



**Full Life**

*Small miracles. Extraordinary lives.*

# **Full Life Care** **Home Care Orientation**

Quick Reference Guide

Home Care Orientation Manual

Employee Handbook

Employee Handbook Addendum

Communication

Patient Lifts

Taking Care of the Caregiver

Revised January 2021

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# QUICK REFERENCE GUIDE

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## Home Care Pay Schedule

Administrative Timesheets will be reported through online portal:

**hc.fulllifecare.org**

Password: **elder123**

Make sure to notify your supervisor.

Pay Period:  <p style="text-align: center;"><b>1<sup>st</sup> to 15<sup>th</sup> of the Month</b></p>	DUE:  <p style="text-align: center;"><b>19<sup>th</sup> of the same month</b> (no later than 4 days of the end of the pay period)</p>	Pay Day: *  <p style="text-align: center;"><b>5<sup>th</sup> of the following month</b></p>
Pay Period:  <p style="text-align: center;"><b>16<sup>th</sup> to End of the Month</b></p>	DUE:  <p style="text-align: center;"><b>4<sup>th</sup> of the following month</b> (no later than 4 days of the end of the pay period)</p>	Pay day: *  <p style="text-align: center;"><b>20<sup>th</sup> of the following month</b></p>

**\*Please Note:**

- Your first check that includes orientation can take up 4 weeks to receive.
- If the 5<sup>th</sup> or 20<sup>th</sup> falls on a weekend, checks will be available for pick-up the Friday prior this particular weekend.
- Checks will be available on payday for pick-up starting at 8:30 am until 4:00pm. If you do not pick up check on payday, then it will be sent in the evening mail.
- **No checks will be held without prior approval.**
- All trainings are paid after completion in the corresponding pay period.

# 2021 Pay-dates Calendar

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
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31						

February						
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28						

March						
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April						
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May						
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30	31					

June						
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July						
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August						
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29	30	31				

September						
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October						
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31						

November						
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28	29	30				

December						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## Benefits

- **Eligibility:** Once you have been employed with Full Life for two full calendar months, maintaining a schedule of 20 hours per week, you may become eligible for benefits. Upon the third month of employment, you will be in a grace period to be eligible at the beginning of your fourth month of employment
- **Health & Welfare Benefits:** Full Life Care offers the following health benefits plans:
  - Kaiser Permanente Medical HMO Plan
  - MetLife Dental plan that comes with discounts for vision care
  - Flexible Saving Account through Pacific Source
- **Paid time off (PTO):** PTO is accrued at a rate of 0.104 cents per hour. In your first year of employment you can accrue a total of 27 PTO days per year. The number of accrued PTO days then increases to 31 days per year following your first year of service. For each additional year of service, your PTO days will increase by 1 day until 7 years of employment. After 7 years of service, your accrual rate increases to 0.142 cents per hour.
  - For part time workers (19 hours or less per week): PTO accrues at a fixed rate of 1 hour for every 30 hours worked
- **FLMA & Extended Sick Leave:** Eligible employees with unforeseen medical condition for self or a close family member are protected under the Family Medical Leave Act Regulation. FLMA is unpaid leave, unless you choose to utilize your accrued PTO. Employees may also have additional time away from work under Extended Sick Leave Program.
- **Retirement Plan:** Benefits eligible employees may participate in the 403(b) Employee Savings Plan (retirement plan). Employer matching will take effect upon completion of one year of employment having been completed.
- **Observed Holidays:** Thanksgiving, New Year's Day, Memorial Day, Independence Day, Labor Day, and Christmas Day. HCA's who have *prior authorization* to work on these holidays will be compensated at 1.5 times their hourly rate.

## Training Requirements

**75 Hour Basic Training:** This training is required for new employees who do not have any formal training as a care provider, and also for new employees who are out of compliance with their continuing education credits three or more years.

- 1) Employees who require this training will be paid for all time spent in the training course. **Trainings, including agency orientation, may not be paid until the 20<sup>th</sup> of the following month.**
- 2) Your training courses will be scheduled by the Training Coordinator, and you will be notified of your training courses via mail and email.
- 3) It is your responsibility to ensure that you attend Basic Training courses. Training courses must be completed within 120 days from your date of hire. If you do not complete this training in your first 120 days, you will be terminated for non-compliance. **Basic Training hours will not be paid until all training is complete, and then on the 20<sup>th</sup> of the following month.**
- 4) Following completion of the Basic Training Course, you will be required to take the written and skills state board exam. Upon passing the exams, you will be issued a Home Care Aide license through the state of Washington.

**Certified Nursing Assistant:** If you hold an active CNA license, and have remained compliant with the continuing education requirements, you are EXEMPT from the 75 hours of Basic Training.

**Home Care Aide Certified:** If you have an active HCA certification, you are EXEMPT from the 75-hour Basic Training.

**Revised Fundamentals of Caregiving:** If you have completed RFOC training and have remained compliant with continuing education requirements every year since completion, you are EXEMPT from the 75 hours of Basic Training.

**Continuing Education:** Every employee is required to complete 12 hours of CE credits per year once Basic Training/CNA/RFOC is completed. CE is due every year and must be completed before your birthday. You will be paid for CE training. Failing to complete CE will result in immediate suspension leading up to termination within 30 days.

<b>HCA Certification/Continuing Education</b>	Page 1 of 1
Effective Date: 06/01/2004	Reviewed 06/02/2014

**Policy**

Full Life Care requires that all Home Care Aides and staff attend mandated and ongoing trainings needed to provide excellent Home Care Services.

**Purpose**

To ensure that Home Care staff are adequately trained and prepared to provide all authorized tasks performed as part of the client's service plan.

**Procedure**

- 1) Full Life Home Care Aides will be required to take 75 hours of Safety, Orientation and Basic Training offered by the SEIU Training Partnership within 120 days of hire or produce evidence of having passed the course. Home Care Aides must be certified by the state of Washington no later than the 200<sup>th</sup> day of hire or 200<sup>th</sup> day of the dated Safety and Orientation Certificate.
- 2) Home Care Aides who have previously taken the Fundamentals of Care giving of Basic Training will be required to provide evidence of having passed the course.
- 3) Each following year, Home Care Aides will be required to complete 12 hours of Continuing Education classes by the date of their birth, and will produce evidence of having passed the course. Failure to complete the required annual classes will result in immediate suspension of employment. Termination will occur 30 days later if proof of state approved training is not received by the Home Care Office.
- 4) Full Life Care staff will facilitate this process by providing information regarding upcoming classes and assistance, if requested, with scheduling classes.
  - a. Full Life Supervisory staff will be required to complete 10 hours of training or continuing education during the course of the year. Supervisory staff may also be required to take the Basic Training Course by the Program Administrator.
  - b. Home Care Assistants who do not take and pass the required trainings will be suspended until such time they are able to take and pass the coursework. There will be a 30 day window to make up classes at the employee's cost.
  - c. It is solely the responsibility of the Home Care Aide to sign up, attend and provide documentary proof of training. The Full Life Training Coordinator can also provide assistance with signing up for classes, when requested.
  - d. At the direction of Full Life Home Care Staff, Home Care Aides may be required to attend Basic Training or Continuing Education prior to beginning work with clients, if deemed necessary for safe provision of Home Care Services.

## **Working with Supervisors**

To reach a supervisor in **North Seattle, West Seattle, South Seattle, and Central Seattle**, please call our main line: 206-224-3752.

For **South King County**, please call 206-231-0200.

### **Who is my Supervisor?**

Each client is assigned a Supervisor based upon the client geographical region. You report to the client's supervisor depending on where they live. If you work in several areas, you may report to several supervisors.

### **How do I find a client?**

Please call or come to the office regularly to locate open shifts. You can also log on to [hc.fulllifecare.org](http://hc.fulllifecare.org) (password: elder123) to check for client availability. Scroll to the bottom of the page and click on "Click Here for Available Shifts." The office also sends out notices on client availability twice daily through emails and text messages.

### **Why hasn't anyone called me?**

Full Life has several hundred caregivers and we do our best to reach out to all of them. However, you are always welcome to call and inquire. If you are available for work, please call.

### **How many hours does my client have?**

Please call the assigned supervisor. Hours are determined by the state. Supervisors can't increase the number of hours available.

### **My client wants to change supervisors, how do we do that?**

Should your client have a complaint, he or she may speak to the Lead Supervisor or Assistant Program Manager.

### **Why did the Supervisor cancel one of my shifts towards the end of the month?**

Each client has monthly hours allotted by the state. If a month is longer, we may have to cancel shifts so as not to go over the allotted hours. Also, extra hours do not rollover to the next month.

### **Where can I find my client's care plan?**

If the client has been scheduled with you, you can find their address and care plan in [clearcareonline.com](http://clearcareonline.com). You should also review the client's Assessment Details with the Supervisor. The client should also have a copy of the Assessment Details in their home.

### **My client now says she needs help with bathing and didn't before. Should I call the state case manager?**

No, please call the assigned supervisor. Only call the state case manager if you have been requested to do so. The client may also call the case manager any time they have a "significant change" in their condition. Caregivers may only perform tasks that are part of the state assessment. If you see a significant change, call the supervisor.

**How many miles does my client have? Do I get paid to drive them?**

Clients have a total of 100 miles available. You will be paid when you note the number of miles you've drive in Clearcare assuming we have your current valid car insurance and driver's license.

**Do I get paid for the time and mileage between my clients? How am I paid?**

You will be paid for the actual time between client shifts- in 15-minute increments, up to 1 hour. You will be paid for mileage between Full Life clients' homes. It is your responsibility to complete a paper time sheet with your "windshield time" and mileage.

**Will you pay for my bus ride to my client's home?**

No, Full Life will only pay for the bus ticket and time between two client shifts. Complete a paper time sheet.

**Why is someone from Full Life visiting my client? Am I in trouble?**

A Full Life Field Supervisor or other staff will visit the client periodically to ensure that they are satisfied with our services. These visits are required by the state and do not mean anything is wrong.

**My client isn't home. May I work?**

No, you may only work when the client is home. Please notify the office if the client is missing for any reason.

**May I e-mail or text the Supervisor if I am calling in sick?**

No, please leave a voice mail on the general home care line: 206-224-3752. Supervisors also have vacations or call in sick, themselves. There may be no one to obtain a Supervisor's private messages.

**Should I call the On-Call Supervisor if I become sick in the evening, and can't work the next day?**

Yes, if it is after our normal M-F 8:30AM-5PM business hours, please call 206-795-7358.

**When do I call the On-Call Supervisor?**

Please call if there is an URGENT after-hours situation such as: an unplanned absence, client hospitalization, injury, or if you are unable to locate a client. Do not call for scheduling problems or missing shifts. Leave a message on the general home care line.

**I'm having a problem with my Supervisor, what do I do?**

Please call the Lead Supervisor or Assistant Manager to discuss your issue.

# Mandatory Reporter Training

## Mandatory and Permissive Reporters

Washington State law defines two types of reporters of suspected abuse: *Mandatory reporters and permissive reporters.*

### **Mandatory Reporters**

According to [RCW 74.34.020\(10\)](#), mandatory reporters are

- DSHS employees
- Law enforcement
- Social workers and professional school personnel
- Individual providers and operators of a facility
- Employees of social service, welfare, mental health, home care, home health agencies
- County coroner or medical examiner
- Christian Science practitioner
- Health care providers under RCW 18.130, such as physicians, nurses, and naturopaths, among others

Are you a mandatory reporter? If you are, you must, by law, immediately report the abuse, abandonment, neglect, and financial exploitation of a vulnerable adult to the Washington State Department of Social and Health Services (DSHS). Mandatory reporters are not required by law to report situations of self-neglect, but DSHS urges mandatory reporters to do so as a way to help vulnerable adults.

As a mandatory reporter, you must ALSO make a report immediately to law enforcement if you suspect sexual assault and types of physical assault (see [RCW 74.34.035](#)).

