

Independence Home Health LLC Handbook

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A - 1020 Agency Philosophy

At Independence Home Health, LLC we desire to provide quality professional medical care while emphasizing the importance of individual freedom. Our intention is to integrate our services into the home setting while showing respect for the individual by facilitating and incorporating a collaborative plan of care.

We believe that health care is a basic human right. It must be available, coordinated and provided in a comprehensive way, combined with other human services when appropriate. Home health care is an important part of the continuous health care system and it will be provided in the most cost-effective way possible.

Independence Home Health, LLC and our staff shall operate and furnish services in compliance with all applicable federal, state, and local laws and regulations and disclosure and ownership information. To the best of our knowledge, based on our Quality Improvement Program and professional personnel practices, the services we provide comply with acceptable professional standards and principles.

A - 1025 Agency Goals

- To provide all levels of home care service in collaboration with physicians, thus allowing patient to remain in their own homes.
- To provide a broad base of services with patient demand governing the scope, allowing patients to be involved in establishing, implementing, and evaluating services.
- To maintain patients in their homes if possible and provide services in the least restrictive setting.
- To assist patients in using all restorative methods, tools, and procedures to return patient or clients to their optimal level of function.
- To provide cost-competitive, quality services.
- To develop a relationship with referral sources to effectively meet our patient home care needs.
- To function as a liaison between our patients and available community resources and assist our patient in coping with their needs and problems.
- To provide care coordination and advocacy as necessary to obtain necessary services to allow patients to live safely in their own home as long as possible.

A - 1030 Agency Purpose

- We believe home health services are an essential part of the health delivery system. By providing continuing care to patient in their own homes, home health services minimize the effects of illness, accident, or disability.
- Agency recognizes the intrinsic worth of aged, diseased and/or disabled persons. We believe the contributions of these persons are no less important than the contributions of other members of our society. Agency recognizes that these persons are entitled to retain or regain their maximum participation in society.



- We recognize that the aging process is an unavoidable part of life. We understand chronic disease and disability may be part of that process.
- In providing care to individuals, Agency recognizes that patients and families have inalienable rights to self-determination. They have the right to participate in planning for their care, to make decisions about their health care, and to maintain their independence as long as feasible.
- Health education is an integral part of Agency's program.
- The agency recognizes that staff behavior, attitudes, knowledge, and understanding have an important influence on helping patient or clients attain and maintain their optimum health.
- Therefore, we are committed to the rehabilitation of aged, diseased, and/or disabled individuals within the structure of their home environments, allowing maximum contribution, independence, and retention of self-respect.

When rehabilitation or recovery is not realistic, we commit to providing dying individuals with appropriate care and coordinated services, supporting their dignity and self-respect.

A – 1035 Agency Objective

- A coordinated team approach to therapeutic, rehabilitative, and supportive health care services using skilled nursing, home health aides, medical social services, physical therapy, occupational therapy, speech therapy, nutritional consultation and a system of referral, follow-up, and evaluation.
- Home health care services and training, which allow patients and their caregivers to assume personal responsibility for patients' health and personal needs.
- Educational opportunities within the health care system for employees through an ongoing in-service program, short-term training for students, and participation in professional organizations.
- Coordinated liaison with health and social service to meet the needs of the community through joint efforts, meetings, and community awareness programs.
- A physical work environment conducive to maximum employee performance. To recruit and retain highly qualified personnel through:
 - a. Screening.
 - b. Testing.
 - c. Evaluation.
 - d. Probationary employment status.
 - e. A competitive compensation policy structured to recognize responsibility.
 - f. A competitive comprehensive benefit package.

B - 1095 Equipment and Supplies Management

1. No Equipment will be reused without the appropriate biomedical check as recommended by the manufacturer.
2. Any malfunction of equipment will be reported to the equipment company or manufacturer, if applicable, and replacement requested.



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3. For information related to patient or employee illness or injury related to equipment, refer to the agency policy on compliance with the Medical Device Reporting Act.
4. Agency staff will follow manufacturers' and/or equipment company recommendations for safe usage of equipment.
5. Equipment not requiring a biomedical check, i.e., walker, canes, etc., will be cleansed between patient usage.
6. Manufacturer's expiration dates will be strictly adhered to. All products will be checked for expiration prior to usage.
7. All sterile packages will be inspected for integrity prior to usage.
8. Sterile items will be transported in a manner to maintain integrity of sterility.
9. Items affected by temperature will be stored in a clean, dry, moderate temperature-controlled environment.
10. All agency staff are required to read packaging labels for directions regarding temperature effect on items. Manufacturer's direction will be adhered to.
11. Medically necessary supply usage will be documented on the patient's Plan of Care.

B – 1040 Quality Assessment and Performance Improvement (QAPI)

1. The development of a quality performance improvement plan will be guided by the mission, vision, and strategic goals of the organization, and focus on high risk, high volume, or problem-prone areas; consider incidence, prevalence, and severity of problems in those areas; and lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.
2. Activities for performance improvement will be prioritized by the agency's QAPI management team with the guidance of the Governing Body.
3. Data will be collected to allow the agency to monitor its performance.

Data collection will be prioritized based on the organization's mission, care services provided, and populations served.

As a minimum data will be collected for Infection prevention and control (See Infection Prevention and Control)

Other data that may be used for data collection include the following:

- a. Staff perception of risks to individuals and suggestions for improving safety for patients.
- b. Staff willingness to report unanticipated adverse events.
- c. Utilization of services.
- d. Staff opinion and needs.
- e. Adverse events/outcomes of processes or services.
- f. The needs, expectations and satisfaction of individuals and organizations served.
- g. Perceptions of care, treatment and services including:
 - i. How well the agency meets these needs and expectations.

- ii. How the organization can enhance patient safety and improve outcomes.
 - iii. Effectiveness of programs in responding to specific concerns such as pain management and medication management.
- h. Patient diagnosis and demographics.
- i. Environmental conditions of the organization or patients.
4. Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.
5. The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.
6. Performance Improvement Projects: The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.
7. Performance improvement activities, minutes, reports, correspondence are confidential and privileged. Some information may be disseminated on a "need to know" basis as required to meet regulatory requirements and other review organization. This would be approved by the agency administrator and the Governing Body.

B – 1065 Sentinel Event Policy

The organization works to prevent sentinel events. A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof that is not related to the natural course of a patient's illness or underlying condition. Serious injury specifically includes loss of limb or function.

The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Sentinel events are occurrences that affect the recipient of care and signal the need for immediate investigation and response. Health care related infections will be evaluated as a sentinel event if death or loss of function is determined to be related to the acquired infection.

The terms "sentinel event" and "medical error" are not synonymous.

B – 1100 Hazardous Material Management

All employees who work with or may be exposed to hazardous materials under normal working conditions or foreseeable emergencies have the need and "right to know" what health and physical hazards exist from chemicals found in the workplace.

The agency establishes and implements processes for handling, transporting, and disposing of hazardous materials and waste including chemicals, chemotherapeutic agents, infectious or regulated medical waste and sharps containers.

Waste generated by the agency will fall into three categories: general waste, medical waste, and sharps.

1. **General Waste**

General waste consists of normal office or household waste such as paper, packing materials, and patient or client products such as diapers, dressings, drapes, etc. that are not visibly soiled with blood or other potentially infectious materials. This waste may be disposed of in normal trash bags and stored in regular, unmarked trash containers.

2. **Medical Waste**

Medical waste includes items that have been contaminated with blood or other potentially infectious materials. This includes patient paper products that are visibly soiled. These items are handled with employees wearing gloves as protective equipment for infection control.

If there is not an approved sanitary sewer connection available, liquid medical waste (blood, urine, irrigating solutions, drainage) will be stored in a sealable, leak proof container and labeled. These items may be disposed of by pouring directly into a waste drain/toilet if sewer hook-up is present.

Chemotherapy waste (tubing syringes, gloves, etc.) must be placed in a container specifically labeled for chemotherapy waste.

3. **Sharps**

Sharps include items that can cause a cut or puncture that have been in contact with blood or other potentially infectious material.

- a. All used sharps will be placed into a puncture-resistant, leak proof impervious container immediately after use.
- b. Sharps are to be disposed of in an approved puncture-resistant container with an international biohazard symbol labeled as “biohazardous” or “infectious medical waste.”
- c. The containers should remain upright. They should have a closable lid and Containers should not be filled above the identified “fill line.” Once the container is filled, the lid should be tightly closed. The container should be returned to the office for disposal according to agency policy.
- d. Containers should not be filled above the identified “fill line.” Once the container is filled, the lid should be tightly closed. The container should be returned to the office for disposal according to agency policy.
- e. Used sharps should not be recapped, bent, removed from disposable syringes, or manipulated by hand unless the specific procedure requires that recapping be performed.

WASTE STORAGE

1. Medical waste shall be separated from other waste and stored in a red or orange bag labeled as biohazardous. When in a home providing care and red or orange bags are not available, waste should be doubled bagged. The bags must be strong enough to resist tearing or bursting under normal conditions of handling. When containers are three-fourths full, they will be closed tightly and returned to the office for disposal.
2. Biohazard bags must be kept in a waste receiver labeled with the international biohazard symbol and stored in a low traffic area. Medical waste containers must have closable lids.
3. Waste will be stored for a period not to exceed 30 days, or as defined by state laws.

HAZARDOUS MATERIAL LABELING

- All hazardous containers will be labeled with the identity of the material and appropriate hazard warnings.
- Labels must be legible and prominently displayed.
- Unlabeled containers will not be used, and their presence will be reported to the Director or designee.

Material Safety Data Sheets (MSDS)

The chemical name stated on the warning label must be identifiable to the chemicals described on the MSDS.

The MSDS will provide detailed information on each hazardous chemical including its potential hazard effects, its physical and chemical characteristics, and recommendations for protective measures. **Information about products can be accessed at www.msdsonline.com.**

A master list of all hazardous chemicals/products will be available from the Administrator at any time.

TRANSPORTING WASTE

1. Waste will be transported from the patient or client's home in the locked trunk of a vehicle and kept segregated from clean supplies and equipment. The waste will be placed in a designated storage area prior to pick up by the licensed biomedical waste disposal company.
2. Chemotherapy waste will be segregated from other waste.
3. Medical waste and sharps containers are placed into a containment device provided by the biomedical waste company.

WASTE TREATMENT AND DISPOSAL

1. The agency will contract with a commercial, licensed biomedical waste company to transport waste for treatment and final disposal. All final disposal methods will follow federal, state, and local regulations.



2. When waste containers are picked up, the company representative will obtain a signed copy of the manifest (the listing of what has been picked up) to keep on file in the office.

HAZARDOUS WASTE AND SPILL EXPOSURE

2. If there is employee exposure to general waste materials, hands should be washed with soap and water as soon as possible. No other precautions are necessary.
3. If there is exposure to hazardous waste with potential for exposure to blood borne pathogens, the employee will immediately cleanse the site with soap and water and report the occurrence to the Director of Nursing or designee.
4. Gloves should always be worn when cleaning spills of body fluids or waste. Disposable towels should be used to wipe up the spill. The surface should then be cleaned with an appropriate solution, such as 1:10 bleach solution or 70% isopropyl alcohol (rubbing alcohol).

B – 1130 All-Hazard Emergency Preparedness Management Policy

The agency maintains An Emergency Preparedness Program which describes our facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, patient population, and community prior to, during and after an emergency or disaster. The Program encompasses four core elements: An Emergency Plan that is based on a Risk Assessment and incorporates an all-hazards approach; Policies and Procedures; Communication Plan; and The Training and Testing Program. The program complies with all applicable Federal, State, and local emergency preparedness requirements. The program, policies, and procedures will be reviewed and updated at least every 2 years.

C – 1050 Pain Assessment/ Management

All patient admitted to the Agency will receive a comprehensive assessment that includes identification of pain and its impact on function as well as the treatment and efficacy of treatment.

The Agency will work with the patient, family, and physician, as well as other members of the health care team, to establish a goal for pain relief and develop and implement a plan to achieve that goal. The plan will be reviewed and modified if the patient does not have pain relief.

