplinary only): Yes ☐

Representative Name: _____ Title: _____

Representative Signature: _____ Date: _____

RIGHT ACCORD
Private Duty-Home Health Care

FALL RISK ASSESSMENT

Client Name: _____ SOC: _____

- ☐ Gait disturbance (shuffling, jerking, swaying) – **4**
- ☐ Dizziness/syncope in an upright position – **3**
- ☐ Confused all the time – **3**
- ☐ Nocturia/Incontinent – **3**
- ☐ Intermittent confusion – **2**
- ☐ Generalized weakness – **2**
- ☐ "High Risk" drugs (diuretics, narcotics, sedatives, anti-psychotics, substance abuse, withdrawal) – **2**
- ☐ Previous falls within the last 12 months – **2**
- ☐ Osteoporosis – **1**
- ☐ Hearing and/or visually impaired – **1**
- ☐ 70 years old or greater – **1**

TOTAL = _____

A score of *1-3 points* indicates a LOW RISK of falling

- **Reassess fall risk every 3 months or as needed**
- **Give patient/family fall education brochure**

A score of *4 points or more* indicates a HIGH RISK of falling

- **Implement ALL interventions below, as appropriate:**
  1. Communicate patient's fall risks to team members.
  2. Communicate patient's fall risks to patient/family and provide fall Edu. Brochure.
  3. Encourage family participation in patient safety.
  4. Offer frequent toileting.
  5. Environment safety: avoid clutter in room, keep call bell and telephone near, leave door open, use a night light.
  6. Do not leave unattended on bedside commode or toilet.
  7. Use non-slip socks or shoes.
  8. Consult:
     Pharmacist for possible medication interactions
     Medicare Home Health for Physical Therapy for new mobility or ADL problems (MD Order Required)
  9. Use diversionary activities (diversion box) to prevent wandering.
  10. Order walker to assist with stability/walking.
  11. Wheelchair or chair for observation.
  12. Recommend 24hr care or obtain a sitter.
  13. Use a gait belt when ambulating.
  14. Other safety interventions.

Name and Title: _____

Admission Fall Risk Score: _____

Interventions (Circle) 1-7 8 9 10 11 12 13 14

Other: _____

RIGHT ACCORD
Private Duty-Home Health Care

Fall Assessment Tool

Have you checked your home for safety hazards that increase your risk for falls? A thorough home evaluation is a great way to prevent senior falls and serious injury. Any items checked “no” are potential hazards that require attention.

Exterior

INSPECTION	Yes	No
1. Are step surfaces non-slip?		
2. Are step edges visually marked to avoid tripping?		
3. Are steps even and in good repair?		
4. Are stairway handrails present?		
5. Are handrails securely fastened to fittings?		
6. Are walking paths covered with a non-slip surface and free of objects that might be tripped over?		
7. Are walking paths clear, safe and even with no holes in the concrete?		
8. Is sufficient lighting available to provide safe ambulation at night?		
9. Are leaves and snow cleared away?		
10. Are tools and yard equipment safely and securely stored?		

Helpful tips:

- Poor lighting may contribute to trips and falls. Install light switches at the top and bottom of stairways to avoid climbing and descending in the dark.
- Install lights or colored tape on each step to provide a visual distinction between one step and the next.
- Paint doorsills a different color than the floor.

Interior (Entry and Main Living Area)

INSPECTION	Yes	No
1. Is the entryway clear of clutter with at least 36” wide access?		
2. Do the door locks operate smoothly?		
3. Does the porch light adequately light the porch and door?		
3. Are the light switches located near room entrances?		
4. Are the lights bright enough to compensate for limited vision?		
5. Are the lights glare free?		
6. Are stairways well lit?	`	
7. Are handrails present on both sides of stairway?		
8. Are the handrails securely fastened?		
9. Are the stairways free of objects?		
10. Are there light switches at top and bottom of stairs?		
11. Are the stairs marked for visibility with contrasting tape or step lights?		
12. Are steps slip resistant?		
13. Are steps even and uniform in size and height?		
14. Are there smoke and carbon monoxide detectors present with fresh batteries?		
15. Are all electrical outlets cool to the touch?		
16. Are electric cords properly plugged in and safely tucked away?		

17. Are there nightlights in halls and stairwells?		
18. If present, are electric heaters placed well away from rugs, curtains and furnishings?		
19. Is the fireplace chimney clear of accumulation and inspected annually?		
20. Are carpets in good repair with edges tacked or taped down?		
21. Are linoleum and plastic stair treads secure?		
22. Are throw rugs secured with non-slip backing and taped down?		
23. Are floors finished in a non-slip way? Has high polish been avoided?		
24. Are rooms uncluttered to permit unobstructed mobility?		
25. Is water temperature reduced to prevent scalding?		
26. Are water faucets clearly marked hot and cold?		
27. Is the furnace checked yearly?		
28. Are there house smoking rules established?		
29. Do the room furniture patterns allow easy access to doors and windows?		
30. Do the doors, drawers and windows open and shut easily?		
31. Is the furniture strong enough to provide support during transfers?		
32. Are telephones easily accessible?		
33. Are flashlights available in every room?		
34. Is glow tape stuck on important items to identify them in dark?		
35. Are cleaners and poisons clearly marked?		
37 Are window and door locks sturdy and operational?		
38. Are medications properly stored and usage instructions written down?		
39. Is a first aid kit available with up-to-date supplies?		

Helpful tips:

- Improve the lighting in your home by using brighter bulbs, at least 60 watts. Use lampshades or frosted bulbs to reduce glare.
- Use uncut, low pile carpeting instead of thick pile to reduce tripping potential.
- Replace old windows with polarized glass or apply tinted material to eliminate glare without reducing light.
- Use chairs that have seating at least 14 –16 inches from the floor and sturdy armrests to provide leverage during sitting or rising for safer transfers.

Interior continued…

Kitchen

INSPECTION	Yes	No
1. Are dishes and food stored on lower shelves for easy access?		
2. Is step stool sturdy and have a high handle for support?		
3. Are step stool treads slip resistant and in good repair?		
4. Is lighting sufficient, especially over the stove, sink and counter-tops?		
5. Are towels and curtains kept away from the stove?		
6. Are electric appliances and their cords kept well away from the sink?		
7. Is flooring nonslip?		
8. Are the “Off” indicators on stove and appliances clearly marked with brightly colored tape?		
9. Is there a telephone in the kitchen? Are emergency telephone numbers displayed including family contacts?		
10. Is there a fire extinguisher within easy reach and in good order?		
11. Are whistling teakettles and food timers in use?		
12. If the pilot light on the stove goes out, is the gas odor strong enough to alert the homeowner?		
13. Is food properly stored?		
14. Are refrigerator and cupboards free of spoiled or expired food?		
15. Are pots and pans of a lightweight type?		
16. Are pot holders and oven mitts available?		
17. Are the appliances including refrigerator and stove in good working order?		
18. Are pet dishes set out of walking area?		
19. Are table and chairs strong and secure enough to provide support when leaning, standing or sitting?		