The law states that [\[RCW 74.34.035\(4\)\]](#):

“A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

- a. The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
- b. There is a fracture;
- c. There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
- d. There is an attempt to choke a vulnerable adult.”

The mandatory reporter is still required to report any type of suspected physical abuse to DSHS. APS/RCS is required to make a report to law enforcement for a crime (possible assault).

Mandatory reporters are also required by law to report a death to the local Medical Examiner or Coroner if there is reason to suspect that the death of a [vulnerable adult](#) was caused by abuse.

### **DSHS Employees and Non-DSHS Employees**

All DSHS employees are mandatory reporters and must report suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults during and after normal work hours (evenings, weekends, and holidays ([Administrative Policy No. 8.02](#))).

The law is unclear as to whether mandatory reporters (professionals and providers described in [Chapter 74.34.020\(10\) RCW](#)) must report suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults when they are not working (outside of work hours). DSHS encourages all mandatory reporters to make a report to DSHS if he/she has reason to believe, at any time, a vulnerable adult is or has been abused, abandoned, neglected, or financially exploited.

#### **Exercise #4**

Read the following:

It was Saturday and Susie, a nurse, finished her grocery shopping and was putting the bags into the trunk of her car. Suddenly she heard angry shouting. Susie turned around and saw a man shaking an elderly woman in a wheelchair by her arms. The man was calling the woman derogatory names and shaking the woman so hard that he lifted her from the wheelchair; the woman was telling the man that he was hurting her. Susie realized that the man and woman were her neighbors that she had yet to meet. Susie was alarmed that the man was hurting the woman.

Are the following statements True or False?

1. Susie is a mandatory reporter
2. Susie is not required by law to make a report because the day is Saturday and she is on her personal time.

#### **[Exercise #4 Answer](#)**

#### **Immunity**

A mandatory reporter making a report in good faith is immune from liability resulting from the report or testimony. Reporting or testifying is not a violation of any confidential community privileges [[RCW 74.34.050](#)].

#### **Failure to Report**

A person who is required to report and fails to report is guilty of a gross misdemeanor.

A person who maliciously, or in bad faith, makes a false report is guilty of a misdemeanor [[RCW 74.34.053](#)].

#### **Permissive Reporters**

If you are not a mandatory reporter, then you are a permissive reporter [[RCW 74.34.035](#)]. Washington State law encourages persons other than mandatory reporters to make a report when they have reason to believe that abuse, abandonment, neglect, or self-neglect, is, or has,

occurred. Persons other than mandatory reporters are called “permissive reporters.”

## Confidentiality of Reporter

A reporter’s identity is confidential EXCEPT when:

- There is a judicial proceeding;
- The reporter consents to the disclosure of his/her identity; or
- The law requires DSHS to share the information, such as in making a report to law enforcement

See [RCW 74.34.035\(8\)](#).

## When to Report

**Immediately** make a report when you have reasonable cause to believe that abuse, abandonment, neglect, or financial exploitation occurred to a vulnerable adult.

1. **“Reasonable cause to believe”** means it is probable that an incident of abuse, abandonment, neglect, or financial exploitation happened. Probable means that, based on evidence or information readily obtained from various sources, it is likely the incident occurred.
2. **“Reason to suspect”** means it is possible that an incident of sexual or physical assault occurred. Possible means that, based on information readily obtained from various sources, the incident could have happened.

## What Information to Give When Making a Report

Sometimes you may have a lot of information; sometimes you may have hardly any information. The more information you can give, the more you assist the vulnerable adult. When making a report, give as much of the following information as you have [[RCW 74.34.040](#)]:

- Name and birth date of the victim
- Address, telephone
- Current case manager, if one exists
- Name of perpetrator
- Allegation—what is the abuse and what happened
- Name of alternate decision-maker
- Other interested individuals

Sometimes people want to make a report anonymously. You are *encouraged* to leave your name and phone number so that the APS/CRU intake worker can call you back to obtain more information. The additional information you give may be the very information needed to protect the vulnerable adult.

If you are a mandatory reporter, APS/CRU will document your name and phone number, which is *proof* of your fulfillment of your obligation by law to report the abuse of vulnerable adults. Remember that your name as a reporter is confidential unless:

- There is a judicial proceeding;
- You consent to the disclosure of your identity; or
- The law requires DSHS to share the information, such as in making a report to law enforcement

The APS/CRU intake worker will ask you if you want your keep your identity confidential, or if you give permission for the release of your identity.

**Who to Call**

**When the Vulnerable Adult Lives in His/Her Own Home**

When the vulnerable adult lives in his/her own home or a relative’s home, call the local **Adult Protective Services** intake number in one of six local regions:

**APS Reporting Numbers**

<b>Regions</b>	<b>Counties</b>	<b>APS Intake #</b>
1	Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens Whitman, Pen Oreille, Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Klickitat	<b>1-800-459-0421</b> TTY: 509-568-3086
2	King, Snohomish, Skagit, Island, San Juan, Whatcom	<b>1-866-221-4909</b> TTY 1-800-977-5456
3	Pierce, Kitsap, Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Clark	<b>1-877-734-6277</b> TTY 1-800-672-7091

**When the Vulnerable Lives in a Facility**

When the vulnerable adult lives in a *nursing facility, boarding home, or an adult family home, or in a certified supported living setting*, call the

**Complaint Resolution Unit**  
**1-800-562-6078**

**OR...**

If you don’t know the specific area the vulnerable adult lives in, or you are not sure what number to call, Washington State provides a toll-free number where people are ready to connect you to the correct area. Call

**1-866-END HARM**  
**(1-866-363-4276)**

## Full Life Care Home Care

<b>Acceptance of Gifts/Client Finances</b>	Policy No. HC 314	Page 1
Personnel Policies	Date of Origin: 5/1/2008	Reviewed: 6/2/2014
Effective Date: 5/1/2008	Date: 5/1/2008	Approved:6/2/2014

### Policy

Home Care workers are prohibited from accepting or soliciting gifts of cash, merchandise or other material of significant value from their Home Care client. Home Care clients are prohibited from becoming involved with client financial matters, including writing checks on the client’s behalf or acting as a protective or surrogate payee for clients.

### Purpose

1. To provide guidance to Home Care staff regarding the acceptance or solicitation of gifts and involvement in client finances.
2. To prevent financial exploitation of Home Care clients.

### Procedure

1. Home Care Assistants **will at no time** accept or solicit gifts of cash, merchandise or other material of significant value from their clients.
2. Home Care Assistants **will at no time** become involved with client finances or financial management including writing checks on the client’s behalf or acting as a client’s payee.
3. In the event that a client offers any gift of significant value or request assistance with financial management, Full Life Care Home Care Assistants will decline. If the client persists in their offers or requests, Home Care Assistants will notify their supervisor to provide further assistance.
4. In the event that a client requests that a caregiver provide shopping assistance for the client, or in any other way handle money on the client’s behalf for purchases related to the client’s Service Plan, the caregiver should have the client sign the receipt for purchase indicating the amount of cash given, the amount of purchase, and the amount, if any, returned to the client.
5. Home Care Assistants who accept gifts from their clients or become financially involved with their clients will be subject to corrective action including termination.

## Full Life Care Home Care

<b>Unplanned Absences</b>	Policy No. HC 112	Page 1 of 2
WAC: Plan of Operation	Date of Origin: 8/1/2007	Reviewed: 6/2/2014
Effective Date: 8/1/2007	Date: 8/1/2007	Approved: 6/2/2014

### Policy

Full Life Care Home Care will provide staffing that meets the needs of clients as set forth by the Service Plan and the agreed-upon Home Care Assistant schedule. Full Life Care will establish procedures to ensure that a client's needs will be met when assigned staff is unable to serve scheduled hours during unplanned absences.

### Purpose

1. To ensure that clients will receive uninterrupted Home Care services to meet client needs set forth by the Service Plan.
2. To provide a mechanism for acknowledging and resolving client service issues due to unplanned Home Care Assistant and client absences.

### Procedure

#### 1) Home Care Assistant (Home Care Assistant) Unplanned Absence Procedure:

In the event that a Full Life Care Home Care Assistant is unable to maintain a scheduled Home Care visit to a Full Life Care Home Care client for reasons of personal or family illness, transportation problems or other unforeseen events, the Home Care Assistant must do the following:

- 1) Contact the client(s) directly by phone to notify them of the absence;
- 2) Contact the Home Care Program Supervisor by phone to notify the Supervisor of the absence
- 3) Home Care clients will be contacted by Program Supervisor to offer substitute caregiver
- 4) Record the absence on a separate timesheet to request Paid Time Off for the absence. Paid Time Off may not exceed the allotted time for the scheduled visit.

#### 2) Client Absences:

In the event that a Home Care Client is unexpectedly unavailable for a scheduled Home Care appointment, the Home Care Assistant must do the following:

- 1) Contact the Home Care Program Supervisor to notify them directly or by voice mail message that the client is absent for a scheduled visit;
- 2) If unable to reach the Home Care Program Supervisor, the Home Care Assistant should use their best judgment to determine whether there is reason to believe the client may be in jeopardy. If the Home Care Assistant believes that the client is in jeopardy, Emergency 911 services should be contacted immediately.
- 3) The Home Care Assistant may record 1 hour of paid work on the client's timesheet for unexpected absences. The Home Care Assistant may record the balance of the missed time on a separate time sheet for Paid Time Off. Alternately, the worker may contact the Supervisor for an alternate assignment with a substitute client.
- 4) Upon learning of an unplanned absence by a client, the Supervisor will document in a client no-show in the client Progress Note.

Failure to comply with these procedures may result in Corrective Action for the Home Care Assistant and lead to termination of employment with Full Life Care.

3) Full Life Care Supervisory Procedure for Unplanned Absences:

- 1) Full Life Care will provide Supervisor availability during all hours that Full Life Care Home Care clients are being provided services.
- 2) Upon learning of unplanned absence by a Home Care Assistant, Supervisor will contact client to determine whether client requests substitute staffing.
- 3) If client requests substitute staffing, Supervisor will identify replacement worker and provide staffing for client.
- 4) If unable to provide requested substitute staffing, Supervisor will contact client or the client's emergency contact to notify and will assess whether emergency intervention is required. If emergency intervention is required 911 will be contacted by Supervisor.
- 5) If Full Life Care is unable to provide adequate staffing on a regular basis for the client, Full Life Care will notify client or client's representative and client's case manager to notify of inability to staff within 24 hours of required staffing time. Client will be provided with other service options, such as alternate Home Care providers or care settings. Full Life Care will continue to attempt to staff client until notified by client or case manager that other staffing arrangements have been made.



## **Home Care Communication and Phone Policy**

Full Life Care encourages its Home Care providers to maintain excellent communication with Home Care staff, clients, and client resources. The following policies and practices should guide Home Care workers when they are using cell phones or client phones in the course of their work:

### **Client phones**

Client phone should be used only for communication on behalf of the client, such as to Clock in and out for the shift, set up appointments, or to communicate information about the client to case managers, supervisors, or other authorized client contacts. Personal phone calls should not be made or received by Home Care workers on a client's phone while at the client's home, except in the case of emergencies.

### **Cell Phones**

Home Care providers are encouraged to carry cell phones with them during work hours. However, usage of cell phone calls should be restricted to calls of less than 5 minutes in duration, and totaling less than 5 minutes per hour. These telephone calls **should not disrupt** important client tasks. Home Care providers should never utilize cell phones while driving or performing hands-on assistance with care providers.

### **Receiving Calls from Clients**

Home Care providers should not give clients their home or cell phone numbers, or encourage clients to contact to contact them outside of their scheduled work hours. Home Care workers are not expected to respond to telephone calls from their clients outside of their scheduled working hours. In the event that a client wishes to contact a Home Care worker by phone, they are provided with the telephone number of the Home Care supervisor. If necessary, the supervisor will contact the Home Care worker to provide information about the client.