Poorly managed pain delays healing, and recovery time alters the body's immune system and increases stress, anxiety, and depression. Patients will be informed that they have the rights to have pain evaluated and effectively treated. Pain will be treated as a, "vital sign" and agency will strive to ensure that pain is measured and treated.

C – 1135 Patient's Rights and Responsibilities

The Patients will be informed of their rights as a consumer of home care services. This includes the right to:

1. Receive Notice of Rights



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2. Exercise their rights through an established representative.
3. Exercise their rights freely without discrimination, reprisal, or unreasonable interruption of service.
4. To be informed of HHA's Transfer and Discharge Policy
5. To be informed of HHA's Policy on Complaints and Grievances
6. To receive these rights in plain language in a manner that is understandable, accessible, and timely.
7. HHA will not require a person to surrender these rights as a condition of receiving services.

C – 1185 Advance Directive Policy

Agency recognizes the importance of patients participating in planning care and of their right to accept or refuse treatment. Agency will provide all patients with the agency's advance directive policy before the start of care:

- The agency recognizes that all persons have the fundamental right to make decisions about their own medical treatment. This includes the right to accept or refuse care, treatment, or services.
- The agency recognizes that when the patient is not legally responsible, the surrogate decision maker has the right to refuse care, treatment, and services on the patient's behalf.
- Valid advance directive will be followed to the extent permitted and required by law.
- Agency will request from the patient a copy of his/her Advance Directive to ensure Agency staff understands patient or patient wishes.
- In the absence of an advance directive, Agency will provide care according to the Plan of Care established by the physician and in consultation with patient /responsible party.
- Agency will not condition the provision of care or discriminate against the patient based on whether an advance directive has been established.
- The patient has the right to revoke or change an advance directive at any time. The patient will need to notify Agency of any changes made.
- If Agency cannot, for any reason, carry out the patient's advance directive, they will notify the patient and, if necessary, assist the patient to find an alternate provider.
- Agency will communicate directive to all staff participating in patient care.
- If Advance Directive does not identify the patient's wish to withhold resuscitation and there is no physician order to do so, Agency staff will initiate CPR in event of Cardio Pulmonary Arrest.

C – 1220 Code of Ethics

The agency has an ethical responsibility to the patient and the community it serves. To fulfill this responsibility. The Agency has an established code of ethics that addresses agency practice guidelines for dealing with internal and external customers.



The agency supports honest and appropriate interactions with patient and whenever possible, includes them in decisions about their care, treatment and issues including ethical issues.

The Agency will not provide financial incentives to staff, physicians, and Governing Body members for any patient care related activities.

The agency will not compensate staff, physicians, and Governing Body members for patient referrals.

C – 1230 Identifying and Reporting Abuse/ Neglect/ Exploitation of Patient

Patients have the right to be free from mental physical sexual and verbal abuse, neglect, and exploitation.

Agency personnel shall assess each patient individually to determine the patient's vulnerability to abuse or neglect. All personnel providing service in a patient's home are mandated to report abuse and/or neglect (including suspected abuse or neglect) of the vulnerable adult/child to the appropriate authorities.

Abuse, neglect or exploitation of a patient or the failure to report knowledge of these actions is considered unacceptable conduct and may result in disciplinary action, including termination.

C – 1395 Electronic Medical Record Security

1. To access to the agencies Electronic Medical Record, the Administrator or designee will enter all New employees' adequate level of security user access.
2. To the electronic medical record, the employee's use of the login name and password will serve to authenticate the employee's signature with title.
3. Employee login names are issued by the Administrator and or designee.
4. Agency approved Medical Record Software program, with the employee's login name, assigns employee a temporary password/Token.
5. The employee uses their login name and temporary password/Token to create their NEW password for access into the Electronic Medical Record.
6. If the employee locks themselves out or forgets their password, into the Electronic Medical Record, the Administrator and or designee will Reset their login for a new temporary password/Token. Then the employee will create their NEW password for re-access into the Electronic Medical Record.
7. Each employee documenting in the Electronic Medical Record Software will sign an agreement to require:
 - a. The employee will enter their: electronic device login/password, Biometric (fingerprint/facial recognition), or Security pattern each time they access the device.
 - b. The employee will not divulge their: electronic device login/password, Biometric (fingerprint/facial recognition), or Security pattern to anyone.
 - c. The employee will close out/lock out the electronic device when not using it.
 - d. The employee will not save their, Electronic Medical Record Software, login/password on the server site.
 - e. The employee will not divulge their, Electronic Medical Record Software, login/password to anyone.



- f. The employee is required to review, for approval, their documentation for accuracy prior to applying their electronic signature with title.
- g. The employee will immediately report to the Administrator or designee ANY possible breach of login names, passwords, biometrics, or security patterns associated with Electronic Medical Record.

D – 1001 Affirmative Action

The Agency is committed to ensuring that people of color, minority groups, persons with disabilities and other protected groups under state and federal law are represented in the agency workforce. The Agency's commitment to affirmative action is not based on obligation, but rather a conviction that affirmative action is the right thing to do.

The Agency's affirmative action program is designed to ensure that:

- Recruiting, hiring, and training for all job classifications are done without regard to race, color, creed, religion, national origin, sex, marital status, sexual orientation, status regarding public assistance, membership or activity in a local commission, disability, age, or other legally protected status.
- Employment decisions further the principle of Equal Employment Opportunity.
- Promotion decisions further the principle of Equal Employment Opportunity and that non-discriminatory criteria for promotions are used.
- All Human Resources policies and procedures governing compensation, benefits, transfers, training, and education programs are administered without regard to race, creed, color, religion, national origin, sex, marital status, sexual orientation, status regarding public assistance, disability, age, or other legally protected status.

D - 1005 Employment at Will

- Employment with the Agency is at will and either the Agency or an employee may terminate the relationship at the any time, with or without notice.
- The Employment At-Will Doctrine means that employment is presumed to be voluntary and indefinite for both employees and employers. At-will employees may quit their job whenever and for whatever reason they want, usually without consequence. In turn, an at-will employer may terminate whenever and for whatever reason it wants, usually without consequence.
- Either party may end the relationship without prior notice, but neither party may breach contracts. The Agency cannot violate state or federal laws, and generally cannot rightfully terminate employees who refuse to do something that is contrary to public policy and sound morality, such as breaking the law.
- The Agency may require employees to sign an agreement that documents the terms of employment at will. If written correctly, it is legal and binding contract backed by the common law. The terms of at-will employment may be in a policy manual or similar document. Employees will acknowledge receipt of this policy/document, agreeing in writing to abide by company policies. In the absence of explicit, signed contracts, some states consider policy manuals and such to be binding, implied contracts.

D – 1010 Exempt or Non-Exempt Status

Exempt employees are paid on a salaried basis, typically work at least forty (40) hours per week and meet the FLSA requirements that exempt them from being paid overtime under FLSA. Exempt employees include executives, administrative managers, professionals, computer professionals and outside sales employees. Determination of exempt status within these categories are based on the employee's job duties, salary level and salary basis.

Non-exempt employees are typically paid on an hourly basis, must be paid at least minimum wage for the first forty (40) hours worked in a workweek, and must receive an overtime rate of at least time and one-half their regular rate of pay for all hours worked over forty (40) in a workweek. Non-exempt employees' job duties are usually routine with set standards and rules.

- Exempt positions are excluded from minimum wage, overtime regulations, and other rights and protections afforded non-exempt workers. Employers must pay a salary rather than an hourly wage for a position for it to be exempt. Typically, only executive, supervisory, professional, or outside sales positions are exempt positions.
- Non-exempt employees, as the term implies, are not exempt from FLSA requirements. Employees who fall within this category must be paid at least the federal minimum wage for each hour worked and given overtime pay of not less than one and a half times their hourly rate for any hours worked beyond forty (40) each week.
- There is no difference in how exempt and non-exempt employees are taxed. For both categories of workers, all pay is "earned income" and therefore taxable to the wage earner based upon the tax bracket. Income is income; it does not matter if it is earned by the hour or as an annual salary.
- Exempt employees are generally expected to devote the number of hours necessary to complete their respective tasks, regardless of whether that requires 35 hours per week or 55 hours per week. Their compensation does not change based on actual hours expended. Exempt employees are not paid extra for putting in more than forty (40) hours per week; they are paid for getting the job done. On the other hand, non-exempt employees must be paid overtime if they work more than forty (40) hours per workweek, so it often behooves employers to keep non-exempt employees' hours down.
- The primary pieces of federal legislation that apply to the workplace are the right to a safe and healthful work environment, the right to equal employment opportunities, and the rights provided under the Family and Medical Leave Act as well as federal child labor laws. These laws apply to exempt and non-exempt workers alike.
- Although unemployment benefits vary from state to state, generally both exempt and non-exempt employees can collect unemployment benefits. Check with the state's Department of Labor to be certain of the benefits.

D - 1015 – Employment Classifications

Each employee will be designated a classification upon their hire date. The classification could change based upon position change, promotion, avg hours worked in a six-month period or for new hires with at least 90 days tenure, average hours worked within the 6-month time frame after 90-day probationary period.

Classifications are updated Semi-Annually on 30 June and 31 December for the previous 6-month period of employment.

Regular, Full-Time, Benefits-Eligible Employees

- Regularly scheduled to work at least forty (40) hours per week, fifty-two (52) weeks a year, except for approved absences
- Receive all legally mandated benefits such as Social Security and Workers' Compensation
- Eligible for Agency benefits as described in benefit plan documents

Regular, Part-Time Employees



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- Regularly scheduled on a continuous basis to work at least thirty (30) hours per week and less than forty (40) hours per week, fifty-two (52) weeks a year, except for approved absences
- Receive all legally mandated benefits such as Social Security and Workers' Compensation
- Eligible for some Agency benefits as described in benefit plan documents

Other, Part-Time Employees

- Irregularly scheduled and/or work less than thirty (30) hours per week
- Receive all legally mandated benefits such as Social Security and Workers' Compensation
- Not eligible for Agency benefits

Seasonal or Temporary Employees

- Short-term assignments, usually not longer than three (3) months at a time
- Receive all legally mandated benefits such as Social Security and Workers' Compensation
- Not eligible for Agency benefits

Casual On-Call Employees

- Hours not scheduled on a regular basis
- Flexible schedule based upon availability and workload needs
- Receive all legally mandated benefits such as Social Security and Workers' Compensation
- Not eligible for Agency benefits

D – 1025 Equal Employment Opportunity

The Agency provides equal opportunity to all team members and applicants for employment regardless of race, color, creed, religion, national origin, sex, marital status, sexual orientation, status regarding public assistance, membership or activity in a local commission, disability, age, or other legally protected status.

Equal employment opportunity applies to all facets of employment, pre-employment and the terms and conditions of employment, as well as discharge from employment.

Any employee who does not comply with the Equal Employment Opportunity Policy may be subject to disciplinary action, up to and including termination.

D – 1030 Reference Checks

The Agency verifies the employment history and performance of applicants who are finalists for jobs prior to extending an offer. When a college degree or certification is a requirement of the job, reference checks may include verification of educational achievement or certification. Reference check information is to be used by the hiring supervisor, along with other information gathered in the selection process, to make a hiring decision. An offer of employment will be contingent on the outcome of the reference checks.

Agency will release past employment information as requested and only upon written authorization of the employee concerned. Only that information which has been verified and documented in the personnel file will be released.

Without written authorization, the only information that will be released is dates of employment, and job titles/positions held during employment.

Employment information will be released only through the Human Resource Department.



- The candidates must have completed an application form that contains a release allowing the Agency to validate information contained on the application.
- A standard reference check form should be used. At least two (2) references should be obtained —no more than one of them from a family member.
- The interviewer will have the applicant sign the reference request to authorize the release of information from the proper source.
- A telephone request will be made at the discretion of the Human Resources staff to verify dates of employment, position, etc.
- Reference Request form will be forwarded to the proper parties by the Human Resource department
- If the candidate refuses to allow reference checks or verification of employment, advise the applicant that she or he will no longer be considered for the position.
- If references are questionable, work with the supervisor of Human Resources/Administrator to determine whether the candidate should be considered further.