Helpful tip:

- A well-organized kitchen will make cooking and cleaning easier and prevent falls. Rearrange frequently used items to avoid excessive bending and reaching. Use a hand held reaching tool for hard to reach objects

Bedroom

INSPECTION	Yes	No
1. Are lamp and light switches within reach of the bed?		
2. Is the electric blanket in good working order?		
3. Is the telephone accessible from the bed?		
4. Is there an emergency telephone list near the telephone?		
5. Is there a flashlight and a whistle near the bed?		
6. Are medications stored away from the nightstand?		
7. Is the bed an appropriate height for easy transfer?		

Helpful tips:

- It can be challenging not to mention expensive to keep fresh batteries in flashlights. Try purchasing flashlights that plug into the wall and remain constantly charged. Some rechargeable flashlights even have built in nightlights to make them easy to locate in the dark.
- Stand slowly when getting out of bed. Give your body time to adjust to an upright position.
- Wear well-fitting slippers and avoid night wear that drags on the ground.
- Tie the belt on your robe
- Keep pathways between the bed and bathroom and the bedroom door unobstructed by clutter or furniture.

- The bed should be at least 18” high (from the top of the mattress to the floor) to allow more comfortable and safe transfers.
- The edge of the mattress should be firm enough to support a seated person without sagging.

Bathroom

INSPECTION	Yes	No
1. Is the door wide enough for unobstructed access with or without an assistive device like a cane, walker, or wheelchair?		
2. Is the threshold low enough to avoid being a tripping hazard?		
3. Does the floor have a non-slip surface?		
4. Are floor rugs secured with non-slip backing and carpet tape?		
5. Are grab bars securely fastened next to the toilet and in the tub and shower areas?		
6. Are there non-skid strips, decals or rubber mats in the tub or shower?		
7. Is there a tub or shower seat available?		
8. Is the toilet seat elevated for easy transfers?		
9. Is there sufficient, accessible, glare-free light available?		
10. Is there telephone access available in the bathroom?		

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7. Is there a tub or shower seat available?		
8. Is the toilet seat elevated for easy transfers?		
9. Is there sufficient, accessible, glare-free light available?		
10. Is there telephone access available in the bathroom?		

Helpful tips:

- If you are on strong medication or in a frail or delicate condition, do not bathe by yourself. Have someone assist you in and out of the bath and check on you periodically.
- Use a bath-chair, grab bars and hand held shower to provide stability when bathing.
- Do not use towel bars for support.
- Check water temperature with your hand before entering the tub or shower.

Some other things you can do to prevent falls:

- **Exercise regularly.** Regular exercise makes you stronger and improves your stamina, balance and coordination. It also helps to increase your bone density and balance hormone levels. It improves circulation, blood pressure and heart and lung health.
- **Do an annual Brown Bag Review.** Simply place all your medications, prescribed and over the counter meds, along with any herbal, nutritional and natural health supplements you take into a brown paper bag. Write your name, date and phone number on the outside of the bag. Take it in to your doctor or pharmacist to review your meds for potential interactions or side effects like dizziness or sleepiness. The more you and your doctor know about your medications, the less likely you'll be to experience bad effects.
- **Have your vision and hearing checked** once a year. Both vision and hearing problems can increase your fall risk.
- **Keep your glasses clean**.
- **Wear sturdy, well-fitting shoes** with non-skid soles.
- **Take care of your feet**. Talk with your doctor about any pain, numbness, tingling or any wounds that don't heal properly.

_____ _____

date completed **completed by: (print name)**

For more information on Fall Prevention contact:

RIGHT ACCORD

Private Duty-Home Health Care

The Joint Commission

Official "Do Not Use" List

- This list is part of the Information Management standards
- Does not apply to preprogrammed health information technology systems (i.e. electronic medical records or CPOE systems), but remains under consideration for the future

Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

Official "Do Not Use" List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO_4 and $MgSO_4$	Confused for one another	

[1] Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the "Do Not Use" List

In 2001, The Joint Commission issued a *Sentinel Event Alert* on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its "Do Not Use" List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

The Joint Commission FACT SHEET

For more information

- Contact the Standards Interpretation Group at 630-792-5900.
- Complete the Standards Online Question Submission Form.

6/19

TIPS for COMMUNICATING with PEOPLE WHO HAVE DISABILITIES

The Value of Communication

Communication is the core activity of interactions amongst individuals. Its functions are to ensure that individuals know what is expected of them, to ensure that the appropriate person receives the correct information and to ensure that there is coordination amongst the players.

Communication Methods

The basic communication methods are:

- Visual, which is often known as body language (e.g. facial expressions, eye movement posture and gestures).
- Tactile, which involves the use of touch to communicate meaning (e.g. handshake, pat on the back, kiss, hug)
- Vocal, which refers to the tone in which a message is given. It can portray any number of emotions (e.g. anger, fear, amazement).

Note: Communication can also be delivered by use of space, image and/or time.

Communication Channels for Individuals

Individuals should be assisted in finding the most effective, convenient and appropriate modes for their individual situations and preferences. The following table outlines some of the advantages and disadvantages of various communication channels.

Communication Channel	Advantages	Disadvantages
Personal	♦ is beneficial for communicating with individuals who have low literacy levels ♦ can be more effective than formal techniques	♦ due to the limited numbers of face-to-face communicators, some individuals may not receive any information
Telephone	♦ readily accessible ♦ ideal way to keep in touch with friends & family ♦ generally, is easy to operate	♦ may be difficult for individuals with hearing impairment ♦ may not be able to speak to a real person ♦ automated answering systems can be frustrating & complicated
Print	♦ enables individuals to absorb information at their own rate	♦ may pose difficulties for individuals who: ○ have vision impairment ○ have literacy problems (reading) ○ are not familiar with the language

Communication Channel	Advantages	Disadvantages
Meetings	♦ practical way of exchanging information ♦ allows for oral exchange of information ♦ provides a social setting ♦ provides a chance to confirm the information taken in	♦ cannot always hear well enough in a group setting ♦ may not come forward with thoughts & feelings
TV	♦ has a large viewing audience ♦ can be entertaining ♦ can provide "captioned" messages to assist individuals with hearing impairments	♦ does not enable viewers to set the rate at which information is received ♦ may present problems for people who cannot absorb information quickly or who have limited retention abilities
Radio	♦ is effective for individuals with vision impairment	♦ broadcasts must be carefully tailored to suit individuals e.g.: ○ suitable pitch of voice tones ○ appropriate rate of delivery ○ absence of background sounds
Videotape	♦ use of graphics & action sequences enable individuals to be shown the message instead of being told the message	♦ does not enable viewers to set the rate at which information is received ♦ may present problems for people who cannot absorb information quickly or who have limited retention abilities
Forms	♦ enable a lot of specific information to be gathered at one time & in one location	♦ must be designed carefully to capture essential information ♦ individuals often require assistance with completing information
Signage	♦ can capture attention quickly	♦ individuals with low or declining vision may have problems with: ○ reading the material ○ some color combinations
Public Address Systems	♦ can reach a large number of people at one time ♦ is convenient & easily setup	♦ individuals often have difficulty hearing the message because of: ○ background noise ○ interference ○ speed of message delivery ○ pitch of announcer's voice
Automated Systems (e.g. bank machines)	♦ are convenient ♦ are readily accessible	♦ individuals undergo changes in their functioning levels, which may affect their ability to

Communication Channel	Advantages	Disadvantages
		physically & mentally use the systems ♦ individuals find automation very impersonal & usually prefer face-to-face interactions
Internet	♦ is able to reach a large segment of the individual population ♦ encourages individuals to take computer courses to be able to "surf the net"	♦ intricate web design & presentation may present challenges (web sites should be made "individual friendly").