**Contact Your Supervisor at: 206-224-3752**

**After-hours: 206-795-7358**

## **Working with ClearCare**

### **What is ClearCare?**

ClearCare is our automated system for tracking hours and tasks. We will review ClearCare at orientation. The full text of an example call is available upon request. Supervisors can make a practice shift for you to clock in and out.

### **Whose phone/tablet computer do I use?**

You should use your client's phone. You may use your own if their phone is unavailable.

### **How do I log-in?**

Open the downloaded **ClearCare Go** app from the app store or play store.  
E-mail: *your personal e-mail* Password: *elder123 or given password*

### **Why can't I clock-in?**

ClearCareGo app requires Internet and Location Services to work. Please make sure your phone's location is turned on. If you need help, please contact the office.

### **May I work with my client any time?**

You may only work when there is an assigned schedule in ClearCare. You, the client, and supervisor will coordinate the creation of an ongoing schedule in order to track hours and tasks.

### **What if my shift is not in ClearCare?**

Please work if you and a client have agreed upon a shift. Call the client's assigned Supervisor to confirm. If you can't reach the supervisor, please leave a message that you are working.

### **Will I be paid if I work but do not clock in or out?**

If you work a shift that is not in ClearCare, you will be paid for it. If you forget to clock in or out, please call the office and we will put the information in manually.

### **Why am I getting text messages?**

Caregivers are automatically enrolled in ClearCare's messaging system. You may unsubscribe at any time. You may still get e-mails and texts from Supervisors, but not the automated ones.

### **May I clock in from somewhere other than the client's home? I need to pick up their medication before I arrive.**

You may, but please let the Supervisor know. We track clock-ins via GPS and may see an

“unverified” clock-in if you do so outside of the client’s home. If we regularly see “unverified” shifts, we may assume a possibility of fraud by the caregiver.

**Do I need to mark all tasks “Complete” or “Incomplete”?**

All tasks should be checked “Complete” at least once a month. If you a client doesn’t need help with that task at least once a month, please contact your Home Care Supervisor.

**I’m waiting for my client at the door to their building. May I clock in?**

No, you may only clock in or out when the client is present. For exceptions, please contact the Supervisor. If you need to wait for the client for more than 15 minutes, please contact the Supervisor and they will pay you up to 1 hour for your time waiting.

**I arrived at the client’s home and they don’t want help. Do I get paid?**

Unfortunately, we can only pay for 1 hour for in-person client cancellations/no-shows

**My shift is for 10AM-2PM but tomorrow I my client wants me to work 9AM-1PM instead. Do I need to do anything?**

You have a 2-hour window to clock in. For a 10AM shift you could clock in as early as 8AM and as late as 12PM. Unless you have an ongoing change to the schedule, you do not need to tell the office about minor changes.

**I work with my client 7 days a week. When I arrived this morning, the ClearCare asked me to clock out; what’s wrong? It also asked me to clock in!**

You may have forgotten to clock out the previous day. Go ahead and clock in. Call the office and let them know what time you worked for today and yesterday.

**I left a voice mail with the hours worked yesterday, why didn’t anyone call me?**

Minor messages regarding scheduling may not result in a call-back, unless there is confusion.

**How do I see all the hours I’ve worked this month?**

Please log-in to ClearCare app where you can make sure all of your hours are recorded correctly.

**My phone doesn’t work and the client’s phone doesn’t work. How can I clock in and out?**

Please report to the assigned supervisor the hours you worked. Full Life can sometimes provide a tablet computer to a caregiver to clock in and out. Full Life will pay for this device.

**I left a “General Comment” about a problem with my client. No one called me about it. Why not?**

Because of the high volume of shifts, Supervisors do not actively monitor messages left in

the system. Please call the office to report any problems.

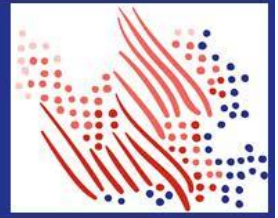
**What happens when I clock in/out a bit early or a bit late?**

When you are clocking-in 8 minutes early before your shift supposed to start, the EVV system will round your time up to your original starting time. But if you are clocking in 8 minutes late after your original time, it will round your clock out time up to 15 minutes.

**Ex:**

1. Suppose your shift starts at 10:00AM but you are there early and start clocking-in at 9:53. It will be rounded it up to 10:00AM.
2. If you shift starts at 10:00AM and you begin clocking at 10:08AM. Your clock-in time will be rounded up to 10:15AM.

# ADP Employee Registration Quick Reference Card



Welcome! Register an account with ADP to access the services offered by your organization.

The process is very simple and supportive to help you identify yourself in the context of your organization to set up your account. Let's get started!

Registering with a registration code from your organization	(OR) Registering with your email/mobile or identity information
<ol style="list-style-type: none"> <li>On your ADP service website, click the link to <b>Create Account</b>.</li> <li>Select <b>I Have a Registration Code</b>.</li> <li>Enter the <b>Personal Registration code</b> or <b>Organizational Registration code</b> shared by your administrator.</li> <li>Enter your identity information, such as <b>First name, Last name, Date of birth</b>, government-issued legal ID (SSN, EIN OR ITIN), or your <b>Employee ID/Associate ID</b>. Options available to you may vary slightly.</li> <li>Based on your information requested during this process, you may be required to answer questions from public records or enter the verification code sent to your email address or mobile number.</li> <li>Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.</li> <li>Set up your user ID and strong password to complete the registration process for your ADP service account.</li> </ol>	<ol style="list-style-type: none"> <li>On your ADP service website, click the link to <b>Create Account</b>.</li> <li>Select <b>Find Me</b>.</li> <li><b>Enter an email address or mobile number</b> that you shared with your organization.               <ol style="list-style-type: none"> <li>To verify your record within your organization, enter your identity information either government-issued legal ID (SSN, EIN OR ITIN) or your <b>Employee ID/Associate ID</b>, <b>Date of birth</b>. Options available to you may vary slightly.</li> <li>Enter the verification code sent to the email address or mobile number used to get started with the registration within 15 minutes.</li> </ol> </li> </ol> <p>(OR)</p> <p><b>Enter your personal identity information</b> that you shared with your organization.</p> <ol style="list-style-type: none"> <li>Enter your <b>First name, Last name</b>, and <b>Date of birth</b>, and then either your legal ID or your <b>Employee ID/Associate ID</b>.</li> <li>Enter the verification code sent to your email address or mobile number, as requested.</li> </ol> <ol style="list-style-type: none"> <li>Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.</li> <li>Set up your user ID and strong password to complete the registration process for your ADP service account.</li> </ol>
<p><b>ORGANIZATIONAL REGISTRATION CODE:</b> <b>fulllifec-1111</b></p>	

Congratulations! Use your user ID and password to log in to your account and access your information on ADP service URL and ADP Mobile app, if applicable.

To stay connected with your information, download the ADP Mobile App and access your information on the go!



If you forget your login information, use the **Forgot User ID/Forgot Password** link on your ADP service web site to complete a quick verification and recover your information.

**REMEMBER :**

Refer someone to work for Full Life Home Care and receive up to \$100.

Learn more at [hc.fulllifecare.org](http://hc.fulllifecare.org)!

**Online portal: [hc.fulllifecare.org](http://hc.fulllifecare.org)**  
password: elder123

## Fast and easy reporting

- Report your mileage and travel/windshield time
- Request PTO
- Submit work availability
- Request name badge
- Update your address, driver's license, insurance or transportation waiver

To use the online portal, log in to [hc.fulllifecare.org](http://hc.fulllifecare.org) (password: elder123) from your phone, tablet or computer. Internet access is also available at Full Life Care's main office.

**Online reporting is a requirement for all Home Care Aides.**

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Questions? Please contact your supervisor at 206.224.3752.





# **HOMECARE ORIENTATION MANUAL**



## MISSION

Full Life is dedicated to enhancing the quality of life for frail elders and people with chronic or terminal illnesses and disabilities. We respect the dignity of our participants and to provide for them with care and compassion.

We are committed, through our program of health and social services, to the independence and well-being of all participants and to providing respite for caregivers.

## CORE VALUES

**Perseverance:** Never give up on people

**Idealism:** Believe it is possible for everyone to find joy in life

**Awareness:** We recognize that sometimes every small achievement is a small miracle.

**Holism:** We understand the mind, body and soul equation and how it is core to our mission.

*Small miracles. Extraordinary lives.*



<b>Job Description – Home Care Aide</b>	Policy No. HC 307	Page 1 of 2, Page 2 of 2
WAC: Personnel and Contractors	Date of Origin: 6/14/02	Reviewed: 06/02/2014

**Job Title: Home Care Assistant**

**Job Summary:**

The home care aide provides non-medical tasks such as personal care and household assistance to clients in their own homes. The home care aide works under the supervision of the Home Care Administrator and is assigned specific tasks through the home care plan of care.

**Reports To: Home Care Supervisor**

**FLSA Status:** Non-exempt

**ESSENTIAL FUNCTIONS** of the job:

1. Assists clients of either gender with personal care, including but not limited to bathing, shampooing, shaving, toileting, dressing, transfers, ambulation and positioning;
2. Must have a high school diploma or equivalent, and one or more years of experience;
3. Performs household services essential to the client’s safety and care at home including but, limited to; laundry, meal preparation, housekeeping, transportation and shopping.
4. Performs only the tasks defined in the home care Service plan for the client and observes, documents, and reports any changes in the client’s condition to Supervisor
5. Reports to the supervisor any changes in the client’s mental or physical condition as well as changes in the client’s need for care.
6. Maintains a safe and healthy environment by adhering to infection control protocols; addressing potential safety and health hazards; following emergency policy and procedures; and fulfilling education and certification requirements;
7. Respects the rights of clients and families to have different beliefs, opinions, cultures and customs;
8. Attends orientation and in-service training as required by the agency; along with all Homecare State WAC mandated trainings;
9. As a member of the home care team keeps and maintains a professional attitude in the client’s home;

10. Ability to demonstrate skills or training specific to the care needs of patients or clients through skills observation by supervisor and/or evidence of previous training or experience;
11. Meets the requirements for clocking in, submission of time sheets and documentation of assignments;
12. Following and abiding by agency's policies and procedures as established; policy and procedure manual located in the Home Care office.

**MARGINAL FUNCTIONS** of the job:

1. Complete projects and tasks as assigned by supervisor,
2. Availability to be reached and respond quickly to emergencies,

**Requirements Needed to Perform the Duties of the Job:**

1. Working in a health or social services setting
2. Must be able to read, write and take direction in English
3. Home Care Aide Certified license, CNA or current trainings the state of Washington deems exempt from certification.
4. Valid Driver's license and automobile insurance verification, if applicable.
5. Must be 18 years of age

**Physical Requirements needed to perform the Duties of the job:**

- 1) Must be able to lift up to 25lbs

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Life Care reserves the right to modify, interpret, or apply this job description in any way the company desires. This job description in no way implies that these are the only duties, including essential duties, to be performed by the employee occupying this position. This job description is not an employment contract, implied or otherwise. The employment relationship remains "at-will." The aforementioned job requirements are subject to change to reasonably accommodate qualified disabled individuals.

***Full Life Care is an equal opportunity employer (EEOC).***



## Home Care Pay Schedule

Administrative Timesheets will be reported through online portal:

**hc.fulllifecare.org**

Password: **elder123**

Make sure to notify your supervisor.

Pay Period:  <b>1<sup>st</sup> to 15<sup>th</sup> of the Month</b>	DUE:  <b>19<sup>th</sup> of the same month</b> (no later than 4 days of the end of the pay period)	Pay Day: *  <b>5<sup>th</sup> of the following month</b>
Pay Period:  <b>16<sup>th</sup> to End of the Month</b>	DUE:  <b>4<sup>th</sup> of the following month</b> (no later than 4 days of the end of the pay period)	Pay day: *  <b>20<sup>th</sup> of the following month</b>

**\*Please Note:**

- Your first check that includes orientation can take up 4 weeks to receive.
- If the 5<sup>th</sup> or 20<sup>th</sup> falls on a weekend, checks will be available for pick-up the Friday prior this particular weekend.
- Checks will be available on payday for pick-up starting at 8:30 am until 4:00pm. If you do not pick up check on payday, then it will be sent in the evening mail.
- **No checks will be held without prior approval.**
- All trainings are paid after completion in the corresponding pay period.