D – 1035 Criminal Background Checks

The selected candidate in the hiring process must satisfactorily clear an expanded or national criminal background check. An offer of employment will be contingent on the outcome of the criminal background check.

This policy applies to all selected candidates, including active employees, who have received a conditional offer for a job vacancy. Agency will attempt to run background check prior to first patient contact.

The selected candidate's Expanded, or National Criminal background check shall be applied for, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence.

The home health agency may not employ a person to provide services in a patient's temporary or permanent residence for more than twenty-one (21) calendar days without receipt of that person's Expanded or National Criminal History background check, unless the state police department, the Federal Bureau of Investigation, or the private agency providing the Expanded or National Criminal Background Check is responsible for failing to provide the person's Expanded or National Criminal History Background Check.

Former employees are required to have a criminal background check conducted if they have been away from the Agency for three (3) months.

The employee will also be required to complete the documentation required to obtain a criminal background study. The criminal background check includes an expanded/national criminal history check. (State regulations may also require fingerprinting.)

The Release Statement must include the person's:

- Full Name
- All prior names and aliases
- Date of birth
- Sex



Failure to consent and/or satisfactorily clear a criminal background check will result in withdrawal of the job offer, or in the case of a current employee, immediate discharge.

Results of the background studies are confidential and are retained in confidential employee files.

Indiana Code 16-27-2-5 specifies that a person who has been convicted of the following may not be employed by a home health care agency:

- (1) Rape (IC 35-42-4-1).
- (2) Criminal Deviate conduct (IC 35-42-4-2).
 - (a) A person who knowingly or intentionally causes another person to perform or submit to deviate sexual conduct
 - (b) When an offense described in subsection (a) is a Class A felony
- (3) Exploitation of an endangered adult (IC 35-46-1-12).
- (4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
- (5) Theft (IC 35-43-4), if the conviction for theft occurred less than ten (10) years before the person's employment application date.

- (6) A felony that is substantially equivalent to a felony listed in:
 - (A) subdivisions (1) through (4); or
 - (B) subdivisions (5), if the conviction for theft occurred less than ten (10) years before the person's employment application date; for which the conviction was entered in another state.

ALSO:

In the case of a crime of homicide or aiding suicide committed in connection with the provision of health care or home care services, they **are disqualified from employment**.

ALSO:

In the case of a crime related to prohibited drugs. They are disqualified from employment, unless the employer determines that the requirements of rehabilitation have been met as follows.

- a. The circumstances or social conditions surrounding the commission of the crime sufficiently mitigate the risk of employing the person.
- b. The person must meet all the following items:
 - If on probation, parole, or other conditional release, the person submits a report from the person's probation or parole agent.
 - If, as a condition of the person's probation, conditional release, or sentence, the person had been ordered by a court to participate in a program for the treatment of chemical dependency, psychological disorders, or other behavioral problems, the person completed the program in compliance with the condition.
 - Agency may not employ a person to provide services in a patient's temporary or permanent residence for more than three (3) business days without applying for an expanded or national background check.
 - Agency may not allow a person to provide services on a patient's home for more than twenty-one (21) calendar days without receipt of that person's expanded or national criminal history background check.
 - If it is found that an employee has failed to truthfully disclose past convictions for any felony or is convicted of a felony during the time of employment, it is grounds for immediate termination.

D – 1045 License, Registration, or Certification Requirements

If a position requires licensure, registration, or certification, documentation that the person possesses these documents and is in good standing with the licensure or registration body will be confirmed prior to employment.

It shall be the employee's responsibility to keep these documents current. Updated information shall be provided to the supervisor to assure the records are up to date.

A copy of the employee's current license certification shall be maintained in his/her personnel file.

1. All licensed, certified, or registered employees will be verified via Access Indiana.
2. Periodic Renewal, it is the responsibility of the employee to provide the original required document at each date or time of renewal.
3. The Human Resource Manager is responsible for monitoring license, certification, or registration.
4. Employees will be notified by the manager/designee of impending expiration the first of month which the expiration will occur.
5. If a photocopy of the document is not received by the manager by the last day of the month of expiration, the employee's status is considered to have changed. At this time, one (1) or more of the following actions may be implemented
 - a. Demotion to an available position closest to that normally held which does not require licensure; termination if no position is available.
 - b. Suspension without pay until such documentation is received.
 - c. Disciplinary action as deemed appropriate by the manager.
 - d. In the case of procedural error on the part of the licensing agency, documentation from that agency must be provided

D – 1050 Competency Assessment

All employees will complete a self-assessment of the skills area for their job description. This assessment will be used to determine the orientation and specific training required by each person.

- The skills assessment checklist and the orientation checklist will be used by the supervisor/preceptor to document the completion of satisfactory demonstration of skills.
- Competency assessments will be completed at least annually and more often as determined by performance and supervisory reports.
- Competency of home health aides may be assessed during supervisory and/or training visits in the patient's home and documented for the personnel file.
- In-service education programs will be developed to respond to trends and patterns identified for all personnel.
- Specific training programs will be provided for individuals or groups if problem areas are identified in performance reviews and supervisory visits. Actions may include individual counseling and mentoring.
- The Agency will monitor performance using the following tools and/or reports and respond to areas that indicate a need to improve performance.
 - a. Injury to patient or employee
 - b. Incident reports (patient or employee incident)
 - c. Infections acquired/transmitted among patient/employees
 - d. Patient/family complaints
 - e. Employee complaints



Independence Home Health LLC

- f. Patient/employee satisfaction surveys
- g. Referral source/payer/or physician concerns
 - Employee competence will be evaluated during the annual performance review by using documentation, ongoing performance, peer and supervisor feedback, and direct observation of performance of skill in specific areas specific to their job descriptions.
 - Employees will review status of previous goals and establish personal and professional goals for the next year.

D – 1055 Employee Photo Identification

All agency employees, including contracted employees are required to wear Agency employee photo identification while working with patient or clients. The identification will display the employees first name and title.

Agency employees, including contracted employees are required to wear Agency employee photo identification while working with patient or clients. The identification will display the employees first name and title.

- Employees will receive a name tag with photo identification at the time of orientation.
- New identification will be provided when there are name changes, title changes or interdepartmental transfers.
- If the photo identification is damaged or worn, it will be replaced by the Human Resource Department.
- On termination of employment, the employee is required to return their photo identification to the department manager or supervisor.

D – 1060 Employee Rights

Agency does not discriminate against patients or staff. No patient will have an interruption of service because of staff refusal to provide care.

- Employees have the right not to participate in cares or treatments that conflict with their cultural values or religious beliefs.
 - Employees have the right to be treated with respect by agency staff, supervisors, and patients.
 - Employees have the right to be informed of risks associated with patient or client assignments.
 - Employees have the right to orientation and training specific to job functions and responsibilities.
 - Employees have the right to have supervisory/management expertise available to them when they are working.
1. All agency staff are oriented to Agency's policy of non-discrimination.
 2. Prospective employees and agency representative shall discuss performance expectation during the interview process. This would include rotating work schedules, weekend assignments, etc. If a prospective employee is not available for such a schedule, the employment offer may be deferred based on the inability to meet expected job requirements.
 3. Employees will be informed of availability of supervisors and the right to expect thorough orientation to all patient assignments.



4. Employees will be given specific information about patient diagnosis and cares to assure appropriate skills are present.
5. After an employment offer has been made and accepted by the applicant, the agency representative may ask if, based on religious or cultural beliefs, there are patient populations or types of care they would not be able to provide care.
6. Employees with religious beliefs celebrated on nontraditional agency holidays will be instructed to request personal time off in such situations. Time may or may not be paid depending on employment status. Adequate notice must be given to allow the agency to arrange alternate staffing.
7. Specific patients care activities or procedures which conflict with religious belief or cultural practice may be refused by employees without fear of discrimination or reprisals.
8. Situations where employees request not to work in certain geographic areas or refuse to perform activities, they do not feel qualified for will be addressed in competency assessment and staff safety policies and procedures. Employee concerns will be addressed with their immediate supervisor and/or Director of Nursing, as appropriate.

D – 1065 Code of Conduct

The Agency is committed to providing a safe and welcoming environment for all employees and patients. To promote safety and comfort for all, the Agency asks individuals to always act appropriately when they are in the Agency offices or other business locations.

Employees are expected to behave in a mature and responsible way and to respect the rights and dignity of others. The Agency Code of Conduct does not permit language or any action that can hurt or frighten another person or that could affect operations. Specifically, this includes, but is not limited to:

- Any conduct or action that is contrary to established rules and regulations or detrimental to the best interest of the Agency.
- Violations of the harassment policy including, but not limited to:
 - Angry or vulgar language including swearing, name-calling or shouting
 - Physical contact with another person in any angry or threatening way
 - Any demonstration of sexual activity or sexual conduct with another person
 - Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons, devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on Agency property, in Agency vehicles or at Agency-sponsored programs.
- Inappropriate release of confidential information.
- Falsifying documents such as applications, resumes, time sheets, reports, clinical or personnel file documentation.
- Excessive tardiness or absenteeism.
- Inappropriate attire or grooming.
- Use of Agency equipment, facilities, data, or property for personal gain.
- Unsafe or inappropriate use of equipment and vehicles.
- Employees are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to stop such behavior. If an employee feels uncomfortable in



confronting the person directly, they should report the behavior to the Clinical Director. Clinical Director should contact Administrator if an employee action warrants disciplinary action.

- If any employee decides to divulge their own personal information i.e., phone number/s, email, address, social media information etc., the employee agrees to not hold this company liable for any possible ill effects or repercussions resulting from their voluntary action and decision to share such information.

D – 1070 Electronic Communication

All data entered, created, received, stored, or transmitted via Agency equipment is considered Agency property and is therefore subject to inspection, search, and disclosure always by the Governing Body and/or designees. This is to safeguard the interests of the Agency and protect it from potential liability.

The Agency provides access to various information technology resources for its employees. These resources are provided to facilitate the creation and communication of business-related data in the most effective and efficient manner possible. Resources such as computers, the Internet, e-mail, telephone, and fax are intended for Agency business only.

Communications sent from the Agency network are identified as originating from the Agency server and carry the Agency name. E-mail and Internet usage and communications must reflect well on the organization. Each employee is responsible for using Agency E-mail and Internet resources in an acceptable manner.

- Passwords are confidential and are not to be given to anyone. Administrator should be provided with login/password for security purposes.
- The electronic communications systems should be used in ways that further Agency business interests and support work on behalf of the Agency. Any use of Agency information or systems for the financial gain of an employee or third party not relating to those interests is strictly prohibited.
- All language used in communications should be professional and courteous. Abusive or obscene content in communications is strictly prohibited.
- Use appropriate business English. In a culturally diverse environment such as the Agency, the use of slang, humor, sarcasm, or local terminology may not be correctly interpreted.
- E-mail is no different than a written document. A file can be stored in the system indefinitely and can be reviewed, if necessary, during legal proceedings involving the Agency. Take as much care in sending e-mail messages as with any confidential written document.
- Treat all e-mail messages as public information. Senders have no control over messages once they are sent, and recipients may forward the messages to people not originally intended to receive them.
- All Internet communication should be treated as public information since those messages are not generally encrypted. No confidential or copyrighted information should be sent through the Internet.
- All Internet communication should be treated as public information since those messages are not generally encrypted. No confidential or copyrighted information should be sent through the Internet.
- Confidential information such as performance or disciplinary communications should never be sent electronically.
- Staff members should use discretion when opening, downloading, and saving files sent via e-mail or from the Internet. Prior to placing any file on the network, staff members should scan for viruses.

Software

Only software purchased and licensed by the Agency, or personally purchased software approved by the Governing Body, may be installed on Agency equipment. The Governing Body/Administrator/designee may periodically conduct an audit of installed computer software. Unauthorized software will be removed.

Personal Use

As a benefit, agency staff is permitted limited use of their office computer equipment to type personal items, access personal e-mail accounts and the Internet. Personal files should be saved in a directory named "personal" to facilitate the identification and backup of those files.

All personal use is to be kept to a minimum while at work and is never to conflict with work performance.

Extensive personal use of electronic communications resources can disrupt the vital flow of information upon which patients depend. Any use of Agency resources must not jeopardize system performance.