Effective Verbal & Non-Verbal Communication

Verbal means expressed in words - either spoken or written. However, verbal is more commonly known as the oral or spoken word. For effective verbal communication:

- Use open ended questions to obtain information (e.g. questions that requires more than a "yes" or "no" answer).
- Avoid using professional or complicated language.
- Speak at the appropriate level of vocabulary and understanding of the person to whom you are speaking.
- Make sure the person being spoken to understands what has been said.
- Summarize information they receive to reiterate facts and to ensure the message was received as intended.
- If the message was not understood as intended, rephrase it, as opposed to speaking louder or repeating the same word.

Non-Verbal Communication refers to any communication which is not verbal such as posture, body movements, facial expressions, gestures, touch and smell. For effective non-verbal communication:

- Avoid creating physical barriers (e.g. sitting on opposite sides of a desk).
- Pay attention to the person they are speaking to.
- Maintain eye contact.
- Use "touch", when appropriate.
- Remain seated until the conversation is completed.
- Show interest in what is being said.
- Avoid fiddling or doodling.
- Be alert for non-verbal hints, which may support or be against what is being said.
- Show the person how to do something, as opposed to telling him/her.

Tips and Techniques for Effective Communication

The purpose of communication is not simply to convey a message but it is also a way to determine if the message is understood. Essential communication skills include:

- being able to understand gestures, words and behavior;

- being able to recognize verbal and non-verbal messages;
- allowing enough time for interactions to occur;
- providing suitable replies; and,
- being a good listener.

Techniques, which can be applied, to facilitate effective communication are:

- Be an effective listener. Communication is a "two-way" street. Participants need to express their thoughts and feeling and to hear what the other is saying. Listening shows caring and respect.
- Ask direct questions to solicit specific information. They can either be "yes" or "no" answers or short responses. e.g.:
  HCA: "*Do you have a Doctor's appointment tomorrow?"*
  Individual: *"Yes"*
  HCA: "*Where is your doctor's office?"*
  Individual: *"It's in the Mall on Main Street*"
- Ask open-ended questions. They require more than a "yes" or "no" answer and are often used to solicit thoughts, feelings or ideas. e.g.:
  HCA: "*Tell me about your deceased spouse."*
  Individual: (To answer this question, the individual has to provide details.)
- Clarify the information to make sure you understand what is being communicated. Often it is accomplished by asking them to repeat what they stated. E.g.:
  HCA: *"I'm not sure what you mean. Could you repeat that please?"* Or,
  HCA: *"Are you saying that you have chest pain?"*
- Paraphrase to repeat in your own words what you have heard for purposes of encouraging further communication. e.g.:
  Individual: *"My son said he is coming to see me today. I wonder what is wrong."*
  HCA: *"You don't know why he is coming to see you?"*
- Focusing can be helpful to keep attention on a certain subject. It is useful when an individual's thoughts roam elsewhere. e.g.:
  HCA needs to know why the individual didn't sleep last night but the individual just talks about other times in his life when he didn't sleep. The HCA attempts to direct the individual back to last night by saying: "*Tell me why you had trouble sleeping <u>last</u> night."*
- Silence can be a potent means of communicating with an individual as it:
  - gives the individual time to organize his/her thoughts;
  - gives the individual time to gain control over his/her emotions; and,
  - shows the individual you care. e.g.:

  Individual: Is very quiet and a tear slides down his face.
  HCA: Leans over and takes individual's hand, saying nothing verbally.

<u>Tips and Techniques for Effective Listening</u>

Listening is probably the most important part of communicating and should be utilized extensively. Tips on how to be an effective listener include:

- Recognize that listening is very effective as a first response when dealing with individuals who are angry or upset.

- Be alert for defensive feelings, which can present as aggression or anger. They are counterproductive to effective communications.
- Reflect what the individual has stated in respect to facts, thoughts, beliefs, feelings, wants, and expectations.
- Use your own words when paraphrasing what the individual has said (i.e. as opposed to repeating the same words the individual used).
- Look for the intent and feelings of the words, as well as their meanings.
- Ensure the individual is actually looking for a response before prematurely giving one.
- Use eye contact and avoid looking at others or items in the area.
- Avoid distractions (e.g. telephone).
- Avoid crossing your arms or appearing critical.
- Show interest by nodding your head and leaning forward.
- If you don't understand what is being said, get clarification.
- Be empathetic and non-judgmental.
- Be accepting and respectful of the individual without compromising your values.
- Recognize when to stop listening and start talking.

Barriers to Effective Communication

There are many barriers or interferences that can enter the communication process. They all have a negative impact on effective communications. Some barriers to effective communication include:

- using words or language that are not understood by both the HCA and the individual;
- misinterpreting communications in cross-cultural situations, especially in respect to time, space and privacy;
- assuming that the individual sees the situation in the same light as the HCA does;
- misreading body language, tone and non-verbal forms of communication;
- being exposed to noisy transmissions, which make messages unreliable and inconsistent;
- changing the subject frequently or suddenly;
- giving an opinion, which suggests to the individual he/she is being judged;
- excessive talking by either the HCA or the individual -- the other doesn't have a chance to "get a word in";
- failing to hear what has been said;
- giving standard answers, which suggests to the individual that he/she is being ridiculed;
- being the victim of a disorder that affects body movement and ability to speak;
- being on the defensive, which comes across as anger or aggression and sets up communication blocks; and,
- stereotyping the individual without supporting facts.

Communicating with Individuals with Disabilities

Communicating with mentally or physically individuals can be exasperating and complex. When dealing with individuals with disabilities, it is important to:

- listen carefully;
- speak clearly and slowly; and,

- use body language to help deliver the message.

Depending on the type of impairment, communications can be designed to suit the existing disability. Various techniques can be used for dealing with specific types of impairment including:

- the visually impaired and the blind;
- the speech impaired;
- the hearing impaired and the deaf;
- the aphasic individual (An aphasic person is one who has a complete or partial loss of the power to understand words (usually the result of brain damage or stroke); and,
- the individual with a dementia.