# 2021 Pay-dates Calendar

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## WAGES AND BENEFITS as of January 1st, 2021

<b>Base Rates without Credentials</b>	<b>Career Hours</b>	<b>Regular Rate SEA</b>	<b>Regular Rate (Non-SEA)</b>
Step 0	0-700	16.72	16.72
Step 1	701 - 2000	16.72	16.72
Step 2	2,001-4,000	16.87	16.87
Step 3	4,001-6,000	17.02	17.02
Step 4	6,001-8,000	17.20	17.20
Step 5	8,001-10,000	17.40	17.40
Step 6	10,001-12,000	17.65	17.65
Step 7	12,001-14,000	17.90	17.90
Step 8	14,001-16,000	18.55	18.55
Step 9	16,001 - 20,000	18.80	18.80
Step 10	20,001 +	19.07	19.07
add .10/hour for peer mentorship add .25/hour for advanced training Chore work = Wage step 3 or Current step whichever is higher Private Pay = Wage step 4 or Current step whichever is higher			

<b>Base Rates with Credentials</b>	<b>Career Hours</b>	<b>Regular Rate SEA</b>	<b>Regular Rate (Non-SEA)</b>
Step 0	0-700	16.97	16.97
Step 1	701 - 2000	16.97	16.97
Step 2	2,001-4,000	17.12	17.12
Step 3	4,001-6,000	17.27	17.27
Step 4	6,001-8,000	17.45	17.45
Step 5	8,001-10,000	17.65	17.65
Step 6	10,001-12,000	17.90	17.90
Step 7	12,001-14,000	18.15	18.15
Step 8	14,001-16,000	18.80	18.80
Step 9	16,001 - 20,000	19.05	19.05
Step 10	20,001 +	19.32	19.32
add .10/hour for peer mentorship add .25/hour for advanced training Chore work = Wage step 3 or Current step whichever is higher Private Pay = Wage step 4 or Current step whichever is higher			

**\*WAGE ENHANCEMENT:** If you can provide documentation that you have worked in ***home care as a care provider*** for 2,000 or more hours, you may be subject for a wage increase. Documentation must be in the form of pay stubs or a letter from your current/previous employer on company letterhead reporting how many years of service you have provided. \*Note: 2,000 Hours is equivalent of working full time (32+ hours per week) for about one year.

<b>Other Wage Enhancement Opportunities</b>	<b>Hourly Amount</b>	<b>Notes</b>
Peer Mentorship Program certificate	\$0.20	For all worked hours
Advanced Training Program Certificate	\$0.25	For all worked hours
Extraordinary Care	\$1.00	Only for hours worked with this type of client and supervisor authorization

<b>Example:</b>	<b>CNA base rate:</b>	<b>\$16.97</b>
	<b>2000 Hours Worked Proof</b>	<b>\$0.20</b>
	<b>Extraordinary Care</b>	<b>\$1.00</b>
	<b>Total:</b>	<b>\$18.17</b>

## Benefits

- **Eligibility:** Once you have been employed with Full Life for two full calendar months, maintaining a schedule of 20 hours per week, you may become eligible for benefits. Upon the third month of employment, you will be in a grace period to be eligible at the beginning of your fourth month of employment
- **Health & Welfare Benefits:** Full Life Care offers the following health benefits plans:
  - Kaiser Permanente Medical HMO Plan
  - MetLife Dental plan that comes with discounts for vision care
  - Flexible Saving Account through Pacific Source
- **Paid time off (PTO):** PTO is accrued at a rate of 0.104 cents per hour. In your first year of employment you can accrue a total of 27 PTO days per year. The number of accrued PTO days then increases to 31 days per year following your first year of service. For each additional year of service, your PTO days will increase by 1 day until 7 years of employment. After 7 years of service, your accrual rate increases to 0.142 cents per hour.
  - For part time workers (19 hours or less per week): PTO accrues at a fixed rate of 1 hour for every 30 hours worked
- **FLMA & Extended Sick Leave:** Eligible employees with unforeseen medical condition for self or a close family member are protected under the Family Medical Leave Act Regulation. FLMA is unpaid leave, unless you choose to utilize your accrued PTO. Employees may also have additional time away from work under Extended Sick Leave Program.
- **Retirement Plan:** Benefits eligible employees may participate in the 403(b) Employee Savings Plan (retirement plan). Employer matching will take effect upon completion of one year of employment having been completed.
- **Observed Holidays:** Thanksgiving, New Year's Day, Memorial Day, Independence Day, Labor Day, and Christmas Day. HCA's who have *prior authorization* to work on these holidays will be compensated at 1.5 times their hourly rate.

## Training Requirements

**75 Hour Basic Training:** This training is required for new employees who do not have any formal training as a care provider, and also for new employees who are out of compliance with their continuing education credits three or more years.

- 5) Employees who require this training will be paid for all time spent in the training course. **Trainings, including agency orientation, may not be paid until the 20<sup>th</sup> of the following month.**
- 6) Your training courses will be scheduled by the Training Coordinator, and you will be notified of your training courses via mail and email.
- 7) It is your responsibility to ensure that you attend Basic Training courses. Training courses must be completed within 120 days from your date of hire. If you do not complete this training in your first 120 days, you will be terminated for non-compliance. **Basic Training hours will not be paid until all training is complete, and then on the 20<sup>th</sup> of the following month.**
- 8) Following completion of the Basic Training Course, you will be required to take the written and skills state board exam. Upon passing the exams, you will be issued a Home Care Aide license through the state of Washington.

**Certified Nursing Assistant:** If you hold an active CNA license, and have remained compliant with the continuing education requirements, you are EXEMPT from the 75 hours of Basic Training.

**Home Care Aide Certified:** If you have an active HCA certification, you are EXEMPT from the 75-hour Basic Training.

**Revised Fundamentals of Caregiving:** If you have completed RFOC training and have remained compliant with continuing education requirements every year since completion, you are EXEMPT from the 75 hours of Basic Training.

**Continuing Education:** Every employee is required to complete 12 hours of CE credits per year once Basic Training/CNA/RFOC is completed. CE is due every year and must be completed before your birthday. You will be paid for CE training. Failing to complete CE will result in immediate suspension leading up to termination within 30 days.

<b>HCA Certification/Continuing Education</b>	Page 1 of 1
Effective Date: 06/01/2004	Reviewed 06/02/2014

**Policy**

Full Life Care requires that all Home Care Aides and staff attend mandated and ongoing trainings needed to provide excellent Home Care Services.

**Purpose**

To ensure that Home Care staff are adequately trained and prepared to provide all authorized tasks performed as part of the client's service plan.

**Procedure**

- 5) Full Life Home Care Aides will be required to take 75 hours of Safety, Orientation and Basic Training offered by the SEIU Training Partnership within 120 days of hire or produce evidence of having passed the course. Home Care Aides must be certified by the state of Washington no later than the 200<sup>th</sup> day of hire or 200<sup>th</sup> day of the dated Safety and Orientation Certificate.
- 6) Home Care Aides who have previously taken the Fundamentals of Care giving of Basic Training will be required to provide evidence of having passed the course.
- 7) Each following year, Home Care Aides will be required to complete 12 hours of Continuing Education classes by the date of their birth, and will produce evidence of having passed the course. Failure to complete the required annual classes will result in immediate suspension of employment. Termination will occur 30 days later if proof of state approved training is not received by the Home Care Office.
- 8) Full Life Care staff will facilitate this process by providing information regarding upcoming classes and assistance, if requested, with scheduling classes.
  - e. Full Life Supervisory staff will be required to complete 10 hours of training or continuing education during the course of the year. Supervisory staff may also be required to take the Basic Training Course by the Program Administrator.
  - f. Home Care Assistants who do not take and pass the required trainings will be suspended until such time they are able to take and pass the coursework. There will be a 30 day window to make up classes at the employee's cost.
  - g. It is solely the responsibility of the Home Care Aide to sign up, attend and provide documentary proof of training. The Full Life Training Coordinator can also provide assistance with signing up for classes, when requested.
  - h. At the direction of Full Life Home Care Staff, Home Care Aides may be required to attend Basic Training or Continuing Education prior to beginning work with clients, if deemed necessary for safe provision of Home Care Services.

Full Life Care  
 4712 35<sup>th</sup> Ave S  
 Seattle, WA 98118



## Mr. Testy Penguin Assessment and Care Plan

**Address:**  
 4712 35<sup>th</sup> Ave S  
 Seattle, WA 98118

**Contact Info:**  
 Home: (206) 123-4567  
 Emergency Contact: oliva pope (206) 123-1234

### Care Needs:

Initial Contact: 01/01/2015      Start Date: 01/03/2015

Care Goals:  
 Last assessment 6/1/2015

Proposed Schedule:  
 40 hours per month

### Activities of Daily Living (ADLs)

Activities and associated caregiver tasks

<b>Application ointments:</b> Application of ointments or lotions <b>NOTES:</b> Clt needs help w/non-medicated ointment to shoulder area for old injury.	✓ REQUIRES ASSISTANCE
<b>TASK:</b> Assist with Application of Ointments or Lotions      --	All shifts      --      🕒 <sup>1</sup>
<b>Bathing:</b> How individual takes full-body shower, sponge bath, and transfer in/out of Tub/Shower <b>NOTES:</b> Clt needs standby assist w/washing hair	✓ REQUIRES ASSISTANCE
<b>TASK:</b> Give a bath      --	All shifts      --      🕒 <sup>1</sup>
<b>Bed Mobility:</b> How individual moves to and from lying position, turns side to side, and positions body while in bed	✓ REQUIRES ASSISTANCE
<b>TASK:</b> Assist with Bed Mobility      --	All shifts      --      🕒 <sup>0</sup>
<b>Dressing:</b> How individual puts on, fastens, and takes off all items of street clothing, including donning/re moving prosthesis <b>NOTES:</b> Dress client's lower body, put on/take off footwear	✓ REQUIRES ASSISTANCE
<b>TASK:</b> Assist with Dressing      --	All shifts      --      🕒 <sup>1</sup>

### Instrumental Activities of Daily Living (IADLs)

Activities and associated caregiver tasks

<b>Meal Preparation:</b> How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils) <b>NOTES:</b> Cook all meals. Clean kitchen after every meal	✓ REQUIRES ASSISTANCE
<b>Ordinary Housework:</b> How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)	✓ REQUIRES ASSISTANCE

TASK: Assist with Housework --

All shifts --



**Shopping:** How shopping is performed for food and household items (e.g., selecting items, managing money). Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maint. of the client ✓ **REQUIRES ASSISTANCE**

NOTES: Take client to store, carry heavy packages for client, put items away, pick up medications

TASK: Assist with Shopping --

All shifts --



**SUPERVISOR: Tara S.:** Email: taras@fulllifecare.org Direct Phone: 206-595-4714 Agency Phone: 206-224-3752 On-Call Phone: 206-795-7358 Office Hours Mon-Fri 8:30 am -5 pm

**UNIVERSAL PRECAUTIONS:** The formal and informal caregiver will use latex plastic gloves when in contact with any secretions to prevent spread of infection. Thorough hand washing with soap will be done before and after gloving. Gloves will be put on and discarded at the end of each task. Gloves used by the Home Care worker in the course of their work will be provided by the provider agency through Medicaid or purchased by client through New Freedoms program as designated by client Home Care Assistants are prohibited from lifting items heavier than 20 pounds. Home Care Assistants are limited to a maximum of 60 miles per month in transportation assistance, except as reimbursed for medical transportation under New Freedom program

**Using Electronic Sig.:** In order to comply with Washington State requirements, Full Life Home Care Public Funded clients are required to use Electronic Timekeeping and Signatures to record both time and tasks performed. By signing this agreement, you are agreeing to abide by the requirement to accurately complete Electronic Timekeeping and Task Reporting.