Employees may make or receive limited personal telephone calls or cellular calls. Under no circumstances are personal long-distance calls to be made at the expense of the Agency.

Prohibited Use

The following are expressly prohibited by the Agency:

- Sending or receiving any data that may be construed to violate the values or policies of the Agency. This prohibition includes sexually explicit or offensive messages or images, cartoons, or jokes, ethnic or religious slurs, racial epithets or any other statement or image that can be construed as harassment or disparagement.
- Accessing another employee's personal files without their consent/permission of Administrator/designee.
- Disruptive behavior such as introducing viruses or intentionally destroying or modifying files on the network.
- Intentional misuse of data or equipment.
- Collection and/or transmission of materials in violation of any federal, state, or local law.
- Chain letters that are mailings with a request to recipients to continue distribution to others.
- Messages to other employees that serve as advertising or solicitation for personal gain.

Compliance

Failure to comply with this policy will be grounds for disciplinary action, up to and including termination.

D – 1075 Employee Safety

Agency staff members will be aware of the need to be security and safety conscious and report any real or anticipated problems to their immediate supervisor. Staff will be alerted to specific problems prior to the patient or client visit. The agency will provide a safe and secure work environment by implementing an appropriate education program, identifying proper reporting methods, and maintaining a focus on safety issues within the office.

1. Information/education regarding safety and security will be made available during employee orientation and annually as a form of in-service education.
2. All employees shall receive personal safety instructions including, but not limited to:
 - a. Personal safety while making home visits.
 - b. General safety practices and self-defense measures.
 - c. Obtaining an escort.
 - d. Handling unsafe situations.



- e. Vehicle accident reporting.
3. All employees will receive training in proper work practices including, but not limited to:
 - a. Proper body mechanics.
 - b. Training on OSHA Blood borne Pathogens guidelines.
 - c. Training on OSHA Tuberculosis prevention guidelines.
 - d. Handling of hazardous waste and standard precautions.
4. An office fire safety plan has been developed that includes the applicable structural features; inspecting, testing, and maintaining the fire alarm system; the use of fire extinguishers; and the identification of fire escape routes.
5. All job-related accidents, injuries, and illnesses are reported and consequently investigated to determine any necessary corrective action to minimize or eliminate hazards.

D – 1080 Grooming and Dress Code

The Agency welcomes people of all ages from diverse culture and backgrounds. As representatives of the Agency, employees are always expected to model good personal hygiene. All employees are expected to follow these guidelines for appropriate dress while representing the Agency.

Supervisors are responsible for clarifying standards of appropriate dress. This includes exceptions to these policies and unique situations.

All employees must always wear Agency name tags.

Dress Code/Attire

Three levels of dress are appropriate for Agency staff:

- **Agency Uniforms:** Uniforms are functional and appropriate to the role of service deliverers. Uniforms will be consistent and of a style to show the Agency's professionalism. Uniformed staff are expected to wear their nametag and prescribed uniform during all scheduled work times. Uniforms may be specific uniforms, scrubs or specific items of clothing such as dark slacks and white tops or shirts with the Agency logo.
- **Business Casual:** Business casual is the norm, on all workdays, for managers, directors, Administrators, support staff, etc., who are not involved in direct service requiring a uniform; or involved in outside meeting or special event. An Agency nametag must always be worn.
 - Business casual for men would (minimally) include collared dress shirt, turtleneck, or sweater; collared polo shirts, long or short sleeved; slacks (no blue jeans); appropriate shoes; and ties (optional).
 - Business casual for women: slacks (no blue jeans) or skirt (appropriate length); collared polo shirt, long or short sleeved; blouse, turtleneck, or sweater; and appropriate shoes.
- **Business Professional:** Business professional would be the norm for any days when an employee is meeting with, for example, volunteers or members of the community. For men: Suit or sport coat with dress slacks, dress shirts with ties, and appropriate shoes. For women: Suits/jacket with skirt or dress slacks, dresses, and appropriate shoes. Staff can always dress in business professional attire if they so choose.

Grooming Guidelines

- Good personal hygiene will always be maintained.



- Perfumes and fragrances are not to be used in excess and should be evident only when in proximity to someone.
- Facial hair should always be neatly trimmed and clean.
- The Agency recommends no visible tattoos. When tattoos are visible, they should not be excessive in size, not draw attention to location and not demonstrate a negative message or theme.
- Excessive jewelry is not allowed, and the agency prohibits jewelry that portrays a negative message or theme.
- Nails shall be clean, neatly maintained.
- Hair shall be clean and neatly maintained.

D – 1085 Hours of Work

Hours of work shall be determined by each area. All full-time salaried employees will work forty (40) hours each week. Hourly employees will be compensated for those hours reflected on his/her timecard.

1. Regular Hours:
 - a. Normally, office hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m.
 - b. Starting and quitting time for full-time employees may vary according to each area.
 - c. Employees shall be entitled to a half-hour lunch.
2. Overtime:
 - a. The U.S. Fair Labor Standards Act requires that all employees be paid overtime for hours worked beyond forty (40) hours in any one week except those employed as “Salaried/Exempt” (executive, professional, and administrative employees).
 - b. By common usage, the “exceptions” are referred to as “exempt employees,” the others are referred to as “nonexempt.”
 - c. Any nonexempt employee who works over forty (40) hours in any one week will be paid 1-1/2 times their regular pay for overtime.
 - d. Authorization of overtime and payment must be approved by the immediate supervisor.
3. Punctuality:
 - a. All employees will be expected to report to work on time.
 - b. If an employee will be delayed, the employee shall call his/her supervisor and inform him/her of the reason for late arrival and when the employee will be in.
4. Payday:
 - a. Paydays shall be explained at the time of hire.

D – 1090 Mileage Rate Policy

The IRS states mileage is reimbursable between temporary workplaces, not to/from your home. The mileage from your home to the first stop is NOT reimbursable. The last visit of the day is the end of the workday and no mileage is paid after that visit unless you are required at the office. Then the office is your last visit of the day. If you have gaps of more than 2 hours between visits that you do not work, the first and last visits start and stop over again for that day.

In addition, there must be adequate written documentation to support the mileage was incurred for business purposes. Odometer readings are required with start and stop readings. The number of miles needs to be recorded. The miles’ recorded is subject to verification using map quest or similar technology. Travel times must be recorded and correlate with the miles recorded.

D – 1100 Tardiness and Unplanned Absence

Regular attendance is required of all employees for the Agency to operate smoothly. Excessive tardiness or absenteeism can result in disciplinary action up to and including termination.

- Employees are expected to be at their work site and ready to work at the start of their assigned work hours. They are also expected to remain at their job until the end of their assigned work hours, except for approved breaks and lunch.
- If an employee is unable to report for work, he/she must notify his or her supervisor at least two (2) hours prior to the beginning of the work shift. The team member must personally contact the supervisor directly (no texting) unless he/she can show cause of why another team member was contacted instead.
- The Agency has the right to ask for a physician's statement if the absence involves compliance with the Americans with Disability Act and/or the Family Medical Leave Act. A physician's statement can also be requested in other situations; contact the Administrator for assistance.
- Consistent failure to call in at least two (2) hours prior to the scheduled work shift is grounds for a warning or other disciplinary action.
- An employee who is absent for three (3) or more consecutive workdays without notifying his or her supervisor is considered to have voluntarily terminated employment.
- Supervisors should communicate attendance guidelines and expectations to all employees.
- Absences of a questionable nature or those that could have been avoided by advance planning should be monitored. Tardiness, frequent short-term absences, a pattern of Monday or Friday absences, or absences on the day before or after a holiday should be considered in determining unsatisfactory attendance problems. To qualify for Holiday Pay, the employee must work the day before and the day after the Holiday.
- Employees who do not comply with attendance expectations should be counseled. Employees should be informed that failure to comply may result in disciplinary action up to and including termination. Employee warnings should be documented.

D – 1105 Attendance and Reporting

Agency relies on its employees to contribute to the success and profitability of the organization. Therefore, regular attendance and punctuality at scheduled work times will be expected of all employees.

Attendance and punctuality shall be considered when Agency reviews recommendations for promotions, salary increases.

1. Punctuality:
 - a. Employees will be expected to report at their scheduled work times. This includes returning from breaks and lunch.
 - b. Calling in when late: Employees shall notify their supervisor as soon as they are aware, they will be unable to report to work on time. Texting is not permitted.
2. Absence:



- a. Definition: Absence is the failure to report to work at the scheduled time and is defined as lost time (partial or full day) due to illness, injury, personal business, or other reasons for which the agency is not responsible.
 - b. Calling in absent: Employees shall notify their supervisor as soon as the employee is aware of the need to be absent, no later than two (2) hours before the scheduled starting time. If possible, the expected duration of the absence should be communicated to the supervisor in advance. Texting is not permitted.
 - c. Emergency Conditions: In the event an emergency or hospitalization occurs due to sudden illness or accident, the immediate supervisor should be notified by the employee's designated emergency contact as soon as possible. A doctor's statement should be sent to the agency within three (3) working days. If the immediate supervisor is not available, the next level of supervision should be notified.
 - d. Doctor's Statement: A doctor's statement may be required for any illness. The agency may request a corroborating statement from a consulting physician.
 - The doctor's statement must indicate:
 - The nature of the illness.
 - The expected duration of the illness.
 - The anticipated return date.
 - A doctor's release, setting the date an employee may resume normal duties at work, may be required at the time an employee returns from an absence and should be submitted to the agency at the time of return.
3. Excessive Tardiness/Absenteeism:
- a. When determining whether an employee should be disciplined for excessive tardiness or absenteeism, the supervisor should apply sound judgment based on knowledge of the circumstances.
 - For example, one time or infrequent occurrences normally require no supervisory follow-up, provided the employee has a valid explanation. However, a chronic pattern of absenteeism or tardiness will require action by the supervisor, including counseling.
 - b. Any disciplinary action taken must be consistently applied in like situations.
 - c. The Administrator shall make the final decision in any situation.

D – 1130 In-Service Education Staff Development

In-service training or continuing education programs will be provided and documented for employees. Programs will be appropriate to the employee's responsibilities and to the maintenance of skills necessary to care for Agency patients.

Programs incorporate adult teaching and learning principles and may utilize various effective adult teaching methodologies.

All staff members must attend or provide proof of having participated in mandatory in-service programs. The mandatory in-service training programs include:

- OSHA/Blood borne Pathogens and Infection control
- Safety – personal and patients/environmental
- Emergency Management



- Others as designated by Agency, state, or regulatory bodies
1. All staff members providing direct patient care will attend in-service education programs annually. These programs will be based on identified staff needs.
 - The Administrator or designee will establish an annual staff development calendar and assure that programs are offered as required. Ongoing programs will be offered as new equipment is introduced, new procedures are performed in the home setting, and/or new patient populations are served.
 - Staff input will be sought regarding topics presented and others needed.
 - Each therapeutic service provided by the agency will be represented by subject content and through the Agency at least once a year.
 - In-service education program content and employee attendance records will be documented and maintained.
 - Educational programs may be held in conjunction with vendors or other health care organizations. Employees who attend staff development programs outside the Agency must submit documentation of attendance for the program to be included in the employee's personnel record.
 - The Agency will maintain the following documentation of in-service/staff development programs:
 - a. Resume or curriculum vitae of presenter
 - b. Program subject, date, time/duration, and content of summary
 - c. Copy of handouts
 - d. Program attendee names and titles
 - The Agency will comply with in-service education requirements for home health aides according to Agency policy, State, and Federal Regulations:
 - e. Training must be provided by or under the direction of a Registered Nurse with two years of nursing experience and at least one year in home care.
 - f. The Home Health Aide must complete twelve (12) hours per calendar year either in lecture, video in-services, or in the patient or client home while providing care.
 - All employees must attend in-service programs determined by the agency to be mandatory for all staff.
 - At the discretion of the Agency, employees may attend in-service programs during their workday and will be given time off with pay to attend such programs.
 - In-services not sponsored or authorized by the Agency may not be attended during the workday without the express approval of the Agency.
 - Payment of registration fees and related expenses will be at the discretion of the agency with prior approval from the appropriate supervisor.
 - When an employee is authorized or assigned to attend a conference, convention, or training program related to his/her working position, no leave shall be reported, and the employee shall be considered as working.
 - The 12-hour-per-calendar-year requirement for Home Health Aide in-services may be pro-rated according to the employee's date of hire and records maintained per calendar year.
 - Random surveys are conducted to obtain employee feedback regarding learning needs and areas of professional interest when planning in-service education programs.