Communicating with Individuals Who Are Visually Impaired

Poor vision and blindness can be caused by eye diseases, congenital abnormalities, accidents and some diseases such as diabetes. Individuals often have vision problems and depending on the degree of vision loss, it can have a major impact on their daily lives. Tips for communicating with visually impaired individuals include:

- ask the individual how much they can actually see;
- ask the individual how much lighting they want;
- utilize whatever vision they do have;
- ask the individual how you can be of assistance;
- when walking:
- offer your arm for guidance;
- walk slightly ahead;
- alert individual when approaching steps;
- give specific directions such as “right” or “left”; and,
- walk at a normal pace.
- don’t speak loudly unless the individual has hearing problems;
- when entering a room with the individual, describe the layout, who else is in the room and explain what is going on;
- if leaving an individual alone in a room, tell him/her that they are alone – don’t leave the individual in the middle of a room;
- don’t leave doors partially opened or closed;
- don’t change the furniture around;
- state the individual’s name before touching him/her;
- when speaking to a third party, tell the individual who you are talking to;
- keep environment safe and free from clutter;
- tell individual where food and beverages are positioned by equating their location to the times on a clock

Communicating with Individuals Who Are Hearing Impaired

Hearing impairments can range from mild loss of hearing to total deafness. Indicators that an individual is experiencing some hearing difficulties:

- The individual speaks loudly.
- The individual leans forward to hear.
- The individual turns in the direction of the sound and/or “cups” his/her ear.

- The individual answers questions or responds inappropriately.
- The individual frequently asks for things to be repeated or frequently says "pardon".

Many individuals wear hearing aids to facilitate hearing. For some, that is all the help that is required. For others, more assistance is indicated. Hearing impaired individuals can be communicated with by:

- ensuring they are wearing their hearing aids and that the batteries are turned on;
- alerting them of your presence by raising a hand or touching them;
- waiting until you are directly in front of them before speaking;
- being on the same level as they are when speaking;
- keeping your hands away from your face while talking;
- keeping things out of your mouth while talking (e.g. gum, food);
- speaking clearly, distinctly and slowly;
- using short sentences and simple words;
- rephrasing words they have difficulty understanding;
- speaking to the better ear;
- reducing background noise;
- speaking in a normal tone, without shouting;
- writing notes as required;
- using body language to convey messages, and,
- allowing sufficient time to converse.

Communicating with Individuals with Aphasia

Aphasia is a complete or partial loss of the ability to understand words. It often results from brain damage or a stroke. To communicate with an individual with Aphasia:

- Allow lots of time to communicate.
- Be patient.
- Be honest – if you can't understand them, admit it.
- Ask them what the best way to communicate with them is.
- Allow them time to get their words out – don't try to guess what they are trying to say.
- Suggest they write down what they are trying to say and then try to read it to you.
- Use body language and gestures to try to interpret what they are saying and to get your point across.
- Use pictures to offer suggestions – they merely point to the picture, which indicates what they want.
- Use touch generously to:
  - help them concentrate;
  - establish another communication channel; and,
  - offer support and comfort.

Communicating with Individuals with Dementias

Dementia is "a slow, progressive decline in mental function in which memory, thinking, judgment, and the ability to learn are impaired". The most common form of dementia is Alzheimer's Disease.
Individuals with dementia are especially challenging but there are things that can be done to communicate with them:

- Create an environment with little stimulation.
- Meet them head on to avoid surprises.
- Speak to them face-to-face.
- Don't move arms and hands around unnecessarily.
- Keep eye contact and smile – avoid frowning.
- Stand/sit one to one-and-a-half feet away from them -- respect their personal space.
- Walk with those who pace back and forth - talk to them as you walk.
- Use distractions when required.
- Ask only one question at a time.
- Repeat words they have difficulty understanding.
- Move your head in agreement only if what they say is understood.
- Speak to them in a normal tone and volume of voice.
- Use a low-pitched, slow speaking voice.

CAREGIVER COMPETENCY REVIEW/REFERENCE

Task	Y	N	SU	AV	BA	TN
Hand-washing						
Identify self and explain what procedure is going to be done.						
Turn tap on and let water run until warm.						
Hold hands under water flow.						
Apply soap so that it totally covers both hands and work soap into a frothy lather, rubbing vigorously						
Clean thoroughly under nails, between fingers and on backs of hands.						
Wash for at least 15 – 30 seconds.						
Rinse hands thoroughly under running water starting at the fingertips and flowing towards the wrists, in order that the dirty water runs off the wrists						
If a bar of soap is used, it should be rinsed and placed on a drain.						
Dry hands on a clean cloth towel or on a paper towel.						
Use a dry section of the towel or paper towel to turn off the tap						
Place used paper towel in garbage.						
Leave area clean, dry and free of clutter with personal items within reach.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Overall Rating for this Section						
Body Mechanics						
Wear shoes and keeps back straight						
Establish a solid base by placing feet a shoulder's width apart, with one foot in front of the other.						
Get in close to whatever is being moved, without stretching.						
Bending done from the hips and knees and not from the waist to lift objects.						
Does not bend or reach unnecessarily.						
Objects are not lifted higher than chest level or above your shoulders						
Lifting done with legs and not with back.						
When carrying objects, keeps them close to body & uses both hands.						
Use the weight of body to push or pull an object.						
Does not twist body. Moves feet slowly around to new position						
When sitting, sit on a hard chair with straight back, and use a back support, such as a pillow.						
Prepare to Transfer to & from Wheelchair						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Discuss transfer procedure with the client before attempting it.						
Ensure there is a stable, firm and level surface before attempting transfer.						
Ensure the transfer surface is at the same level or height that the client is transferring from.						

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Task	Y	N	SU	AV	BA	TN
Ensure wheelchairs' foot pedals are out of the way.						
Ensure wheelchair brakes are locked.						
Ensure the armrest is removed from the side of the wheelchair that the client will be shifting from.						
Place surfaces of equipment used in transfer process at a 90 degree angle before transferring.						
Position the chair next to and even with the headboard.						
Ensure client is wearing non-skid footwear before standing						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Overall Rating for this Section						
One Person Pivot Transfer						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Get client into a sitting position with legs and feet dangling over the edge of the bed.						
Apply transfer belt before standing client for transfer to wheelchair.						
Apply transfer belt over client's clothing with only enough room to place flat hand between client's body and transfer belt.						
Prevent the client from sliding or falling by blocking his/her knees and feet with your own						
Have the client put his/arms around your elbows or upper back (if capable);						
Have the client hold onto the armrests of the chair and lean forward;						
Place your hands under the client's arms and around the shoulder blades;						
Support the client as he/she grasps the far arm of the chair;						
Instruct client to grasp arms around upper back or elbows						
Does not allow client to place arms around neck.						
Tell client he/she will be "rocked" back and forth to the count of "3" and assist to stand on the count of 3.						
Ensure the client is standing up straight and is under control before pivoting.						
Pivot (turn) feet towards the chair, and rotate the client to a position where client can sit on the chair						
Turn client upon standing so that back of legs are positioned centered against seat of wheelchair.						
Lower the client's body slowly to the chair & t the same time, have him/her reach backwards to grasp onto the armrest or chair.						
Have client bend his/her elbows and knees, as he/she is being lowered into the chair.						
Complete transfer with client's hips positioned against the back of the wheelchair seat.						