**x ADS SS Assess Date:**

NOTES: 6/1/2015

**x CG Signature/Date**

**x CG Signature/Date**

**x Client Signature**

**x FLC Signature/Date**

**xx COPES Disclaimer:** This Full Life Home Care Service Plan reflects the Negotiated Service Plan (as described in the CARE Service Summary and Assessment Details) developed by COPES Case Managers. Full Life Care does not independently develop Negotiated Service Plans for COPES clients. Our COPES contracted services only include tasks described in the Negotiated Service Plan, which have been summarized in the preceding document. Any additions or subtractions to the Negotiated Service Plan must be coordinated with COPES Case Managers. Signature of this Service Plan affirms that Caregivers and Clients have reviewed this Service Plan and agree to abide by the terms of it.

## What is a care plan?

A care plan provides direction for individualized care of the client. It includes client's tasks, client's conditions, diagnosis and authorized tasks. It will also consist a description explaining each task and how to perform them.

## How to use the care plan?

HCAs are required to perform only tasks listed in the Care Plan, HCAs must read the task details carefully and perform as described. Report to your supervisor if there is additional task needed that is not already listed and/or if there is a task that is no longer needed.

## Working with Supervisors

To reach a supervisor in **North Seattle, West Seattle, South Seattle, and Central Seattle**, please call our main line: 206-224-3752.

For **South King County**, please call 206-231-0200.

### Who is my Supervisor?

Each client is assigned a Supervisor based upon the client geographical region. You report to the client's supervisor depending on where they live. If you work in several areas, you may report to several supervisors.

### How do I find a client?

Please call or come to the office regularly to locate open shifts. You can also log on to [hc.fulllifecare.org](http://hc.fulllifecare.org) (password: elder123) to check for client availability. Scroll to the bottom of the page and click on "Click Here for Available Shifts." The office also sends out notices on client availability twice daily through emails and text messages.

### Why hasn't anyone called me?

Full Life has several hundred caregivers and we do our best to reach out to all of them. However, you are always welcome to call and inquire. If you are available for work, please call.

### How many hours does my client have?

Please call the assigned supervisor. Hours are determined by the state. Supervisors can't increase the number of hours available.

### My client wants to change supervisors, how do we do that?

Should your client have a complaint, he or she may speak to the Lead Supervisor or Assistant Program Manager.

### Why did the Supervisor cancel one of my shifts towards the end of the month?

Each client has monthly hours allotted by the state. If a month is longer, we may have to cancel shifts so as not to go over the allotted hours. Also, extra hours do not rollover to the next month.

### Where can I find my client's care plan?

If the client has been scheduled with you, you can find their address and care plan in [clearcareonline.com](http://clearcareonline.com). You should also review the client's Assessment Details with the Supervisor. The client should also have a copy of the Assessment Details in their home.

### My client now says she needs help with bathing and didn't before. Should I call the state case manager?

No, please call the assigned supervisor. Only call the state case manager if you have been requested to do so. The client may also call the case manager any time they have a "significant change" in their condition. Caregivers may only perform tasks that are part of the state assessment. If you see a significant change, call the supervisor.

**How many miles does my client have? Do I get paid to drive them?**

Clients have a total of 100 miles available. You will be paid when you note the number of miles you've drive in Clearcare assuming we have your current valid car insurance and driver's license.

**Do I get paid for the time and mileage between my clients? How am I paid?**

You will be paid for the actual time between client shifts- in 15-minute increments, up to 1 hour. You will be paid for mileage between Full Life clients' homes. It is your responsibility to complete a paper time sheet with your "windshield time" and mileage.

**Will you pay for my bus ride to my client's home?**

No, Full Life will only pay for the bus ticket and time between two client shifts. Complete a paper time sheet.

**Why is someone from Full Life visiting my client? Am I in trouble?**

A Full Life Field Supervisor or other staff will visit the client periodically to ensure that they are satisfied with our services. These visits are required by the state and do not mean anything is wrong.

**My client isn't home. May I work?**

No, you may only work when the client is home. Please notify the office if the client is missing for any reason.

**May I e-mail or text the Supervisor if I am calling in sick?**

No, please leave a voice mail on the general home care line: 206-224-3752. Supervisors also have vacations or call in sick, themselves. There may be no one to obtain a Supervisor's private messages.

**Should I call the On-Call Supervisor if I become sick in the evening, and can't work the next day?**

Yes, if it is after our normal M-F 8:30AM-5PM business hours, please call 206-795-7358.

**When do I call the On-Call Supervisor?**

Please call if there is an URGENT after-hours situation such as: an unplanned absence, client hospitalization, injury, or if you are unable to locate a client. Do not call for scheduling problems or missing shifts. Leave a message on the general home care line.

**I'm having a problem with my Supervisor, what do I do?**

Please call the Lead Supervisor or Assistant Manager to discuss your issue.



## Confidentiality Policy and Pledge

The following is to be read and signed by all staff and volunteers.

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All staff and volunteers of Full Life Care assume ethical responsibilities by which they are bound to clients, themselves, and each other. Clients of Full Life Care act in good faith, expecting their circumstances and personal matters to remain confidential, and we are obligated by law and ethics to reciprocate.

The following is presented to provide some guidelines concerning the matter of confidentiality.

1. Information and details about a client may be discussed for clinical purposes only. That is, cases may be discussed in clinical and supervisory meetings in order that cases may be more appropriately and therapeutically managed.
2. Discussions regarding clients in the facility should take place in a private place and not in the presence of other clients.
3. No identifying information about the clients (name, addresses, and social security numbers) should be revealed except as called for within Full Life Care's services.
4. The client records should be used for clinical purposes only. Agencies requesting the records of a given client should first obtain a release of information from the client.
5. Discussing the details of a case away from Full Life Care (even though names, addresses, and social security numbers are not revealed) could also be considered a breach of confidentiality. For instance, one might possibly describe facts about a client without alluding to names or any type of descriptive type of data, and yet reveal enough information that the listener could identify the client.
6. The fact that a case has been made public through any of the news media does not alter the fact that this person still has confidentiality privileges within the Full Life Care program.

I understand and agree to the above policy and am aware that any breach of confidentiality is grounds for immediate dismissal.

Name (Printed): \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Your Rights as a Full Life Home Care Client

### Full Life Care Home Care Clients have the right to:

Receive services without regard to race, sex, religion, age, national origin, marital status, gender identity, sexual orientation or the presence of any disability, veteran status, or the presence of any physical or mental disability.

- Receive considerate and respectful care in the home at all times, and have property treated with respect.
- Receive complete written information on the plan of care, assigned tasks, including contact information for supervisory staff and after hours on-call contact.
- Privacy and confidentiality about one's health, social and financial circumstances and about what takes place in the home. Know that all communications and records will be treated confidentially and that no information will be given out without a written release from the client or family.
- Refuse medication and treatment, counseling, or other services without fear of reprisal or discrimination.
- Expect that all home care personnel, within the limits set by the plan of care, will respond in good faith to the client's requests for assistance in the home.
- Receive information on the agency's policies and procedures including information on charges, qualifications and supervision of personnel, hours of operation, and discontinuation of service; request a change of caregiver.
- Participate in the development of the plan of care.
- Participate in the plan for discontinuation of service with the right to appeal.
- Have access to all itemized billing statements for service regardless of whether they are paid for out-of-pocket or through other sources of payment.
- Receive a clear explanation of the process to voice grievances about care, treatment, or discontinuation of service without fear of discrimination or reprisal for doing so.
- Appeal agency decisions regarding care, following grievance procedures.
- Know the agency maintains liability insurance coverage; and be given in writing the name and telephone number of a contact person for 24 hour access to the agency.
- Be given written information concerning the agency's policy on advance directives.
- Be given a listing of services offered by this agency.
- Be informed of the contact number for Washington State Department of Health Complaint Hotline: 1-800-633-6828.



## **Your Responsibilities as a Full Life Home Care Client**

### **You Have the Responsibility to:**

- Provide a safe working environment for your Home Care workers.
- Notify your Home Care Supervisor if you will not be at home for a scheduled visit
- Notify your Home Care Supervisor if your scheduled worker does not arrive or is not able to provide services outlined in your Service Plan.
- Refrain from asking Home Care workers to provide services outside the scope of the negotiated Service Plan.
- Treat Home Care workers with courtesy, respect, and freedom from abuse and discrimination.
- Review and sign Home Care worker time and task assignment forms; including Electronic Visit Verification procedures.
- If you are paying for Home Care services privately, or have a COPES co-payment, you are responsible for making timely payments for services.
- Allow Home Care workers to utilize available telephones for the purpose of Electronic Visit Verification and task recording.

Full Life Care retains the right to refuse services to clients who are unable to follow the responsibilities outlined above. In such cases, Full Life will provide appropriate notice to authorized care providers (social workers, family members, physicians) before discharging client.



## Client Grievance Procedures

At Full Life Care, we strive to provide you with quality services to meet your needs. We are interested in your comments and suggestions on how we can improve our programs. Likewise, we appreciate your feedback when you are happy with our programs.

Full Life Care's policy is to address concerns quickly, at the source and internally. We want to work with you to resolve problems, hear suggestions and improve our services. Your cooperation is essential to assist us with your concerns. If you are unsatisfied with your service at Full Life Care, we request that you use the following procedure to address your concerns:

1. Try to deal with your concern at its source. For instance, if you have a disagreement with your Home Care Aide, try to resolve it with that person.
2. If your concerns are not satisfactorily addressed, then we request that you contact the Home Care Coordinator at (206) 224-3752.
3. If you feel the problem is not resolved by the Home Care Coordinator, please contact the Director of Clinical Operations at (206) 467-7033.
4. If your Full Life Care Homecare Service is funded by the State of Washington or by funds from the Seattle/King County Aging & Disability Services, you may contact the Program Specialists in these agencies if your concerns are not satisfactorily addressed by Full Life Care. Their phone numbers are:

*State of Washington Aging & Adult Services (800) 422-3263*

*Seattle/King County Aging & Disability Services (206) 684-0660*

***Department of Health Complaint Hotline (800)633-6828***

You may communicate your concerns in person, by phone or in writing – whichever is most convenient for you. We request that you give us time to work with you to thoroughly investigate your concerns and cooperate with you to develop solutions.



## Home Care Aid Grievance Procedures

### **Complaint Procedures**

Full Life Care is committed to providing a safe and productive work environment, free of threats to the health, safety, and well-being of our workers. These threats include, but are not limited to, harassment, discrimination, violations of health and safety rules, and violence.

Any employee who witnesses or is subject to inappropriate conduct in the workplace may complain to their site manager or to Human Resources. Any supervisor, manager, or Company officer who receives a complaint about, hears of, or witnesses any inappropriate conduct is required to immediately notify Human Resources. Inappropriate conduct includes any conduct prohibited by our policies about harassment, discrimination, discipline, workplace violence, health and safety, wages and hours, and drug and alcohol use. In addition, we encourage employees to come forward with any workplace complaint, even if the subject of the complaint is not explicitly covered by our written policies.



## **HOME CARE ASSISTANT RESPONSIBILITIES FOR NEW HIRES**

- Provide two approved identifications as described on the I-9 form.
- Present all previous training certificates and licenses related to the job.
  - For wage determination, this must include any active licenses (HCA, CNA, or NAR), Nurse Delegation Certificate (if applicable), and documented total hours worked in the past as a home care provider.
- Complete the SEIU Union Application.
- Complete the fingerprint process and present fingerprint receipt within 60 days of hire.
- Complete Continuing Education by the end of your birthday every year to remain eligible for employment.
- If intending to drive on the client's behalf, provide valid driver's license and current auto insurance.
- For Certified Nursing Assistants:
  - Provide proof of active CNA license within 120 days of hire to remain eligible for employment.
- For uncertified Home Care Aides:
  - Complete the DOH Home Care Aide Certification Application and the Prometric Exam Application.
  - Attend 5 hours of Safety & Orientation and 70 hours of Home Care Aide Basic Training within 120 days of hire to remain eligible for employment.
  - Take and pass the Written and Skills portions of the Prometric Exam and become Home Care Aide Certified within 200 days of hire to remain eligible for employment.