- A report about employee competency assessments and Agency response to assure and maintain competence in staff is submitted to the Governing Body annually.

D – 1135 Reporting Employee Epidemiological Illness

Any employee suspected of having a communicable disease will be removed from work and notification will be made of suspected exposure to contacts. Patient physicians will be notified if appropriate to identify needed interventions.

1. If an employee shows evidence of a communicable disease, he or she will be removed from the workplace and be required to report to either employee health services or an individual physician.
2. An employee's return to work will be in accordance with agency policy and with the permission of the employee's physician. The agency may request a written statement from the physician if indicated.
3. Employees with the following conditions shall not be permitted to give patient and will not be permitted to work during the time that condition is contagious:
 - a. As specified in Standard Precautions, or as recommended by the CDC
 - b. Skin infection (open lesions or draining wounds of any kind)
 - c. Respiratory tract infections, including Group A streptococci, pneumonia, active pulmonary tuberculosis, influenza, mumps fever, sore throat, and/or rhinitis.
 - d. Active exanthemas (rubella, measles, chicken pox, herpes zoster) in exposed areas during communicable phase.
 - e. Personnel with herpes simplex (fever blister/cold sore) must not care for immunosuppressed patients, pregnant patients, or infants.
 - f. Enteric infections (hepatitis, salmonellosis, shigellosis, amebiasis, giardiasis), vomiting or diarrhea.
4. To protect employees from patients with certain conditions are as follows:
 - a. Pregnant or immunocompromised employees shall not be assigned to patients with known or suspected rubella, infants with congenital rubella syndrome or cytomegalovirus infections and/or radiation therapy patients.
 - b. Personnel with known immunity, active or passive, to infectious diseases such as measles, mumps, chicken pox or influenza shall be assigned to care for patients with those diseases.

D – 1140 Drug and Alcohol-Free Workplace

The Agency prohibits the use, possession, transfer, and sale of alcohol and illegal drugs while working, while on the premises owned or operated by the Agency, and while operating any Agency vehicle or equipment. The Agency also prohibits reporting for work and working anywhere on behalf of the Agency under the influence of alcohol or illegal drugs. This policy applies to all official or unofficial break and meal periods, and all other times during the working day in which an employee has reported for work, including unpaid meal breaks.

- "Illegal drugs" means inhalants and controlled substances, includes medications that contain a controlled substance, which are used for a purpose, in an amount, or by a person for which they were not prescribed or intended.



- The use and possession of properly prescribed drugs or medications is permitted provided it does not interfere with the employee's job performance or pose a direct threat to the health or safety of the employee and/or others.
- Employees who violate this policy are subject to warnings and other disciplinary action up to and including possible termination.

- **CONTROLLED SUBSTANCE RANDOM DRUG TESTING:**

- It is our policy to test for controlled substances upon hire before any patient contact.
- Additionally, Independence Home Health, LLC is required by Indiana Statutes to complete random drug testing on any covered employee that is not licensed by a Board or Commission under Title 25 of the Indiana Code and will require the employee to have direct patient contact.
- *Covered Employee. As used in this Policy and Procedure, the term "Covered Employee" means an employee who will have direct patient contact and who is not licensed by a Board or Commission under Title 25 of the Indiana Code.*
- *Test for Controlled Substances. As used in this Policy and Procedure, the term "Test for Controlled Substances" means a test that utilizes a [blood/urine] specimen in a five-panel test that test the specimen for the presence of amphetamines, cocaine, marijuana, opiates, and PCP.*

Reasoning: The illegal use of Controlled Substances by employees adversely impacts an employee's job performance, as well as endangers other employees, our patients, and the public.

GUIDANCE AND INSTRUCTIONS FOR NEW APPLICANTS

CONTROLLED SUBSTANCE TESTING – APPLICANTS

All Covered Applicants will be provided a copy of this Policy and required to sign an acknowledgement that the Applicant received a copy of this Policy.

Applicants will also sign a consent form provided by the testing company authorizing disclosure of the test results directly to the Agency.

Refusing Test – Applicants

An Applicant's refusal to submit to a Test for Controlled Substances will be treated as if the Covered Applicant had taken the Test for Controlled Substances and obtained a positive test. This will result in the Applicant's consideration for employment being terminated due to failure to take and pass a Test for Controlled Substances.

Result of Test - Applicants



If the Test for Controlled Substances results in a positive test, the Applicant will be given a timely period to produce a valid prescription for the controlled substance. If a valid prescription cannot be produced consideration of hiring the applicant will be terminated.

GUIDANCE AND INSTRUCTIONS FOR TESTING OF COVERED EMPLOYEES.

The organization's Covered Employees are required to undergo a Test for Controlled Substances under the following circumstances:

1. **Random Testing:** On or before June 30 of each year, the Agency will subject the Randomly Selected Covered Employees to a Test for Controlled Substances.
2. **Reasonable Suspicion testing:** A Covered Employee shall be required to undergo a Test for Controlled Substances at any time the Agency has reasonable suspicion that a Covered Employee is engaged in the illegal use of a controlled substance. "Reasonable Suspicion" may exist based on, among other things:
 - a. Direct observation of drug or alcohol use or possession.
 - b. Observation of physical conditions which indicate symptoms of being under the influence of drug or alcohol, including but not limited to:
 - Odor.
 - Gait.
 - Speech.
 - Appearance.
 - Statements.
 - Evidence of use (for example, syringe or vile).
 - Response to questions.
 - c. A pattern of abnormal conduct or erratic behavior (including but not limited to absenteeism, tardiness, or deterioration in work performance).
 - d. Arrest or conviction for a drug-related offense or being identified as the focus of a criminal investigation into illegal drug possession, use, or trafficking.
 - e. A news report of a drug related arrest.
 - f. Information provided either by reliable and credible sources or that is independently corroborated; or
 - g. Newly discovered that the employee has tampered with a previous drug/alcohol test.
3. **Post-accident testing:** The Agency may require a Covered Employee to undergo a Test for Controlled Substances if the Covered Employee is involved in an accident or incident while on the clock (i) which results in the Covered Employee or another person sustaining an injury, or (ii) which results in damage to the Agency's property, the Covered Employee's property and/or the patient's property, including damage to equipment.

TESTING PROCEDURES AND METHODS

4. A Covered Employee or an Applicant who is required to undergo a Test for Controlled Substances will provide a [blood/urine] sample as outlined in the Agency's sample collection procedures.
5. The Covered Employee or Applicant who is the subject of a Test for Controlled Substances will be provided with a written report of the test results and any follow-up confirmation tests.



Random Testing Procedure – Identifying the Sample

Beginning on July 1, 2017 and annually thereafter, the Agency will determine the number of Covered Employees on its employee roster. The Agency will then multiple this number by 50% to identify the number of Covered Employees the Agency must randomly test before June 30 of the following year (the "Number of Required Tests").

Once the Number of Required Tests is determined, the Agency will randomly select that number of individuals from the list of all Covered Employees. These individuals will be identified on July 1 but need not be tested immediately. The Agency must complete the Number of Required Tests on or before June 30 of the next year.

In the event a Covered Employee who is selected for testing is no longer employed at the time the test is to be performed, another Covered Employee will be selected from the list compiled on the immediately preceding July 1 at random. If, due to employee turnover, there are not enough Covered Employees on the July 1 list to perform the Number of Required Tests, Covered Employees will be randomly selected from the population of Covered Employees at the time the test is to be performed until the Number of Required Tests has been performed, even if this requires the Agency to test newly hired employees who tested during the application process.

When determining if the Number of Required Tests has been performed, the Agency shall include the number of tests based upon Reasonable Suspicion it has performed during the year.

Refusing Required Test

A Covered Employee's refusal to submit to a Test for Controlled Substances will be treated the same as a positive test.

Covered Employee - Positive Results

If a Test for Controlled Substances performed on a Covered Employee is positive, the Covered Employee shall be informed of the result.

1. Prescription. The Covered Employee shall be provided a reasonable period to produce a valid, current, prescription for the Controlled Substance for which the individual tested positive. If the individual can produce a valid prescription, a copy of the prescription shall be maintained in the individual's personnel file and no action shall be taken against the individual.
2. Verification. If the Covered Employee cannot produce a valid prescription, the Agency shall have the results of the Test for Controlled Substances verified by having the test confirmed through a retesting of the sample by the testing entity (the "Verification Test"). The Covered Employee is responsible for the charges for the Verification Test.

If the Verification Test confirms the original positive test the Covered Employee will be terminated. A copy of the results of the Test for Controlled Substances shall be placed in the confidential section of the Employee's Personnel File. A statement with a copy of the written termination due to a failed Test for Controlled Substances should be recorded in the Personnel File of the Employee.



Negative Result of Test for Controlled Substance

If the Test for Controlled Substances returns a negative result, a copy of the test result shall be placed in the confidential portion of the Employee's Personnel File.

Voluntary Reporting

It is the Agency's intent to assist its employees who have substance abuse problems. An employee who voluntarily reports a substance abuse problem to the Administrator will be terminated; however, they may reapply after 6-months with evidence of rehabilitation. Employee will have to re-apply as a new applicant.

Drug Testing Records - Confidentiality

Records of all Tests for Controlled Substances, including results, Covered Employee prescription information and related information maintained by the Agency (the "Drug Testing Records") shall be the property of the Agency. These Drug Testing Records are subject to confidentiality requirements and the Agency will maintain confidentiality. The Agency shall keep each Covered Employee's Drug Testing Records in the confidential medical record portion of the Covered Employee's Personnel File.

A master file of drug results for covered employees will be maintained for verification under the Indiana State survey requirements.

Drug Testing Records – Release by Organization

Upon the written request of the applicant or Covered Employee tested, results of a Test for Controlled Substances shall be made available for inspection and copying to the applicant or Covered Employee. The Agency shall not release such records to any person other than the applicant or Covered Employee unless the applicant or Covered Employee, in writing following receipt of the test results, has expressly granted permission for the Agency to release such records

The organization may release records of all drug and alcohol test results and related information maintained by the Agency for the following reasons:

1. The records are evidence that may be admissible in a proceeding before a court or an administrative agency in which either the Agency or the Covered Employee whose test results are being admitted is a named party to the lawsuit; or,
2. To comply with a valid judicial or administrative order.

D – 1145 Tobacco Use

Independence Home Health LLC promotes a smoke-free workplace environment.



- Smoking is allowed in designated areas only at least 10 feet from the building. Cigarettes or any smoking materials are not to be left unattended. Smoking materials are to be completely extinguished before you leave the smoking area. Failure to comply with this policy could result in a loss of smoking privilege, a change of smoking areas or personal disciplinary action. In addition, employees may not use tobacco products while performing their job responsibilities off the Agency property. The success of this policy will depend upon the thoughtfulness, consideration and cooperation of tobacco users and non-tobacco users. All employees share in the responsibility for adhering to and enforcing this policy.
- Employees who violate this policy are subject to warnings and other disciplinary action.

D -1150 Confidentiality of Patient Information

- Agency personnel must read and sign their acknowledgment of the following statement:
- By accepting employment with Agency, I agree to carefully refrain from discussing any patient or client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so.
- I will not share any medical information with other patient or visitors without clear instruction provided by the agency.
- I acknowledge that all information seen or heard regarding patient, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers.
- My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics but can also involve an employee in legal proceedings. I will not share any information about patient or clients, fellow employees or the agency with the media or anyone else unless specifically authorized to do so. This is essential for protection of both the patient and Agency.

D – 1155 Health Screening

Each employee having direct contact with patients must have documentation of baseline health screening prior to providing care to patients. This includes, at a minimum, Screening for communicable diseases.