Task	Y	N	SU	AV	BA	TN
Leave client seated in wheelchair in proper body alignment and with feet repositioned on footrests.						
Remove transfer belt after completing transfer.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Turning & Repositioning						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Assist A Bedridden Client onto His/Her Side:						
Hold client at hip and shoulder area when turning onto side.						
Position client a safe distance from edge of bed.						
Place padding or pillow at client's back, rolled and tucked to maintain his/her side-lying position.						
Leave client in side-lying position, avoiding direct pressure on hipbone.						
Wash hands.						
Turn and Reposition a Bedridden Client onto His/Her Side						
Wash hands.						
Use padding or pillow to support top leg.						
Use padding or a pillow to maintain alignment of top hip.						
Flex top knee.						
Separate ankles and knees, supported by a pillow between them.						
Ensure client's lower arm and shoulder are free from being tucked under side.						
Support upper arm using padding or pillow.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Passive Range of Motion Exercises						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Knee						
Support the client's knee and ankle joints while exercising knee.						
Knee flexion/extension: Bend the client's knee back to point of resistance and then follow by straightening knee as one repetition (						
Ankle						
Support the client's ankle, holding under ankle area and foot, while exercising ankle.						

Task	Y	N	SU	AV	BA	TN
Ankle flexion/extension: Push the foot forward towards leg, and in separate motion push the foot pointed down toward the foot of bed (FOB), as one repetition						
Provide three (3) repetitions of each shoulder, knee and ankle ROM exercise						
Provide controlled, slow, gentle movements when exercising shoulder, knee and ankle.						
Shoulder						
Support the client's arm holding under elbow and wrist joints areas while exercising shoulder						
Shoulder flexion/extension: Raise client's straightened arm from bed towards head of bed and return back towards bed as one repetition.						
Shoulder abduction/adduction: Move client's straightened arm away from side of body towards Head of Bed and return toward side as one repetition						
Provide rotation exercise to the shoulder						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Walking						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Point out walking destination.						
Instruct client to lean forwards on the seat of the chair prior to standing up.						
Place client's knees at 90 degree angle, with feet flat on floor.						
Instruct client to push himself/herself up from chair, using arms, when standing.						
Put hand on client's waist, back or arm, as client stands.						
Let client know when it is time to stand up.						
During walk, walk slightly behind and to one side of client.						
Provide assistance when walking						
Walk to destination.						
Check with client when standing and walking about how he/she feels.						
Advise client to center legs against the seat of the chair before sitting.						
Advise client to reach for chair before sitting.						
Put hand on client's back, wait or arm before he/she sits.						
Position client's hips against the back of the chair seat to ensure safety.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Feeding						

Task	Y	N	SU	AV	BA	TN
Wash hands.						
Identify self and explain what procedure is going to be done.						
Have client sit upright in a chair before feeding.						
Protect clothing with a cover (e.g. towel, apron, etc.) before feeding unless declined .						
Sit in a chair to feed client						
Ensure food is not too hot or too cold.						
Give client fluids to drink while feeding.						
Be sure client has swallowed everything and mouth is empty before offering next bite.						
Ask client what type of food he/she prefers for next bite. If not told, vary the types of food						
Give bite sized servings as opposed to giving large amounts of food.						
. Talk to client during the meal.						
Ensure there are no food remnant left in mouth when finished eating.						
Ensure area around client's face is cleaned after eating.						
Clean dentures, if necessary						
Leave area clean, dry and free of clutter with personal items within reach.						
Remove clothing protector (if used) and dispose of any garbage						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Dressing						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Ask client what he/she would like to wear.						
Encourage client to assist with dressing						
Ensure client is sitting when placing legs and feet into pants.						
Provide support to client when pulling up and fastening pants.						
Help sitting client to put on socks and shoes.						
Ensure socks are not crinkled and shoes are fastened properly						
Put head through garment neck opening before putting arms into sleeves.						
Maneuver client's arms and legs gently and naturally.						
Avoid over-extending extremities when dressing.						
Ensure clothing is secured and lined up properly before finishing.						
Dressing a Broken or Injured Arm						
Put clothing sleeve over broken/injured arm before putting it on the undamaged arm.						
Followed infection control procedures & universal precautions.						
Wash hands.						
Leave area clean, dry and free of clutter with personal items within reach.						

Task	Y	N	SU	AV	BA	TN
Was friendly, communicative & projected a positive, happy attitude.						
Put On & Remove TED/Elastic Compression Elastic Stockings						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Put Stocking On						
Sit with client's foot resting on stool, directly in front.						
Turn stocking inside out to toe section to create a toe tunnel.						
Put stocking foot over toes foot & heel.						
Ensure stocking fits properly, with toes & heel positioned correctly.						
Allow extra little toe room so toes have area to move.						
Put on textured rubber gloves (if available).						
Start tugging stocking just above heel, flattening out as it moves up leg.						
Avoid over-extending leg.						
Take gloves off & position stocking band 2 fingers widths below knee.						
Check for wrinkles by looking & running hands up & down leg.						
If wrinkles present, put on gloves again & smooth out, working in upward motion						
Repeat process, if more wrinkles found.						
Remove Stocking						
Grasp top band and pull stocking down leg, over heel, foot & toes, keeping stocking flat.						
.Support leg as stocking is pulled off.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Brushing Teeth						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Put on disposable gloves before brushing client's teeth.						
Cover client's chest & under chin with a towel.						
Wet toothbrush with water before starting.						
Wet Apply toothpaste to toothbrush before brushing teeth. .						
Hold the toothbrush at a 45 degree angle.						
Brush tops and side surfaces of client's teeth.						
Use circular motions when brushing sides of client's teeth and gums.						
Brush client's tongue.						
Give client fresh water to rinse mouth.						
Wipe off client's mouth when finished.						
Offer mouthwash to client.						
Remove towel from under chin & chest area.						
Put used towel away or in wash & dispose of garbage.						