**I understand that it is a condition of my employment that I complete the above listed requirements to remain employed by Full Life Care. I further understand that by signing this document this does not imply or promise on-going or permanent employment.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Personal Appearance

We ask that all employees dress neatly, cleanly, and appropriately for the tasks in which they are involved. If you have any questions regarding appropriate dress, please do not hesitate to ask Human Resources or your Site Manager.

Due to the nature of our agency, we need to be respectful to our clients in our appearance; for this these reason tattoos and body piercings must be covered at all times and employees must remove body piercings while on the worksite. Employees who have religious reasons for their tattoos or piercings should consult with their Program Manager for guidance about following this policy.

We care for a lot of individuals with dementia and other types of cognitive loss that may exhibit symptoms such as impulsiveness and poor judgment. As a result, dress/appearance may sometimes be misinterpreted. It's important to avoid clothing that might be interpreted as provocative or sexually suggestive.

It is preferred that no scrubs/smocks (i.e. used in medical facilities) are worn. Safe shoes are to be worn at all times (ex. flip flops could be unstable when transferring clients). Attire that is appropriate includes (but not limited to): pants (no holes or uncovered low cut pants/jeans and limited skin exposure), comfortable slacks, skirts, dresses, etc)). We also want to be respectful to elders who may not be comfortable with current fashion trends.

You are also requested to wear a name tag while working with participants. Name tags help participants and their family members know and remember our names.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Attestation Regarding Relationship to Agency Clients

I, \_\_\_\_\_, attest as follows:

I understand that as an employee of this agency I am obligated to notify agency personnel if the client to whom I am or will be providing in-home care services (Medicaid personal care or respite) is a family member of mine.

To the best of my knowledge, **I am not a family member** to any client of this agency to whom I provide care as an employee of this agency.

**I am a family member** of \_\_\_\_\_, a client of this agency to whom I provide care as an employee of this agency.

My family member is an enrolled member of a federally recognized tribe,

My family member resides in a household with enrolled members of a federally recognized tribe.

Signature \_\_\_\_\_ Date \_\_\_\_\_

"Family member" is liberally construed to include, but not be limited to, a parent, child, sibling, aunt, uncle, cousin, grandparent, grandchild, grandniece, or grandnephew, or such relatives when related by marriage.

**FOR INTERNAL USE ONLY (Related to tribal family members)**

Agency Name \_\_\_\_\_

Check appropriate box below:

- Client new to DSHS in-home services
- Client transfer from an IP
- Client previously served by a home care agency

# Mandatory Reporter Training

## Mandatory and Permissive Reporters

Washington State law defines two types of reporters of suspected abuse: *Mandatory reporters and permissive reporters.*

### **Mandatory Reporters**

According to [RCW 74.34.020\(10\)](#), mandatory reporters are

- DSHS employees
- Law enforcement
- Social workers and professional school personnel
- Individual providers and operators of a facility
- Employees of social service, welfare, mental health, home care, home health agencies
- County coroner or medical examiner
- Christian Science practitioner
- Health care providers under RCW 18.130, such as physicians, nurses, and naturopaths, among others

Are you a mandatory reporter? If you are, you must, by law, immediately report the abuse, abandonment, neglect, and financial exploitation of a vulnerable adult to the Washington State Department of Social and Health Services (DSHS). Mandatory reporters are not required by law to report situations of self-neglect, but DSHS urges mandatory reporters to do so as a way to help vulnerable adults.

As a mandatory reporter, you must ALSO make a report immediately to law enforcement if you suspect sexual assault and types of physical assault (see [RCW 74.34.035](#)).

The law states that [\[RCW 74.34.035\(4\)\]](#):

“A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

- e. The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
- f. There is a fracture;
- g. There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
- h. There is an attempt to choke a vulnerable adult.”

The mandatory reporter is still required to report any type of suspected physical abuse to DSHS. APS/RCS is required to make a report to law enforcement for a crime (possible assault).

Mandatory reporters are also required by law to report a death to the local Medical Examiner or Coroner if there is reason to suspect that the death of a [vulnerable adult](#) was caused by abuse.

### **DSHS Employees and Non-DSHS Employees**

All DSHS employees are mandatory reporters and must report suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults during and after normal work hours (evenings, weekends, and holidays ([Administrative Policy No. 8.02](#))).

The law is unclear as to whether mandatory reporters (professionals and providers described in [Chapter 74.34.020\(10\) RCW](#)) must report suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults when they are not working (outside of work hours). DSHS encourages all mandatory reporters to make a report to DSHS if he/she has reason to believe, at any time, a vulnerable adult is or has been abused, abandoned, neglected, or financially exploited.

#### **Exercise #4**

Read the following:

It was Saturday and Susie, a nurse, finished her grocery shopping and was putting the bags into the trunk of her car. Suddenly she heard angry shouting. Susie turned around and saw a man shaking an elderly woman in a wheelchair by her arms. The man was calling the woman derogatory names and shaking the woman so hard that he lifted her from the wheelchair; the woman was telling the man that he was hurting her. Susie realized that the man and woman were her neighbors that she had yet to meet. Susie was alarmed that the man was hurting the woman.

Are the following statements True or False?

3. Susie is a mandatory reporter
4. Susie is not required by law to make a report because the day is Saturday and she is on her personal time.

#### **[Exercise #4 Answer](#)**

#### **Immunity**

A mandatory reporter making a report in good faith is immune from liability resulting from the report or testimony. Reporting or testifying is not a violation of any confidential community privileges [[RCW 74.34.050](#)].

#### **Failure to Report**

A person who is required to report and fails to report is guilty of a gross misdemeanor.

A person who maliciously, or in bad faith, makes a false report is guilty of a misdemeanor [[RCW 74.34.053](#)].

#### **Permissive Reporters**

If you are not a mandatory reporter, then you are a permissive reporter [[RCW 74.34.035](#)]. Washington State law encourages persons other than mandatory reporters to make a report when they have reason to believe that abuse, abandonment, neglect, or self-neglect, is, or has,

occurred. Persons other than mandatory reporters are called “permissive reporters.”

## Confidentiality of Reporter

A reporter’s identity is confidential EXCEPT when:

- There is a judicial proceeding;
- The reporter consents to the disclosure of his/her identity; or
- The law requires DSHS to share the information, such as in making a report to law enforcement

See [RCW 74.34.035\(8\)](#).

## When to Report

**Immediately** make a report when you have reasonable cause to believe that abuse, abandonment, neglect, or financial exploitation occurred to a vulnerable adult.

3. **“Reasonable cause to believe”** means it is probable that an incident of abuse, abandonment, neglect, or financial exploitation happened. Probable means that, based on evidence or information readily obtained from various sources, it is likely the incident occurred.
4. **“Reason to suspect”** means it is possible that an incident of sexual or physical assault occurred. Possible means that, based on information readily obtained from various sources, the incident could have happened.

## What Information to Give When Making a Report

Sometimes you may have a lot of information; sometimes you may have hardly any information. The more information you can give, the more you assist the vulnerable adult. When making a report, give as much of the following information as you have [[RCW 74.34.040](#)]:

- Name and birth date of the victim
- Address, telephone
- Current case manager, if one exists
- Name of perpetrator
- Allegation—what is the abuse and what happened
- Name of alternate decision-maker
- Other interested individuals

Sometimes people want to make a report anonymously. You are *encouraged* to leave your name and phone number so that the APS/CRU intake worker can call you back to obtain more information. The additional information you give may be the very information needed to protect the vulnerable adult.

If you are a mandatory reporter, APS/CRU will document your name and phone number, which is *proof* of your fulfillment of your obligation by law to report the abuse of vulnerable adults. Remember that your name as a reporter is confidential unless:

- There is a judicial proceeding;
- You consent to the disclosure of your identity; or
- The law requires DSHS to share the information, such as in making a report to law enforcement

The APS/CRU intake worker will ask you if you want your keep your identity confidential, or if you give permission for the release of your identity.

**Who to Call**

**When the Vulnerable Adult Lives in His/Her Own Home**

When the vulnerable adult lives in his/her own home or a relative’s home, call the local **Adult Protective Services** intake number in one of six local regions:

**APS Reporting Numbers**

<b>Regions</b>	<b>Counties</b>	<b>APS Intake #</b>
1	Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens Whitman, Pen Oreille, Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Klickitat	<b>1-800-459-0421</b> TTY: 509-568-3086
2	King, Snohomish, Skagit, Island, San Juan, Whatcom	<b>1-866-221-4909</b> TTY 1-800-977-5456
3	Pierce, Kitsap, Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Clark	<b>1-877-734-6277</b> TTY 1-800-672-7091

**When the Vulnerable Lives in a Facility**

When the vulnerable adult lives in a *nursing facility, boarding home, or an adult family home, or in a certified supported living setting*, call the

**Complaint Resolution Unit**  
**1-800-562-6078**

**OR...**

If you don’t know the specific area the vulnerable adult lives in, or you are not sure what number to call, Washington State provides a toll-free number where people are ready to connect you to the correct area. Call

**1-866-END HARM**  
**(1-866-363-4276)**



## Mandatory Reporter Acknowledgement

I, \_\_\_\_\_, understand that as a paid caregiver I am a mandatory reporter of abuse or neglect. I will report to my supervisor or to Adult Protective Services (APS) directly if I believe that my client or any other vulnerable adult is being harmed. I understand that if my client is in immediate danger or needs urgent help, I am to call 911 emergency services first and then APS.

Printed Name of Homecare Worker:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Full Life Care Home Care

<b>Acceptance of Gifts/Client Finances</b>	Policy No. HC 314	Page 1
Personnel Policies	Date of Origin: 5/1/2008	Reviewed: 6/2/2014
Effective Date: 5/1/2008	Date: 5/1/2008	Approved:6/2/2014

### Policy

Home Care workers are prohibited from accepting or soliciting gifts of cash, merchandise or other material of significant value from their Home Care client. Home Care clients are prohibited from becoming involved with client financial matters, including writing checks on the client's behalf or acting as a protective or surrogate payee for clients.

### Purpose

1. To provide guidance to Home Care staff regarding the acceptance or solicitation of gifts and involvement in client finances.
2. To prevent financial exploitation of Home Care clients.

### Procedure

1. Home Care Assistants **will at no time** accept or solicit gifts of cash, merchandise or other material of significant value from their clients.
2. Home Care Assistants **will at no time** become involved with client finances or financial management including writing checks on the client's behalf or acting as a client's payee.
3. In the event that a client offers any gift of significant value or request assistance with financial management, Full Life Care Home Care Assistants will decline. If the client persists in their offers or requests, Home Care Assistants will notify their supervisor to provide further assistance.
4. In the event that a client requests that a caregiver provide shopping assistance for the client, or in any other way handle money on the client's behalf for purchases related to the client's Service Plan, the caregiver should have the client sign the receipt for purchase indicating the amount of cash given, the amount of purchase, and the amount, if any, returned to the client.
5. Home Care Assistants who accept gifts from their clients or become financially involved with their clients will be subject to corrective action including termination.

## Full Life Care Home Care

<b>Unplanned Absences</b>	Policy No. HC 112	Page 1 of 2
WAC: Plan of Operation	Date of Origin: 8/1/2007	Reviewed: 6/2/2014
Effective Date: 8/1/2007	Date: 8/1/2007	Approved: 6/2/2014

### **Policy**

Full Life Care Home Care will provide staffing that meets the needs of clients as set forth by the Service Plan and the agreed-upon Home Care Assistant schedule. Full Life Care will establish procedures to ensure that a client's needs will be met when assigned staff is unable to serve scheduled hours during unplanned absences.

### **Purpose**

3. To ensure that clients will receive uninterrupted Home Care services to meet client needs set forth by the Service Plan.
4. To provide a mechanism for acknowledging and resolving client service issues due to unplanned Home Care Assistant and client absences.