1. Pre-employment physical examination will be performed by a physician or nurse practitioner as mandated by state law or agency policy. Physical must be less than one hundred eighty (180) days old at time of first patient contact and contain the phrase "Free of infectious and communicable diseases." Health screening will occur after a conditional offer of employment is made. Repeat testing will be required if deemed necessary by the Administrator for individuals with signs of communicable disease.
2. On any employee or contract personnel providing direct patient or client care, there shall be documentation of completion of TB screening. (Refer to Tuberculosis Screening)
3. The Hepatitis B vaccine and vaccination series shall be made available to all employees who are at risk for exposure to blood and body fluids/substance. (Refer to the Hepatitis B Vaccination policy). This vaccine must be provided at no cost to the employee and acceptance or refusal of the vaccine must be documented.
4. Drug Screening- test for controlled substances upon hire before any patient contact. (Refer to Drug and Alcohol- Free Workplace Policy)
5. Additional Tests: Additional test(s) may be required as directed by the State Health Department or as recommended by the health professional performing the health screening. The intent is to limit risks to the patient, caregiver, and/or other employees.
6. Information obtained (other than occupational exposure and post-exposure evaluation and follow-up) during the health screening shall be documented and maintained in the employee's personnel file. This information shall be considered confidential. The Administrator may be informed of work restrictions of



handicapped persons and of necessary accommodations required. Other health care personnel may be informed of an individual's health screening results only in emergency situations and in accordance with local, state, and federal law.

D – 1160 TUBERCULOSIS SCREENING

1. All health care personnel should be screened for TB upon hire (i.e., preplacement). The local health department should be notified immediately if TB disease is suspected. The home health agency shall ensure that all persons providing care on behalf of the agency, having direct patient contact are screened for tuberculosis.
2. TB screening with an individual risk assessment and symptom evaluation at baseline (i.e., preplacement).

***Risk Assessment:** To include Temporary or permanent residence of equal to or greater than one month in a country with a high Tuberculosis rate, Currently or have planned immunosuppression, Close contact with someone who has had infectious Tuberculosis disease since last Tuberculosis

***Symptom Evaluation:** Symptoms for TB disease include any of the following: TB disease in the lungs may cause symptoms such as a bad cough that lasts 3 weeks or longer, pain in the chest, or coughing up blood or sputum (phlegm from deep inside the lungs). Other symptoms of TB disease are weakness or fatigue, weight loss, no appetite, chills, fever, or sweating at night.

3. TB screening is a process that includes:
 - A. A baseline individual TB risk assessment &
 - B. A TB symptom evaluation, &
 - C. A TB test: TB testing with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST) for persons without documented prior TB disease or latent TB infection (LTBI) Additional evaluation for TB disease as needed. In the event of industry shortages of TB testing solution, the agency will complete A & B. If results of the risk assessment and symptom evaluation generate concern due to the results, the individual will be requested to complete a chest x-ray. If a chest x-ray is completed without evidence of disease the individual will revert to ongoing agency policy. Then when supplies are available TB testing for base line is required.

Baseline Testing: Two-Step Test

When the [Mantoux tuberculin skin test \(TST\)](#) is used to test health care personnel upon hire (preplacement), two-step testing should be used. This is because some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction. Positive reactions to subsequent TSTs could be misinterpreted as a recent infection.

*If employee can provide proof of a negative PPD that is less than 12 months old at time of first patient contact no Two-Step PPD is needed upon hire. The report should include date/time of testing, solution/lot #, method, location. Date/time test was read and by who with signature.

Two-Step TST Testing:

Step 1

1. Administer first TST following proper protocol
2. Review result
 - Positive — consider TB infected, no second TST needed; evaluate for TB disease. *



- Negative — a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.

3. Document result

Step 2

1. Administer second TST 1 to 3 weeks after first test if Negative

2. Review results

- Positive — consider TB infected and evaluate for TB disease.
- Negative — consider person not infected.

3. Document result

4. Information from the baseline individual TB risk assessment required should be used to interpret the results of a TB blood test or TB skin test given upon hire (i.e., preplacement).

*Low-risk health care personnel who test positive for TB infection should have a second TB test to confirm the result.

*If the second test is also positive, the health care personnel is considered to have TB infection and they should be evaluated with a chest x-ray and TB symptom screen.

5. Newly positive results to the tuberculin skin test; should have on (1) chest radiograph to exclude a diagnosis of tuberculosis.

6. Health care personnel with a documented history (prior to your employ) of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not recommended.

7. Health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.

8. No routine serial TB testing at any interval after baseline in the absence of a known exposure or ongoing transmission is recommended.

9. Encouragement of treatment for all health care personnel with untreated LTBI, unless treatment is contraindicated.

10. Health care personnel with untreated latent TB infection (LTBI) should receive an annual TB symptom screen.

11. All health care personnel should receive **TB education annually**. Education should follow the most current standards of the CDC Tuberculosis Recommendations for Health Care Personnel.

12. TB education: Refer to TB Education and Training Policy

13. Post-Exposure Screening and Testing- All health care personnel with a known exposure to TB disease without use of adequate personal protection, should receive a TB risk assessment and TB symptom screen in addition timely testing, if indicated.

A. Health care personnel with a previous negative TB test result or without documented evidence of prior LTBI or TB disease should be tested immediately and re-tested 8 to 10 weeks after the last known exposure. For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., preplacement) and for any follow-up testing.

B. Health care personnel with a documented history of a positive TB test result or documented prior LTBI or TB disease do not need to be re-tested after exposure to TB. They should receive a TB risk assessment and TB symptom evaluation and if they have symptoms of TB, they should be evaluated for TB disease.

14. Work Restrictions:



- A. Employees with active tuberculosis pose a risk to patient and other personnel while infectious. They may not work until:
 - g. Adequate treatment is instituted,
 - h. Cough is resolved,
 - i. Sputum is free of Acid-Fast Bacilli on three (3) consecutive smears,
 - j. Employees who are healthy but receiving treatment may continue to work a regular work schedule.

D – 1170 Hepatitis B Vaccination

Agency will make the Hepatitis B Vaccine available to all employees at risk for exposure to blood borne pathogens. This will be provided, at no cost to the employee, after orientation and within ten (10) days of assignment to home care patients.

1. All employees determined to be at risk of exposure to blood or other potentially infectious materials will be offered the Hepatitis B Vaccine.
2. The vaccine shall be administered unless the employee has received the complete series of vaccine previously, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. This will be administered at cost to employee.
3. Employees may refuse administration of the vaccine. This refusal must be documented on the OSHA standard form (see attached form) in the employee's medical file. If the individual declines the vaccine, but later decides to accept the vaccination, the vaccine will be administered at that time.
4. The vaccination shall be performed by an appropriately licensed professional and in accordance with the recommendations of the U.S. Public Health Service applicable at the time.
5. **Post vaccination testing for antibody to hepatitis B surface antigen response is indicated for employees who have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needle sticks. This should be done within one to two (1 or 2) months after completion of the three (3) dose vaccination series. Knowledge of antibody response aids in determining appropriate post exposure follow-up. OSHA Standard Number 1904.12(d); 1904.2 dated 08/04/1999.**
6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

D – 1175 Standard Precautions for All Health Care Workers

Each employee is expected to comply with STANDARD PRECAUTIONS

1. Assume that blood and all body fluids, with or without visible blood, from all patients are potentially infectious.
2. **WASH HANDS**- Before and after patient contact, when soiled, and immediately after removing gloves. SEE HANDWASHING POLICY
3. Personal protective equipment, provided to employee by the home health care agency, as appropriate, includes:
 - k. Gloves: Use if there is a possibility of contact transmission. Nonsterile gloves may be used when performing procedures, which may expose the staff member/caregiver to blood or body substances. Sterile gloves are used when sterile technique is required. Utility gloves, which may be reused, are left in the patient's home, and used for cleaning and disinfecting equipment and the work environment.



Gloves should be changed after each patient contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing. If glove is torn or needle stick or other injury occurs, the gloves should be removed, hands washed well, and a new glove used as promptly as patient safety permits.

- l. Gowns/aprons, shoe covers, caps: Wear appropriate equipment when there is a reasonable expectation that contact transmission may occur, when there is a potential for blood or body fluid splatters or sprays. Examples include venipuncture, arterial punctures, catheter or nasogastric tube insertions, and intubations. Dispose of used equipment in a plastic trash bag.
 - m. Masks: Are usually not necessary if contact is only casual. A mask should be worn if there is a chance of a splash or splatters or if the patient is on respiratory precautions. dispose of used masks in plastic trash bag.
 - Disposable CPR Masks: Use if required to give mouth-to-mouth or mouth-to-tracheal airway ventilation.
 - Air Purifying Masks (HEPA): Use when caring for patients with suspected or known tuberculosis. The mask must be properly fitted.
 - NIOSH approved N-95 surgical particulate respirators (masks) meets CED guidelines for TB, SARS, Smallpox and Anthrax Single use (disposable)-one size fits most.
 - n. Goggles: Or protective glasses should be worn when there is a potential for a splash with blood or bloody fluids, and when exposure of mucous membranes of the mouth, nose, or eyes is anticipated. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations. Protective eyewear is to have solid side shields. Goggles may be reused if cleaned with soap and water between episodes. Discard if cracked or contaminated.
 - o. Airways: Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag, or other ventilation device should be in the home when resuscitation is predictable for use during actual resuscitation.
 - p. Sharps Containers: These containers must be puncture-proof, leak proof, red in color when possible, and labeled with biohazard sign when possible. Keep them in a safe place in the home. When $\frac{3}{4}$ full, return them to the office for waste disposal or dispose accordingly following state and local requirements.
4. Sharp objects and needles: Place in puncture-proof, disposable container. Needles should never be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care. Use needleless devices or devices with sharps injury protectors whenever possible.
 5. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
 6. The agency will maintain a log of injuries from contaminated sharps. The injury log must contain:
 - Type/brand of device involved
 - department or work area
 - explanation of the event
 - maintain a separate list for tracking actual employees
 7. All needle stick injuries will be recorded on an OSHA log.
 8. Identify "privacy concern case." The agency will document their consideration and implementation of safer, Effective medical devices.

9. All laboratory specimens should be treated as if they were contaminated with either HIV or HBV or Hepatitis C. All specimens should be labeled with patient information, placed in sealable, leak proof plastic bags, and transported in an appropriate, secured container that is labeled with a color-coded, biohazard sticker. Specimens should be transported without needles attached to syringes. Requisition forms are placed outside the plastic bag to prevent contamination in the event of a leak or spill.
10. For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution (1-part bleach to 10 parts water. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten (10) minutes to inactivate HIV. A fresh solution must be used daily. A 1:5 bleach solution (1-part bleach and 4 parts water) can be stored for thirty (30) days in an opaque container at room temperature and out of sunlight. **Bleach should never be mixed with anything but fresh tap water.** Contaminated reusable sharps should be placed in a leak-proof, puncture-resistant, and appropriately labeled container.
11. Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed in bags that prevent leakage and washed appropriately. If the fabric can tolerate contact with chlorine bleach, it should be washed with one (1) cup of bleach per full load with regular detergent. If a washing machine is not available, contaminated linens should be soaked in a receptacle or sink in cold soapywater in a 1:10 bleach solution for fifteen (15) minutes.
12. Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.
13. Health care workers with exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
14. As indicated, the agency shall maintain a log describing the collection, transportation, and disposal of hazardous waste.
15. Personnel Eating, drinking, and personal activities should not be done in the patient areas where exposure to blood or other infectious materials is possible.

D – 1185 Performance Evaluations

- All Agency employees are required to have an annual competency-based performance evaluation. Performance evaluations are scheduled according to the employee's date of hire.
 - The evaluation will be objectively based on criteria that are established in the position description for each employee.
 - Job performance will be documented on the appropriate form by the evaluator and will become a permanent part of the employee personnel file.
 - Contracted organizations/personnel are expected to adhere to these requirements as part of the contractual agreement and to submit completed documentation of competency and performance evaluations to the agency.
1. Immediate supervisors are responsible for completing the employee performance evaluations and applying the salary administration guidelines to determine the appropriate merit increase.