Task	Y	N	SU	AV	BA	TN
Leave surrounding surface areas dry & tidy.						
Rinse toothbrush, glass other items and put away.						
Remove & discard disposable gloves applying anti-contamination measures						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Cleaning Dentures						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Put on disposable gloves before cleaning dentures.						
Gently remove or ask client to remove dentures from mouth.						
Rinse dentures thoroughly to remove loose food particles, using cool or warm water.						
Apply a denture cleaning paste to a moistened denture brush or a soft-bristled toothbrush						
Clean dentures over a towel or over a sink full of water, to prevent breakage, if dropped						
Brush inner, outer and top surfaces of dentures,						
Use light circular motions to avoid scratching or grooving the surface.						
Pay particular attention to area where denture comes in contact with gum						
Rise denture thoroughly under tap to remove denture paste.						
Brush client's tongue or have client brush tongue						
Offer mouthwash to client						
Insert or have client insert cleaned dentures back into client's mouth.						
Drain water from sink.						
Rinse toothbrush, glass & put lines & other items away.						
Dispose of garbage.						
Remove & discard disposable gloves applying anti-contamination measures.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Cleaning Hands & Nails						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Put on disposable gloves before starting.						
Ensure water temperature is comfortably warm.						
Place client's fingers in water before cleaning & filing nails.						
Check with client to ensure water temperature is not too hot or cold.						

Task	Y	N	SU	AV	BA	TN
Dry hands thoroughly, paying particular attention to skin between fingers.						
Dry fingers with towel, using patting motions instead of rubbing.						
Clean under nails with orange stick.						
Clean debris off orange stick on towel before cleaning next finger.						
File nails with emery board.						
Finish manicure with smooth fingernail tips 7 no jagged edges.						
Apply lotion to hands when finished.						
Put manicure items & linens away.						
Leave area dry & tidy.						
Dispose of garbage.						
Remove & discard disposable gloves applying anti-contamination measures.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Foot Care						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Put on disposable gloves.						
Check foot skin condition, including heels and between toes.						
Soaks foot in water before cleaning.						
Ensure water is at a comfortable temperature before inserting foot.						
Check with client re water temperature comfort level when starting to insert foot.						
Ensure there is enough water to completely cover foot.						
Uses 2 basins of water -- one for washing and one for rinsing or Use one basin of soap-free water and a soaped wash-cloth						
Wash all parts of foot, including in-between toes.						
.Rise foot well to remove soap from foot and in-between toes.						
Remove foot from water and dry well, including in-between toes.						
Pat to dry foot instead of rubbing.						
Clean debris from under toe nails, using an orange stick.						
Remove residue from orange stick by wiping it on a towel before cleaning under another toenail.						
File toenails straight across, with an emery board.						
Ensure top edge of toenails smooth and free of rough edges						
Apply lotion to foot but not to areas in-between toes.						
Rinse and dry equipment.						
Store equipment, dispose of used linen(s) and trash appropriately.						
Ensure floor area is dry when finished						
Remove & discard disposable gloves applying anti-contamination measures						

Task	Y	N	SU	AV	BA	TN
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Complete Bed Bath						
Introduce self and explain procedure.						
Offer client a bedpan						
Wash hands before & after procedure.						
Ensure water is between 105 & 110 degrees using a water thermometer.						
Stay alert for drafts & chilling.						
Carry on a conversation with client during bath and relay any important information to Registered Nurse.						
Raise bed to a comfortable height.						
Have side rail up on far side to prevent client from falling off bed.						
Raise head of bed up to a 45 degree angle .						
Put on disposable gloves.						
Wash eyes, using a soap-free wash-cloth.						
Wash from inner corner of eye to outer side of eye.						
Use different part of wash-cloth for each eye.						
Wash rest of face using soap-free wash-cloth.						
Pat face dry with towel.						
Add soap to wash-cloth and wash neck and ears.						
Rinse neck and ears.						
Pat neck & ears dry with towel.						
Lower bed so client is laying flat & untie back of garment, pulling it down to waist.						
Cover client with top sheet & bath blanket.						
Reach under blanket & pull top sheet down to avoid getting wet.						
Hold up bath blanket for privacy & remove gown.						
Place basin on a towel beside client.						
Place client's far hand in water & wash with wash-cloth.						
Wash between fingers & scrub under nails with nail brush						
Use long, smooth strokes & wash from wrist to upper arm of far side.						
Rinse far arm & hand and pat dry with a towel.						
Put arm back under bath blanket for warmth.						
Repeat same procedure to clean near hand & arm.						
Apply lotion using short, upward motions, starting at fingertips - massage client's hands up & down, several times.						
Apply lotion to arms, using long motions to top of arms.						
Remove any excess lotion, using a tissue or towel.						
Apply deodorant under arms.						
Move bath blanket down and wash chest & abdomen.						

Task	Y	N	SU	AV	BA	TN
Clean navel carefully.						
Rinse chest and abdomen with a wash-cloth.						
Dry chest and abdomen with patting motions.						
Apply lotion to chest and abdomen.						
Cover chest and abdomen with bath blanket.						
Put side-rail back up and obtain fresh water.						
Pull covers down & off far leg, keeping the near leg covered.						
Wrap bath blanket under & over far leg.						
Obtain soapy wash-cloth, remove bath blanket from top of far leg.						
Hold leg up & flex it -- get client to help if possible.						
Wash entire upper & lower far leg, using long strokes.						
Rinse upper & lower leg using long strokes.						
Pat upper and lower leg dry with towel.						
Place basin of water on bed and put foot into it.						
Wash far foot, heel and between each toe.						
Rinse far foot, heel & between each toe.						
Dry far foot, heel & between each toe, by patting..						
Apply lotion to far foot, heel & between toes.						
Apply lotion to far upper & lower far leg.						
Remove bath towel & cover far leg with sheet.						
Repeat procedure on near leg.						
Change water, wash-cloth & bath towel.						
Lower side rails & turn client on side						
Place a towel under client's body						
Expose only the portion of back that is being washed.						
Rinse back						
Pat back dry.						
Warm lotion by warming in hands and/or by placing bottle in warm basin water.						
Massage back, using firm, smooth stokes.,						
Work both hands together, go up back, around shoulders and down again - repeat several times.						
Massage back for at least 11/2 to 3 minutes.						
Remove any excess lotion by blotting dry wit towel or tissue..						
Uncover buttocks & wash cheeks of buttocks.						
Wash crack of buttocks, going from clean to dirty -- up buttocks.						
Cover buttocks while wash-cloth is rinsed.						
Rinse cheeks of buttocks, then upwards through crack of buttocks.						
Pat cry cheeks of buttocks & up through crack.						
Remove bath blanket & put bed-rails up again.						
Change bath water.						
Do Peri-Care as outlined in next section.						