### **Procedure**

#### 3) Home Care Assistant (Home Care Assistant) Unplanned Absence Procedure:

In the event that a Full Life Care Home Care Assistant is unable to maintain a scheduled Home Care visit to a Full Life Care Home Care client for reasons of personal or family illness, transportation problems or other unforeseen events, the Home Care Assistant must do the following:

- 5) Contact the client(s) directly by phone to notify them of the absence;
- 6) Contact the Home Care Program Supervisor by phone to notify the Supervisor of the absence
- 7) Home Care clients will be contacted by Program Supervisor to offer substitute caregiver
- 8) Record the absence on a separate timesheet to request Paid Time Off for the absence. Paid Time Off may not exceed the allotted time for the scheduled visit.

#### 4) Client Absences:

In the event that a Home Care Client is unexpectedly unavailable for a scheduled Home Care appointment, the Home Care Assistant must do the following:

- 5) Contact the Home Care Program Supervisor to notify them directly or by voice mail message that the client is absent for a scheduled visit;
- 6) If unable to reach the Home Care Program Supervisor, the Home Care Assistant should use their best judgment to determine whether there is reason to believe the client may be in jeopardy. If the Home Care Assistant believes that the client is in jeopardy, Emergency 911 services should be contacted immediately.
- 7) The Home Care Assistant may record 1 hour of paid work on the client's timesheet for unexpected absences. The Home Care Assistant may record the balance of the missed time on a separate time sheet for Paid Time Off. Alternately, the worker may contact the Supervisor for an alternate assignment with a substitute client.
- 8) Upon learning of an unplanned absence by a client, the Supervisor will document in a client no-show in the client Progress Note.

Failure to comply with these procedures may result in Corrective Action for the Home Care Assistant and lead to termination of employment with Full Life Care.

3) Full Life Care Supervisory Procedure for Unplanned Absences:

- 1) Full Life Care will provide Supervisor availability during all hours that Full Life Care Home Care clients are being provided services.
- 2) Upon learning of unplanned absence by a Home Care Assistant, Supervisor will contact client to determine whether client requests substitute staffing.
- 3) If client requests substitute staffing, Supervisor will identify replacement worker and provide staffing for client.
- 4) If unable to provide requested substitute staffing, Supervisor will contact client or the client's emergency contact to notify and will assess whether emergency intervention is required. If emergency intervention is required 911 will be contacted by Supervisor.
- 5) If Full Life Care is unable to provide adequate staffing on a regular basis for the client, Full Life Care will notify client or client's representative and client's case manager to notify of inability to staff within 24 hours of required staffing time. Client will be provided with other service options, such as alternate Home Care providers or care settings. Full Life Care will continue to attempt to staff client until notified by client or case manager that other staffing arrangements have been made.



## **Home Care Communication and Phone Policy**

Full Life Care encourages its Home Care providers to maintain excellent communication with Home Care staff, clients, and client resources. The following policies and practices should guide Home Care workers when they are using cell phones or client phones in the course of their work:

### **Client phones**

Client phone should be used only for communication on behalf of the client, such as to Clock in and out for the shift, set up appointments, or to communicate information about the client to case managers, supervisors, or other authorized client contacts. Personal phone calls should not be made or received by Home Care workers on a client's phone while at the client's home, except in the case of emergencies.

### **Cell Phones**

Home Care providers are encouraged to carry cell phones with them during work hours. However, usage of cell phone calls should be restricted to calls of less than 5 minutes in duration, and totaling less than 5 minutes per hour. These telephone calls **should not disrupt** important client tasks. Home Care providers should never utilize cell phones while driving or performing hands-on assistance with care providers.

### **Receiving Calls from Clients**

Home Care providers should not give clients their home or cell phone numbers, or encourage clients to contact to contact them outside of their scheduled work hours. Home Care workers are not expected to respond to telephone calls from their clients outside of their scheduled working hours. In the event that a client wishes to contact a Home Care worker by phone, they are provided with the telephone number of the Home Care supervisor. If necessary, the supervisor will contact the Home Care worker to provide information about the client.

**Contact Your Supervisor at: 206-224-3752**

**After-hours: 206-795-7358**

## **BEST DEFENSE: HAND WASHING YOU MUST WASH YOUR HANDS:**

- ✓ Before preparing or eating food
- ✓ After using the bathroom
- ✓ After working directly with the person you are supporting, especially following changing incontinence garments, toileting, etc.
- ✓ Before and after tending to someone who is ill.



## **ALSO, WASH YOUR HANDS BEFORE AND AFTER:**

- ✓ Blowing your nose, coughing, or sneezing.
- ✓ Touching your eyes, nose, mouth, genitals, sores, acne, boils or rashes, or any body fluids
- ✓ Handling animals or their waste
- ✓ After handling garbage
- ✓ Before and after treating a cut or wound

## **APPROPRIATE HAND WASHING**

1. Use *soap* and *water*—wet hands using clean warm running water
2. *Rub* hands together, lather, *scrub* all surfaces, attention to *nails* (20 *seconds*/ long enough to sing “Happy Birthday” twice)
3. *Rinse* hands *under running water*
4. *Dry* hands with paper towel or air dryer; use towel *turn off faucet and open door.*

## **ALCOHOL BASED GELS**

If soap and water are not available, or in addition to hand washing, use *alcohol-based gels.*

1. Apply product to one palm of hand
2. Rub hands together
3. Rub product over all surfaces of hands, fingers, and nails until hands are dry.





# Module 7

## Skin and Body Care

### Lesson 1

Skin Care

### Lesson 2

Body Care

### Personal Care Skills Covered

Turn and Reposition a Client

Mouth Care

Clean and Store Dentures

Shaving With a Safety Razor

Fingernail Care

Foot Care

Bed Bath

Assist Client with Weak Arm to Dress

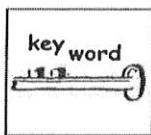
Put Knee-High Elastic Stocking on Client

Passive Range of Motion - Shoulder

Passive Range of Motion - Knee and Ankle



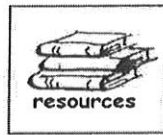
### Icons to help guide you



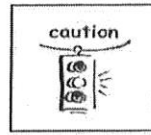
A word to remember



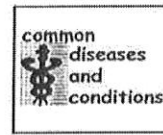
Something to report



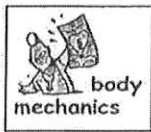
See the Resource Directory



Beware or be careful



See the Common Diseases section



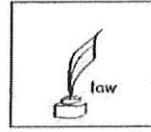
Use proper body mechanics



Observe skin



Classroom exercise



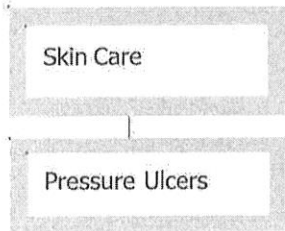
Something in the law



Be alert and respectful

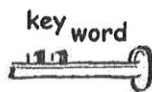
# Module 7- Lesson 1

## Skin Care



**What you will learn in this lesson:**

1. A caregiver's role in client skin care, including:
  - promoting healthy skin;
  - routinely observing a client's skin;
  - knowing the types of skin problems to look for;
  - documenting and reporting skin problems immediately.
2. What pressure ulcers are and how to help prevent them.



### Definition

Nurse Delegation	When an RN delegates nursing tasks to qualified NACs or NARs
Pressure ulcers or Pressure sores	Skin breakdown or injury caused by pressure that damages the skin and underlying muscle
Pressure points	Places on the body where the bone causes the greatest pressure on the muscles and skin
Self-Directed Care	When an in-home client directs an Individual Provider to help him/her with health related tasks
Skin breakdown	Any break in the skin, creating a risk for infection and further injury
Sterile dressing	A protective, bacteria-free, covering put on an injury

The four important caregiving roles in client skin care include:

1. Promoting healthy skin.
2. Routinely observing a client's skin.
3. Knowing the types of skin problems to look for.
4. Documenting and reporting problems immediately.

Skin is the first line of defense a client has to heat, cold, and infection. Skin changes as we age and sometimes because of a chronic illness. These changes can lead to the:

- skin becoming thinner and dryer - tearing easier and not healing as easily;
- loss of the layer of fat just below the skin, decreasing the ability to stay warm;
- sweat glands losing the ability to cool in heat;
- loss of the ability to feel pain, heat, or light touch.

There are five ways to help a client keep his/her skin healthy.

### 1. Keep skin clean.

- Keep skin, nails, hair, and beards clean.
- Set up a routine bathing schedule.
- When bathing, use warm, **not hot**, water, and **mild** soaps. Monitor water temperature to avoid burns for any client who has lost the ability to feel heat.
- Take extra care to make sure skin folds are clean and dry for clients who are obese. Skin folds hold bacteria, dirt, and old skin cells.
- In-between baths, clean the skin as soon as you see something on it.

### 2. Keep the skin dry.

- Use pads or briefs that absorb urine and keep moisture away from the skin for clients with incontinence. Use a cream or ointment as further protection for the skin.
- Avoid using "blue pads" or disposable waterproof under pads that can hold moisture on the skin. A waterproof **cloth** pad that can be laundered and reused is a good alternative.

### 3. Use moisturizing creams and lotions.

- Gently apply lotion to dry skin regularly.

A caregiver can apply:

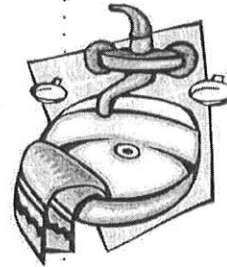
- non-prescribed ointments or lotions (e.g. dandruff shampoo or body lotion to prevent drying of skin);
- or change a band-aid in response to a first-aid situation.

A caregiver can **NOT**:

- change **sterile dressings**;
- apply a prescribed lotion or ointment used to treat a condition (unless under **Nurse Delegation** or **Self-Directed Care**).

## Skin Care

### Promoting Healthy Skin Care



key word  


**4. Encourage good nutrition.**

- Diet contributes a great deal to healthy skin. Encourage a client to eat a healthy, well-balanced diet and to drink plenty of fluids (unless on a fluid restriction). See pages 135-142 for more detailed information about good nutrition and page 148 for more information about getting enough water.

**5. Encourage mobility.**

- Encourage a client to stay as mobile as possible.
- Encourage activities or exercise that help increase circulation.

Skin Problems a Caregiver May See	
Type of Problem	What is it?
<b>Pressure Ulcers</b> (or Bed Sore) <small>key word</small>	<b>Skin breakdown</b> or injury caused by pressure and/or weakened skin that damages the skin and underlying muscle.
<b>Stasis/Venous Ulcers</b>	A chronically open area, caused by poor circulation of the blood in the veins. Early symptoms are a rash or a scaly, red area and itching. The skin around the ulcer becomes a discolored reddish-brown. This occurs most often on the lower legs and feet.
<b>Arterial Ulcers</b>	Round open areas on the feet and lower leg due to lack of blood flow to the legs.
<b>Rashes and Infections</b>	Most rashes are raised, red, bumpy areas on the skin that are often itchy. Skin infections are a break in the skin, like a scratch, where bacteria have spread and caused an infection.
<b>Burns</b>	Skin that is damaged by fire, sun, chemicals, hot objects or liquids, or electricity. Burns are classified according to how deeply the skin is damaged. 1 <sup>st</sup> degree burns are when the skin is reddened and maybe swollen and tender. 2 <sup>nd</sup> degree burns usually have blisters, intense redness, pain and swelling. 3 <sup>rd</sup> degree burns are the most serious and involve all layers of the skin.
<b>Skin Cancer/Lesions</b>	Abnormal growth on the skin that usually doesn't spread and is treatable. A more dangerous kind of skin cancer is melanoma. Melanomas are irregularly shaped and may be described as a "strange mole" or a mole that is changing. If a client has a strange mole, encourage him/her to contact his/her doctor.