2. The Administrator must approve all forms associated with the performance evaluation process before the merit increase will be processed.
3. Supervisors will use the Performance Evaluations Form to conduct their employees' reviews.
4. The Supervisor will make an on-site supervisory visit with each direct care employee at least annually.
5. Supervisors will schedule review times with employees to discuss current performance levels, areas of improvement and growth, areas of strengths, succession planning, employee job satisfaction, job expectations, and future goals and objectives.
6. Supervisors will use the appropriate procedures to determine an overall rating score for the employee. The overall rating will be used to determine the salary administration component.
7. The completed performance evaluation will be kept in the employee's file.

D – 1190 Disciplinary Policy

The annual performance appraisal program assesses an employee's performance, and where needed, recommends necessary improvement. If improvement does not occur or there is a decline, other action is taken. Unacceptable behavior is dealt with through progressive disciplinary action.

The process includes verbal and/or written warnings that call attention to work performance needing improvement, misconduct, or violation of an Agency policy. Nothing in this policy arrogates the employment at will doctrine or creates any contracted relationship, either implied or directed.

The disciplinary process is designed to provide an effective method for correcting problems through cooperation, constructive counseling, disciplinary action, and goal setting. Progressive corrective discipline will be followed except in cases where the administrative staff deems greater discipline is warranted. In such cases disciplinary action up to and including immediate discharge may be taken for first or subsequent offenses. Progressive discipline means moving through increasingly stronger counseling or training to bring the employee's performance to an acceptable level. The critical points are due notice, a chance to improve, and a review process.

These guidelines apply to performance and attendance related issues, and other less serious issues that require disciplinary actions, but not immediate dismissal.

Verbal Warning

The supervisor and a witness meet privately with the employee, clearly explain the problem and what changes need to occur. The focus of the meeting is on the behavior, rather than the person. Verbal warnings are documented and placed in the personnel file.

A calendar may be used as a document to support dates of actions that lead to verbal warnings. If using the calendar for documentation, supervisors must retain their yearly calendars from year to year.

Written Warning

If the problem occurs again following the verbal warning, the supervisor will write a written warning letter. This letter should include:

- a. The details of the problem or violation, including the date(s) and time it occurred
- b. A description of what behavior is expected with specifics
- c. A plan to reach acceptable behavior



- d. A time frame during which the supervisor looks for improvement to occur
- e. The consequences of failure to bring performance to an acceptable level

When giving a written warning, a witness, normally a peer of the supervisor, should be present. The employee will have an opportunity to defend his or her actions and rebut the opinion of the supervisor at the time the warning is issued. The employee will be asked to sign the written warning, as will the supervisor and the witness. If the employee refuses to sign the document, the refusal should be noted on the employee's signature line.

Written warnings become a part of the employee's official personnel file, and a copy is given to the employee.

Second Warning Letter or Termination

If the undesirable behavior continues with no improvement, the employee may be terminated depending upon the seriousness of the problem, and how you have described the consequences in Step 2.

If the supervisor notices some improvement but end goals have not been met, a second warning letter should be written. This letter should detail:

- f. The areas of improvement expected by the supervisor
- g. Methods to reach the goals
- h. The time frame during which they are expected to occur
- i. Consequences for failing to meet them.

Once again schedule a private meeting with the employee and a witness to discuss the warning. The document will be signed by the supervisor, witness and employee and be placed in the employee's personnel file. A copy is given to the employee. If the employee will not sign the letter, note this on the document. This is considered the final warning prior to termination.

Suspension

Employees violating the Code of Conduct may be suspended with or without pay until an investigation is completed.

If cleared of any wrongdoing, the employee is reinstated into his/her position or comparable employment, with back pay, if applicable. The back pay is at the rate of pay the employee was making at the time of suspension.

Employees who are not cleared of wrong doing are terminated.

Immediate Termination:

- Conduct leading to immediate discharge includes but is not limited to:
- Falsifying records including time records, mileage and/or visit documentation
- Interfering with efficient safe operations and patient safety
- Stealing agency property, co-worker property, or patient property
- Borrowing money from or offering to sell products/services to patients and/or their families



- Carrying firearms or other dangerous weapons while on agency premises or while providing services for the agency
- Abuse, damage, or destruction of agency/patient property
- Fighting or provoking a fight while on duty or when representing the agency
- Abusive or threatening language to agency staff, supervisors, or patients
- Any physical or emotional abuse of patients
- Possessing and/or consuming liquor or illegal drugs while at work or on agency premises.
- Sexual harassment
- "No Call-No show for scheduled hours with a home care patient
- Insubordination

D – 1195 Termination of Employment

Employment with the Agency is at will and either the Agency or the employee may terminate the employment relationship at any time, with or without notice, and with or without cause. If it is found that an employee has failed to truthfully disclose information about his/her history, including felony convictions, termination may be immediate. Termination of an employee must have the prior authorization of the Administrator.

Voluntary separation by an employee

Exempt employees are requested to advise the Agency of their intent to resign four (4) weeks in advance of separation. Non-exempt employees are requested to advise the Agency of their intent to resign two (2) weeks prior to leaving. Notices of intent to leave should be made in writing and given to the employee's supervisor.

Involuntary Separation by the Agency

An employee may be discharged from the Agency at any time, with or without cause and with or without notice. In circumstances in which the employee is discharged for reasons other than for cause, the Agency will give an employee a two (2) weeks' notice of discharge or pay in lieu thereof.

Discharge for cause requires no notice and no pay other than that for hours already worked. Cause may include, but is not limited to, insubordination, theft, harassment, possession of a weapon, use of or possession of an illegal drug, violation of any Agency policy or breach of a duty reasonably owed the Agency.

1. All terminated agency employees participating in group insurance benefits will be given an opportunity to continue the coverage at their own expense for a period of eighteen (18) months from the date of termination. All premiums must be received by the first of each month or the coverage will be terminated.
2. All earned, unpaid benefits will be paid to the terminated employee within thirty (30) days of termination.
3. All involuntary terminations MUST be reviewed with the supervisor of Human Resources/Administrator or designee BEFORE they occur.
The Administrator will review and/or assist with an employee termination letter. Depending upon the severity of the situation, the Administrator may need to be present for the termination meeting.
4. The final payroll check will be provided at the next scheduled payday.

D – 1200 Employee Incident/Injury

All employees suffering a work-related injury or illness must report it immediately to their supervisor so they may be referred for necessary medical attention.

1. All employees must fill out an incident/injury report, regardless of the severity of the injury.
2. Refer to Employee Exposed to or in Contact with a Blood Borne Pathogen Policy and Occupational Exposure to Tuberculosis Prevention Policy.
3. All incident reports shall be directed to the Administrator and filed in the agency administrative files.
4. All incidents are summarized and are a component of the Quality Improvement Plan.

D – 1205 Employee Grievance Policy

Employees who feel they have not received fair treatment may file a grievance. The grievance may be regarding the interpretation or application of, or compliance with, their working agreement, or with respect to any disciplinary action taken against them, including the reasonableness of any agency rule or regulation under which the disciplinary action may have been taken.

1. The complainant should report the grievance in writing to the Clinical Manager.
2. The Clinical Manager shall review the grievance and confer with the complainant within three (3) working days after receipt to indicate what action will be taken. The Clinical Manager shall have fifteen (15) days after receipt of the complaint to resolve it.
3. If the grievance has not been resolved at that point, the Clinical Manager shall notify the complainant that the grievance is being forwarded to the Administrator of the agency, who shall have an additional ten (10) days in which to resolve the grievance.
4. If the grievance has not been resolved at that point, the grievance shall be submitted to the Governing Body. The Governing Body shall have fifteen (15) days in which to resolve the grievance.

If the grievance has not been resolved at the above levels, the complainant may contact the:

Office for Civil Rights, US Department of Health and Human Services

233 N Michigan Ave., Suite 240, Chicago, IL 60601

Phone: Voice (312) 866-2359 Fax: 312-866-1807 TDFD: 312-353-5693

- A separate file will be kept of all grievances including the action taken and will be kept in accordance with state and federal laws governing them.

D – 1210 Section 504 Grievance Procedure

Section 504 of the Rehabilitation Act prohibits discrimination based on handicap. In accordance with Section 504 Regulation, any employee who has reason to believe that he/she has been mistreated, denied employment, or discriminated against in any aspect of employment because of handicap may file a grievance.

To implement this policy, Agency has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulation (45 CFR Part 84) implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that “no otherwise qualified handicapped

D – 1215 Sexual Harassment

Agency will not tolerate conduct by any employee/patient who harasses, disrupts, or interferes with another's work or creates an offensive or hostile work environment. While all forms of harassment are prohibited, Agency emphasizes that sexual harassment is specifically prohibited.

1. Any employee who believes that he/she has been subject to sexual harassment in the workplace, by a manager, co-worker, or patient, should report the incident to the Administrator as soon as possible. If the employee feels uncomfortable discussing the incident with the Administrator or the incident relates to or involves the Administrator, the Clinical Manager shall be notified.
2. Any employee who violates the policy against sexual harassment, or encourages another to violate the policy, will be subject to appropriate disciplinary action, depending on the severity and type of violating behavior, up to and including discharge. The following behavior is considered a violation of this policy:
 - a. Threatening or insinuating that an applicant or employee should submit to sexual advances or that refusal to submit to sexual advances will adversely affect employment, including evaluation, wages, promotional opportunities, or assignments.
 - b. Giving favorable treatment in any way to an applicant or employee because that person has shown a willingness to perform sexual activities.
 - c. Making unwelcome or unwanted sexual advances. This includes patting, pinching, brushing up against, hugging, cornering, kissing, fondling, or any other similar physical contact considered unacceptable by another individual.
 - d. Verbally abusing or kidding that is sex-oriented and considered unacceptable by another individual. This includes:
 - Comments about an individual's body or appearance (where such comments go beyond a mere compliment).
 - Off-color jokes that are clearly unwanted or considered offensive by others.
 - Any other tasteless, sex-oriented comments, innuendoes, or offensive actions.
 - e. Displaying sexually suggestive objects or pictures, including nude photographs, in the workplace.
 - f. Any other sexually oriented conduct that would seriously interfere with another's work performance.

D – 1220 Conflict of Interest

Employees will not engage in activities contrary to the Agency's interest or in activities inconsistent with the responsibilities entrusted to them. In general, there is conflict whenever an employee achieves personal gain or incurs obligation to others at the expense of the Agency. Such personal gain need not be direct and might include gain by employee's family members or other relatives.

The following list includes areas where a conflict of interest is likely to arise, but it is not meant to limit the areas where employees should exercise discretion:

6. Personal benefit from any corporate transaction: sale, purchase, rental, or lease of property, employee services or supplying products.



7. Receiving gifts, special payment or favors greater than a nominal value (\$25) from an individual or organization that is providing goods or services to the Agency or receiving goods or services from the Agency. At no time should an employee solicit, request, or otherwise indicate gifts, payments, favors, etc., are expected.
8. Misuse of proprietary company information, or confidential information not available to the public, for personal or others' gain. This would include patient or employee mailing lists or any use of such information to the Agency's disadvantage or the employee's or others' improper advantage.
9. Use of Agency resources to develop competitive programs for personal use or use by others.

The Governing Body will determine whether any specific transaction, relationship or other situation represents a conflict of interest.

D – 1225 Conflict Resolution

The Agency strives to provide work conditions that create positive working relations for its employees. Employees are expected to respect the people to whom they report and with whom they work. Management and supervisory staff are expected to earn the respect of their staff and co-workers. The Agency's practice is to have an informal structure, with people accessible at all levels.

10. When disputes and differences arise, staff members are encouraged first to try to resolve the situation with the other staff member(s).
11. If this is not successful, the situation should be brought to the attention of the staff member's supervisor.
12. Some conflicts are more difficult to resolve. In these situations, Administrator should be contacted to act as a neutral third party to help mediate the situation.

Supervisors should let their employees know that they are available to help them resolve conflicts and that the Administrator support is also available.