Task	Y	N	SU	AV	BA	TN
After Peri-care remove gloves & give client a fresh gown.						
Change bed linens.						
Put bed-rails up & ensure client is comfortable.						
Leave area clean, dry and free of clutter with personal items within reach.						
Clean up all the supplies and equipment.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude						
Peri-Care for Females						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Ensure water is at a comfortable temperature.						
Put disposable gloves on.						
Place a protector under client's thighs to prevent bed from getting wet.						
Add soap to wash-cloth, not to container of water.						
Clean perineal area using soapy wash-cloth.						
Cleanse, rinse & dry perineal area in this order: far side labia; near side labia; then separate labia and wipe right down center of labia.						
Change area of wash-cloth used for each washing stroke.						
Wipe from front to back of perineal area for all washing strokes.						
Use water in container for rinsing only.						
Rinse perineal area using a soap-free wash-cloth.						
Change area of wash-cloth used for each rinsing stroke.						
Wipe from front to back for all rinsing strokes.						
Dry perineal area by patting with towel, working from front to back.						
Place client on side, away from edge of bed.						
Wash, rinse & dry area around anus & buttocks.						
Wash, rinse & dry from front to back around anus area.						
.Protect client's modesty by minimizing exposure.						
Ensure client is covered when finished.						
Wash & dry basin, place linens & bed protector in wash & dispose of garbage.						
Remove & discard disposable gloves applying anti-contamination measures.						
Wash hands.						
Leave area clean, dry and free of clutter with personal items within reach.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						
Peri-Care for Males						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Ensure water is at a comfortable temperature.						
Put disposable gloves on.						

Task	Y	N	SU	AV	BA	TN
Place a protector under client's thighs to prevent bed from getting wet.						
Add soap to wash-cloth, not to container of water.						
While one hand holds wash-cloth, grasp penis with other hand, gently.						
If not circumcised, pull foreskin back.						
Gently clean the glans of the penis, using circular movements.						
Wash down to the shaft of the penis, using stokes.						
Use a separate part of the wash-cloth for each stroke.						
Cover penis up & change water.						
Rinse penis using same steps as used for washing.						
Gently place foreskin back over penis.						
Lift scrotal area & wash thoroughly.						
Rinse scrotal area.						
Pat scrotum and penis dry.						
Take a second, soapy washcloth.						
Place client on side, away from edge of bed.						
Wash perineum & anus area moving from top to bottom, avoiding previously washed area.						
Dry perineum & anus area by tapping with a towel, avoiding previously washed areas.						
Remove bed protector.						
Cover client						
Wash & dry basin, place linens & bed protector in wash & dispose of garbage.						
Remove & discard disposable gloves applying anti-contamination measures.						
Wash hands.						
Leave area clean, dry and free of clutter with personal items within reach.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude						
Catheter Care						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Ensure water in basin is at a comfortable temperature.						
Put on disposable gloves.						
Ensure drainage bag is lower than bladder at all times.						
Protect privacy by minimizing exposure.						
Clean catheter with a soapy wash-cloth -- no soap added to water in basin.						
Hold catheter with one hand close to point it enters body, to prevent tugging.						
Cleanse catheter for several inches, working from point of insertion, away from body						

Task	Y	N	SU	AV	BA	TN
Wipe wash-cloth along catheter, using a clean section of the wash-cloth for each stroke.						
Use a new wash-cloth & rinse catheter for several inches away from body.						
Use a different section of wash-cloth for each stroke along catheter.						
Dry catheter using different sections of wash-cloth for each stroke.						
Dry any areas of body that were wet during the procedure, using patting motions.						
Ensure there are no kinks in the catheter & drainage bag is still below bladder.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude						
Assist with Bedpan						
Wash hands.						
Introduce self and explain procedure.						
Ensure client has privacy & put on disposable gloves..						
Assist client to lie on his/her back and then help turn onto side.						
Put bedpan against the client's buttocks, and then turn client over onto back.						
Ask client to stretch legs to ensure bedpan has been properly placed						
Raise the head of bed to make client comfortable.						
Step away to allow client privacy.						
Remove gloves and dispose them properly.						
Wash hands thoroughly.						
When the client is done, ensure privacy.						
Wash hands and put on disposable gloves.						
Restore the head of the bed to a flat position.						
Help the client turn onto side.						
As client turns, hold bedpan to prevent spilling onto bed.						
If spill occurs, immediately change bed linens. Get rid of the bedpan and set it aside.						
Ensure that the client's buttocks and genitals are clean.						
Return client to a comfortable position.						
Offer client a damp cloth to wash hands.						
Determine amount of output & record.						
Dispose of urine and/or feces, as directed.						
Ensure bedpan is replaced or cleaned.						
Remove & discard disposable gloves applying anti-contamination measures.						
Wash hands for at least one minute.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						

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Task	Y	N	SU	AV	BA	TN
Was friendly, communicative & projected a positive, happy attitude.						
Assist with Medications						
Wash hands.						
Identify self and explain what procedure is going to be done.						
Look at client's medication needs and timetable.						
Inform client he/she needs to take medication.						
Select the medication(s), which has client's name on it (them).						
Choose the medication (s) to be given at that time.						
Examine the label on the medication container before removing medication from container.						
Dispense pill(s) into container lid, without touching medication.						
Dump correct medication amount from container directly into client's hand, without touching medication						
Advise client to take medication						
Assist client to take medication but avoid: - putting hand over client's hand; - tilting client's hand to put pills into mouth; and, - placing pills right into client' mouth.						
Hand client a glass of fluids to swallow medication						
Advise client to drink the whole glass of fluid.						
Ensure that all the medication has been swallowed.						
Put container lid back on medication and return medication to place it is kept.						
Leave area clean, dry and free of clutter with personal items within reach.						
Wash hands.						
Followed infection control procedures & universal precautions.						
Was friendly, communicative & projected a positive, happy attitude.						

Percentage Score: _____

Comments:

_____

_____

_____

_____

_____ _____

Signature of Person Conducting Evaluation Date

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Cleaning And Disinfecting Your Home

Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**

  Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

  Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

  Leave solution on the surface for **at least 1 minute**

  To make a bleach solution, mix:

  - 5 tablespoons (1/3rd cup) bleach per gallon of water

    OR

  - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.

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- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, and remote controls.**
- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and dinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.

Clean hands often

- **Wash your hands** often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
  - After blowing one's nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food
  - After contact with animals or pets
  - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching y**our eyes, nose, and mouth with unwashed hands.

When Someone is Sick

Bedroom and Bathroom

Keep **separate bedroom and bathroom for a person who is sick** (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).
- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.

- Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and EPA-registered disinfectants. If they feel up to it, the person who is sick can clean their own space.

- **If shared bathroom:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.

- See precautions for household members and caregivers for more information. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

Food

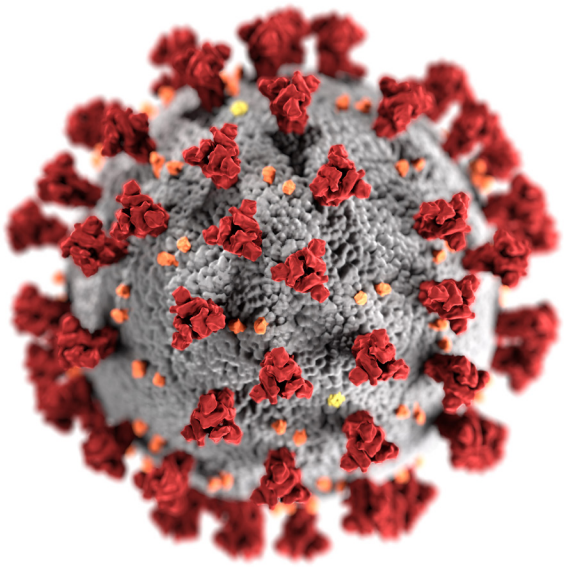
- **Stay separated:** The person who is sick should eat (or be fed) in their room if possible.

- **Wash dishes and utensils using gloves and hot water:** Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.

- **Clean hands** after taking off gloves or handling used items.

Trash

- **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the person who is sick. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.



Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.

DO secure the elastic bands around your ears.

DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:

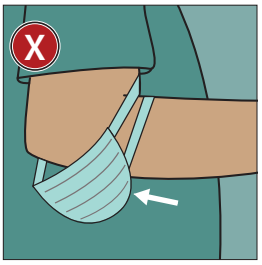
DON'T wear your facemask under your nose or mouth.

DON'T allow a strap to hang down. **DON'T** cross the straps.

DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.

DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.

DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.

cdc.gov/coronavirus

CS 316480A June 2, 2020 11:30 AM

Prevent the spread of COVID-19 if you are sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

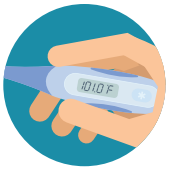
Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation,** ride-sharing, or taxis.

Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
  - See **COVID-19 and Animals if you have questions about pets:** https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals
  - Additional guidance is available for those **living in close quarters.** (https://www.cdc.gov/coronavirus/2019-hj ncov/daily-life-coping/living-in-close-quarters.html) and **shared housing** (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html).

Monitor your symptoms.



- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.

If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

cdc.gov/coronavirus

CS 316120-A 06/11/2020

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

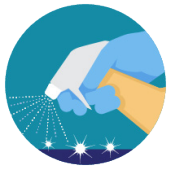
Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.

Clean all "high-touch" surfaces everyday.



- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.

- I **think or know I had COVID-19, and I had symptoms**
  - You can be with others after
    - 3 days with no fever

      AND
    - symptoms improved

      AND
    - 10 days since symptoms first appeared
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- **I tested positive for COVID-19 but had no symptoms**
  - If you continue to have no symptoms, you can be with others after:
    - 10 days have passed since test
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
  - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

What You Can Do If You Are at Increased Risk for Severe Illness from COVID-19

Are You at Increased Risk for Severe Illness?

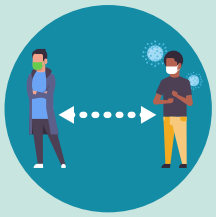
Based on what we know now, those at increased risk for severe illness from COVID-19 are:

- Older adults
- People of any age with the following :
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Immunocompromised state (weakened immune system) from solid organ transplant
  - Obesity (body mass index [BMI] of 30 or higher)
  - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus

Here Is What You Can Do to Help Protect Yourself

Limit contact with other people as much as possible.

Wash your hands often.



Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.

Clean and disinfect frequently touched surfaces.

Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's How to Protect Yourself.

cdc.gov/coronavirus

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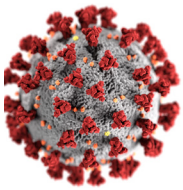
What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

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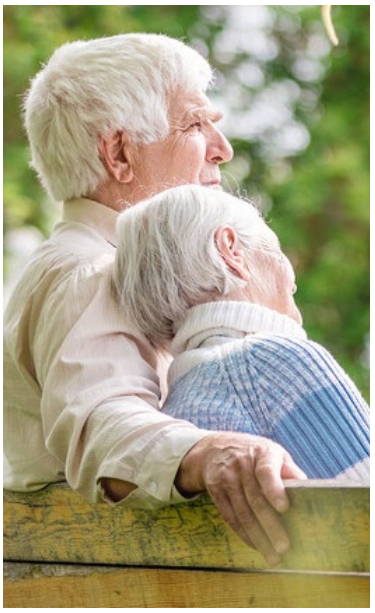
CS 314937A 06/01/2020

RIGHT ACCORD

Private Duty-Home Health Care

"Committed to Caring with Compassion"



RIGHT ACCORD
Private Duty-Home Health Care

HHA NOTE

Client Name:					Date:
Begin Travel Hr.: Min:	Begin Visit Hr.: Min:	End Visit Hr.: Min:	Total Visit	Total Time	Visit: Day Evening Night
Begin Miles	End Miles	Total Miles	Other:		
Employee Name:					

Personal Care

☐ Bed/Bath ☐ Tub/Bath ☐ Shower ☐ Sponge Bath

☐ Patient Preference ☐ Skin Checked

Comments:

At Client Request:

☐ Shave ☐ Shampoo ☐ Comb Hair ☐ Apply TED Hose

☐ Skin Care ☐ Oral Hygiene ☐ Assist w/ Dressing ☐ Nails (Do not cut)

Nutrition

Type of Diet: _____

Restriction of: _____

Encourage: _____

Weight: _____

Frequency: _____

Food Intake %: _____Fluid Intake: _____

☐ Prepare Meal ☐ Serve Meal ☐ Feed Client

Unit Care at Client Request

☐ Change/Straighten Bed ☐ Light Housekeeping ☐ Laundry ☐ Errands

☐ Shopping

Amount from Client: _____

Amount Spent: _____

Amount Returned:_____

Store Receipt Given: _____

Elimination

☐ Bedpan/Urinal ☐ Bedside Commode ☐ Bathroom

☐ Other: _____

☐ Change in Urine ☐ Catheter Care (Soap & Water ☐ Last BM: _____

☐ Empty Drainage Bag

Type: _____

Amount: _____cc/mL

Color: _____

Standards/Transmission Based Precautions:

☐ Hand Washing ☐ Gloves ☐ Mask/Shield/Gown

Activity

☐ Complete Bed Rest ☐ OOB w/ Assist ☐ Walking ☐ Turn & Position

☐ Side Rails ☐ OOD in Wheelchair

☐ Transport: _____

Safety – Patient Placed on Standard Fall Precautions

☐ Assist w/ Walker ☐ Cane ☐ Crutches ☐ Gait Belt

☐ Hoyer ☐ Medication Reminder

☐ Other: _____

Vital Signs

Temperature: _____

Oral: _____

Axillary: _____

Pulse: _____

Resp: _____

BP: _____

Communication or Notes

Spoke with: _____

Time: _____

Comments:_____

Precautions

☐ High Risk for Falls ☐ Bleeding ☐ Seizures ☐ DNR

☐ Diabetic

☐ Other: _____

SIGNATURES

Name (Print): Client Signature:

Assessor Signature:

RIGHT ACCORD
Private Duty-Home Health Care

RECORD OF WEIGHT

Client/Patient Name: ____

DATE	TIME	WEIGHT	↑ or ↓	BY HOW MUCH?	CAREGIVER NAME & INTL