D – 1230 Jury Duty

- An employee called for jury duty or is subpoenaed to appear as a witness will be excused from work.
- All employees are excused from work for jury or witness duties.
- Full-Time employees are paid at the regular rate of pay for any time in which they serve as a juror or witness. These employees may also keep any fees paid for jury duty.
- Part-time employees are excused from work for jury or witness duties but do not receive pay during their absence. Exception: If the part-time employee is subpoenaed to appear as a witness on behalf of the Agency, the employee will be paid at the regular rate of pay.

This guideline does not apply to court appearances that are for an employee's personal interest. In this event, personal time off (PTO) hours must be used.

D – 1235 Military Leave of Absence

Employees who are inducted into the U.S. Armed Forces or who are reserve members of the U.S. Armed Forces or state militia groups will be granted leaves of absence for military service, training, or other obligations in compliance with state and federal laws. At the end of the leave, employees have the right to return to the same position they held prior to the leave or to a position with equivalent seniority, pay and benefits.



1. **Active Duty** - Employees inducted into the U.S. Armed Forces or are acting under military orders for reasons other than two-week annual service obligations are eligible for re-employment after completing military service, provided:
 - They show their orders to their supervisor as soon as they are received.
 - They satisfactorily complete active - duty service.
 - They enter the military directly from their employment with the Agency.
 - They apply for and are available for re-employment within ninety (90) days after discharge from active duty. If employees return from up to six (6) months active duty for training, the employee must apply within thirty (30) days after discharge.

Full-time employees who are required to serve in the military do not have to use personal time off (PTO) hours during military leave.

2. **Military Reserves or National Guard Leave of Absence** - Full-time employees who serve in the U.S. Military Reserves or the National Guard may take the necessary time off without pay to fulfill this obligation.

These employees will keep all their rights for continued employment under existing laws.

- Employees must not be discriminated against in pay, promotion, or job assignment upon return.
- Employees are expected to notify their supervisor as soon as possible and must provide a copy of their military orders prior to the start of the leave.
- Human Resources/Administrator should be contacted concerning the coordination of the employees' pay and benefits while they are on military leave.

D – 1240 Family and Medical Leave Act

Agency complies with the requirement to provide up to 12 work weeks of unpaid, job protected leave per year, and requires group health benefits to be maintained during the leave as if employees continued to work.

1. Employee eligibility is determined as:
 - a. Any employee who has been employed for a minimum of twelve (12) months by employer from whom request is being made.
 - b. Employee has worked at least 1250 hours during the past twelve (12) month period.
 - c. Work at a location where at least 50 employees are employed at the location or within 75 miles of the location.
2. Leave eligibility is determined:
 - a. For the birth of a child, and to care for the newborn child.
 - b. For the placement with the employee of a child for adoption or foster care and to care for the newly placed child (leave for the birth or placement of a child must conclude within 12 months of the birth or placement).
 - c. To care for an immediate family member (spouse, child, parent – but not a parent in-law) with a serious health condition.
 - d. When the employee is unable to work because of serious health condition.
 - e. Spouses employed by the same employer may be limited to a combined total of 12 work weeks for the following reasons:
 - Birth and care of a child



- Placement of a child
- Care of an employee's parent who has a serious condition

Employee request is made at least thirty (30) days in advance of anticipated leave.

Medical leave request by employee to care for spouse, son, daughter, or parent who has a serious medical condition that prevents the employee from performing the functions of his/her position. (The employer may require physician certification of the serious health condition and must allow 15 days to receive the documentation.)

3. Leaves will be granted at the discretion of the agency management staff for medical leave requested to care for in-laws or common law situations.
4. Intermittent or reduced leave will be granted for serious health conditions of an employee or an employee's spouse, child, or parent.
5. Intermittent leave will be granted at the discretion of the agency for requests related to family leave.
6. If intermittent leave is requested, the agency may use discretion regarding placement of employee in an alternative position provided the salary and benefits remain the same. Once the leave is terminated, the employee will have the right to return to the same or equivalent position.
7. The employee will be required to use any accrued vacation or sick leave time prior to using the leave of absence.
8. Any disability benefits accrued by the employee for illness or disability will be paid during any portion of the medical leave.
9. Any employee benefits that normally accrue related to hours worked, i.e., vacation, sick leave, will accrue only during the paid portion of leave from work.
10. Any individual employee contributions required for participation in an employee plan will continue to be the responsibility of the employee while on leave.
11. At the end of the leave, the employee will be reinstated to his/her former position, if available, or to a position for which he/she is qualified and which has equivalent benefits, pay and conditions of employment. All employment benefits which had accrued prior to the leave will be retained by the employee.
12. Effective January 16, 2009 the final rule becomes effective and updates the FMLA to implement new military family leave entitlements enacted under the national Defense Authorization Act for FY2008. The law is amended to permit:
 - a. A spouse, son, daughter, parent or "next of kin" to take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy is otherwise in outpatient status or is otherwise on the temporary disability retired list, for a serious injury or illness."
13. An employee may also take FMLA leave for any qualifying exigency (as the Secretary of Labor shall by regulation determine) arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

D – 1245 Unemployment Compensation



Employees whose employment is terminated by the Agency for reasons other than cause may be eligible for unemployment benefits.

- All unemployment claims are to be coordinated with Human Resources/Administrator for review and protest, when appropriate.
- Claims received from the Department of Economic Security must be completed and returned within a specified time. If the claim is not submitted in a reasonable time to allow for completion, the Agency will be charged the amount of the unemployment claim. Extensions may be granted to file the claim.
- If an unemployment claim requires a hearing, the Human Resources/Administrator will act as the primary employer representative. Any Agency employees who have first-hand knowledge of the termination could be required to attend the hearing as a witness. In most cases, the witness is the claimant's direct supervisor. Human Resources/Administrator will conduct a review session with the witnesses to prepare for the hearing.

D – 1250 Paid Time Off

The Agency believes in providing employees with adequate time away from work, so they remain productive, enthusiastic, and creative while at work. The Agency is open and in operation throughout the year. Therefore, the Agency provides flexibility to employees through Paid Time off (PTO). PTO gives employees choices while still assuring the highest quality service to Agency patient. With PTO, full-time team employees, and regular part-time employees accumulate PTO time hourly to be used when they wish or need to be away from work for reasons such as:

- Vacation
 - Personal or family illness
 - Personal business
 - Funeral/bereavement
 - Birthdays
 - School activities
 - Personal days
1. All regular, benefits-eligible, exempt, and non-exempt staff is eligible for PTO. The amount of PTO credits an employee receives each 6-month period depends on years of service and are prorated according to semi-annual hours worked.
 2. PTO is accumulated hourly. It can be used as soon as it is credited or taken in units later. Employees may use the maximum credits allowed within the same year under the following conditions:
 - A. PTO may not be used unless the time has been credited.
 - B. Exempt team members must take PTO in a minimum of half-day increments. PTO time taken must be reported on a PTO request Form and a timecard.
 - C. Non-exempt staff must take PTO in a minimum of four-hour increments and must request time on PTO request form and report it on time sheets.



- D. Planned PTO for holidays should be requested as early as possible (preferably at the beginning of the year) and must be approved by their supervisor.
 - E. PTO should be requested, scheduled, and approved by the supervisor as soon as possible but at least one month in advance.
 - F. Requests are reviewed based on several factors including program and Agency needs, staffing requirements and number of requests. This is particularly important on commonly observed holidays.
 - G. In the event of scheduling conflicts, supervisors will grant time off based on department needs and consideration of when PTO was requested.
 - H. Planned PTO of more than 80 hours (two consecutive weeks) must be requested at least sixty (60) days in advance and requires written approval of the supervisor.
3. Unplanned PTO for illness or other unpredictable situations should be reported to the supervisor immediately or as soon as the situation allows. The employee must advise the supervisor of the approximate length of absence and renew the notification if the absence exceeds the time stated.
 4. If an employee is on jury duty, military leave, or other leave by an outside agency, they are not required to take PTO.
 5. Employees may accumulate a maximum of 80 hours of PTO to be used within the same calendar year and may roll-over no more than 20 hours from a previous calendar year.
 6. PTO time is meant for employees to have time away from work and not as a monetary benefit, therefore, will not be paid out to employee except under direct authorization of the administrator in consultation with the supervisor and/or office manager.

PTO and Medical Leave

When an employee foresees an extended leave for medical reasons, PTO more than eighty (80) hours must be used in conjunction with other paid and unpaid leave medical benefits.

Holidays and PTO

It is the philosophy of the Agency to allow qualifying employees Holiday Pay to observe certain holidays. Non qualifying employees are ineligible for Holiday Pay however PTO time may be used for holidays for both qualifying exempt and non-exempt employees.

The office observes and will be closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

The employee, in consultation with his or her supervisor, determines whether these or other days will be taken off.



PTO and Termination or Change of Status

- Employees may not receive pay instead of time off from PTO except when ending their employment with the Agency.
- Upon giving notice of resignation, an employee cannot take PTO, unless the time off had been approved prior to the resignation.
- A supervisor may rescind pre-approved vacation when an employee gives notice.
- PTO cannot be used as the last day(s) of work.
- PTO cannot be used to supplement work hours to maintain a higher-level classification or full-time employment status.
- When an employee leaves the Agency, they are paid 100% of their unused accrued PTO.

D – 1255 Paydays

Payroll and time records for all employees are maintained to meet the requirements of federal and state regulations. Both the employee and supervisor are held accountable for the accuracy of time records that reflect the hours and days worked.

Payroll schedule

- Each year, a payroll schedule is established that determines the workdays included in each pay period. The schedule is available from Administrator.
- The Agency pays employees on a bi-weekly basis. If a scheduled payday falls on a holiday observed by the Agency, paychecks will be distributed on the preceding weekday.
- There are twenty-six (26) paydays per year.
- Exempt and non-exempt salaried employees are paid from the 1st day of the two-week pay period to the last day of the two-week pay period.
- Non-exempt employees are paid according to the workdays established in each pay period.

Required and voluntary deductions

All required deductions such as federal, state, and local taxes, and all authorized voluntary deductions such as health insurance contributions, are withheld automatically from each paycheck. Two times per year there are three paydays in a month; only required (not voluntary) deductions are taken from these paychecks. As with the other ten months of the year, voluntary deductions are taken from two paychecks these months— not all three.

1. Time Sheets - Recording Hours Worked

- A. It is necessary to maintain accurate and complete records of hours worked.
 - All employees are required to report Paid Time Off.
 - Non-exempt hourly and non-exempt salaried employees are also required to:
 - Complete time sheets daily
 - Record starting time, time in and out for meals or other unpaid breaks, quitting time and total time worked for each workday.
 - Obtain approval before working overtime, and
 - Obtain approval for hours taken off during the workweek and note approval on the time sheet.
 - Employees and their supervisors must sign every timesheet.



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- Employees and their supervisors are responsible for the accuracy of the hours recorded on the time sheet. If an employee deliberately misrepresents the hours worked, tampers with another employee's timesheet, or influences anyone else to alter a timesheet, he/she will be subject to termination.
2. **Time Sheet Submission** - Time sheets should be submitted to the Front Desk of the Agency or mailed to the Agency.
 3. **Paycheck and Direct Deposit Information** - Employees may choose to be paid in one of two ways:
 - A. Through direct deposit that deposits the employee's paycheck directly to his/her bank account.
 - B. By paper check that will be available each payday after 8:00 am. When picking up a paycheck, you may be asked to show identification and sign a receipt.
 4. **Error in Pay** - Every effort is made to avoid errors in the paycheck. If an employee believes an error has been made, that employee should notify Administrator. Steps will be taken to assure that a correction is made properly and promptly.
 5. **Validating** – Employees who need to validate pay information for government assistance, etc. should retain all direct deposit and/or paycheck information for this purpose.
 6. **Replacing a Paycheck**- If an employee requests a replacement check, there is a 10-day waiting period before the check will be re-issued. It must first be determined whether the original check was cashed and cleared the bank. There will be a charge to the employee for replacing any payroll check.
 7. **Garnishment of Wages** - The Agency is obligated to execute a court-ordered wage assignment or garnishment against an employee's wages for child support, repayment of a student loan, etc. All wage assignment and garnishment notices should immediately be forwarded to the Payroll Department. Whenever court-ordered deductions are to be taken from a paycheck, the employee will be notified.