**Observe a client's skin whenever you are doing personal care. Look at the client's skin at least once a day.**

### What to Look For

#### Observe



- Redness or other changes in coloring
- Swelling
- Changes in temperature (warm or cold)
- A break in skin
- Rashes, sores, or a gray or black scab over a pressure point
- Odor
- Pain



reporting

Observing any of these signs could be an indication of a skin problem and should be reported to the appropriate person in your care setting.

### What causes pressure ulcers

Immobility is the number one cause of pressure ulcers. When a person sits or lies in a position too long without moving, the weight of his/her body puts pressure on the skin and muscle. The pressure can be from a bone pressing against another part of the body or from a mattress or chair. This unrelieved pressure cuts off blood supply to the skin. Without a blood supply, the skin - and eventually the muscle under it - dies and a pressure ulcer forms.

The amount of pressure needed to cause a pressure ulcer ranges from a small amount of pressure for a long time to high pressure for a short time.

Pressure ulcers can also be caused when the skin is weakened by:

- friction;
- too much moisture on the skin;
- dryness and cracking;
- age;
- irritation by urine or feces;
- lack of good nutrition and/or drinking enough fluids;
- certain chronic conditions or diseases - especially those that limit circulation.

### High risk for pressure ulcers

Clients who are fully or partially immobile or with weakened skin are at high risk for getting a pressure ulcer. This includes clients:

- in wheelchairs or who spend a lot of time in a chair or bed;
- who have had a pressure ulcer in the past;
- who are paralyzed;
- who have unmanaged incontinence;
- with poor nutrition or dehydration;
- with a chronic illness, like diabetes, that decreases circulation;
- with cognitive impairments that make him/her forget to move;
- who have a decreased ability to feel sensation;
- who are obese or too thin.

### Pressure Ulcers



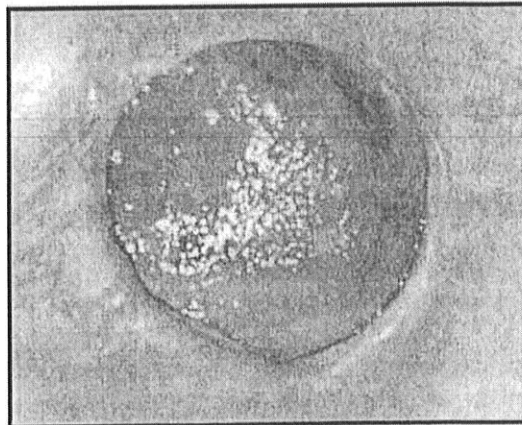
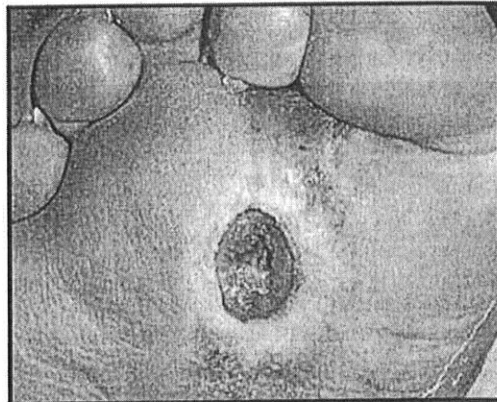
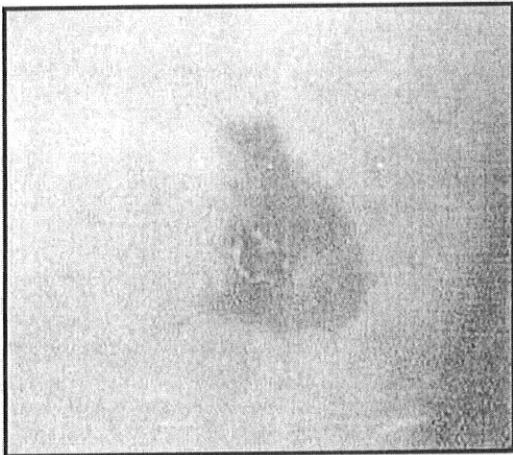
**What pressure ulcers look like**

What a pressure ulcer looks like depends on how severe it is. The first signs of a pressure ulcer include:

- redness on unbroken skin lasting 15-30 minutes or more in people with light skin tones. For people with darker skin tones, the ulcer may appear red, blue, or purple. If in doubt, compare the area to the other side of the client's body.
- any open area - it may be as thin as a dime and no wider than a Q-tip.
- an abrasion/scrape, blister, or shallow crater.
- texture changes - the skin feels "mushy" rather than firm to the touch.

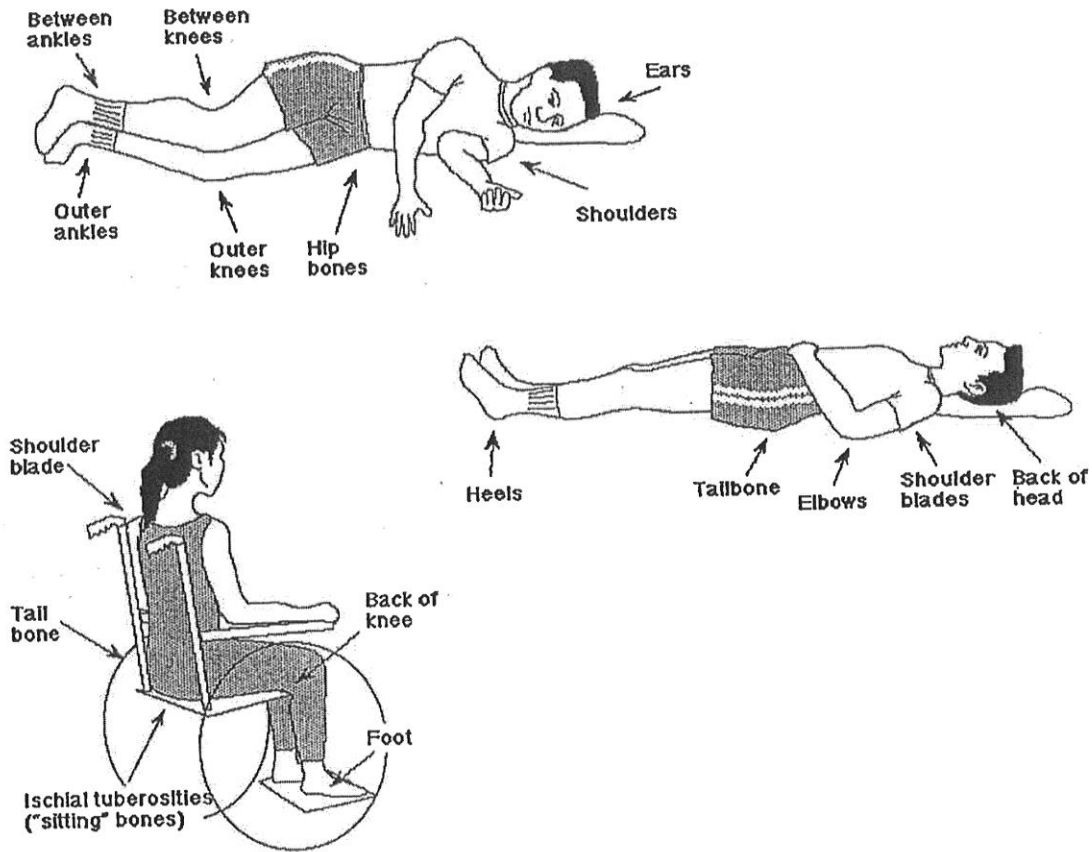
key word  
pressure point

A pressure ulcer can sometimes look like a gray or black scab. Beneath the scab is a pressure ulcer. If you notice a scab over a **pressure point**, report it to the appropriate person in your care setting. Do not remove the scab. If a pressure sore is beneath it, this could cause damage or lead to infection.



## Pressure points

Pressure points are likely areas for pressure ulcers.



## What to do if you see a problem

Anytime you see redness on unbroken skin or feel heat in the area lasting 15-30 minutes or more - especially at a pressure point:

- reposition the client off of the red area immediately to remove pressure from the area.
- **report it** to the appropriate person where you work. Make sure you know ahead of time who to report to about this kind of situation. Document your concerns.



## Do not:

- massage the area or the skin around it.
- use a heat lamp, hair dryer, or "potions" that could dry out the skin more.

## Changing a Client's Position

A client needs to change position frequently to protect his/her skin. A pressure ulcer can start in as little as one to two hours for clients in bed and unable to move. Clients who sit in chairs and can't move can get pressure ulcers in even less time because the pressure on the skin is greater.



A client confined to bed should change position **at least every 2 hours**. A person confined in a chair or wheelchair should shift his/her weight in the chair at least **every 15 minutes for 15 seconds** and change position at least **every hour**.

### Preventing friction to the skin

Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure ulcer - especially for those clients with weakened skin.

Special care by a caregiver must be made when transferring and positioning a client. A client must always be:

- lifted - not dragged when transferring;
- positioned in a chair or bed correctly so he/she cannot slide down;
- positioned on smooth linen or clothing.

## Skill: Turn and Reposition a Client in Bed



1. S.W.I.P.E.S.
2. Bend client's knees.
3. Before turning client, move client's body towards self.
4. Place your hands on the client's hip and shoulder and gently roll the client over on his/her side away from you.
5. Position client in proper body alignment:
  - head supported by pillow;
  - shoulder adjusted so client is not lying on arm and top arm is supported;
  - back supported by supportive device;
  - top knee flexed, top leg supported by supportive device with hip in proper alignment.
6. Cover client with top sheet.
7. Remove gloves (if used) and wash hands as final step.



The following are **general tips** to remember when **repositioning a client**.

- Make sure there is room to roll the client.
- Tell the client to look in the direction they are being rolled.
- Do not roll the client by pulling or pushing on his/her arm.



#### **Skin care tips for positioning a client confined to a bed or chair**

- A special mattress that contains foam, air, gel, or water may be used. A doctor or the case manager can help the client get special equipment. Check the mattress daily to make sure it is working properly.
- Do not use donut-shape cushions. They reduce blood flow and cause tissue to swell. This increases the risk of a client getting a pressure ulcer.
- Choose a position that spreads weight and pressure most evenly.
- Use pillows or wedges to keep knees or ankles from touching each other.
- Place pillows under the client's legs from mid-calf to ankle to keep a client's heels off the bed if a client can't move at all.
- Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots.
- Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, possibly causing a pressure ulcer. Lying flat can be a problem for clients who have difficulty breathing. If this is the case, the head of the bed should not be raised at more than a 30° angle, unless necessary for breathing.
- Avoid positioning a client directly on the hipbone when he/she is lying on their side. Tuck pillows behind a client's back when in this position.

### Module Scenario



Mr. Bernard is a 44-year-old client who had a stroke (CVA) six months ago. The results from the stroke have left Mr. Bernard depressed. He has weakness on his left side and needs help with many care tasks including positioning himself in bed. Since this morning, Mr. Bernard has refused to get out of bed and has stayed in the same position for several hours.

#### RESEARCH:

Review page 321 on stroke (CVA) and page 305 for depression. Review information on pages 113-117 on pressure ulcers and changing a client's position.

#### PROBLEM SOLVE:

1. Identify what problem(s) a caregiver needs to address in this situation.
2. Pick one problem and brainstorm ways to solve it. Pick a solution.
3. How does this impact how a caregiver provides care?

#### DEMONSTRATE

One group will demonstrate for the class repositioning Mr. Bernard in his bed, making sure to avoid pressure on areas at risk for skin break down.

# Module 7- Lesson 2

## Skin and Body Care

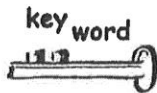


Personal Hygiene

Assisting a Client to Dress

**What you will learn in this lesson:**

1. Your role in helping a client perform personal hygiene, bathing, body care, and getting dressed.



### Definition

Body care	Helping the client with exercises, skin care, and changing dry bandages
Personal hygiene	Cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails
Range of motion	How much a joint can move

**Personal hygiene** is a very important part of helping to keep a client's skin and body healthy. Being well-groomed is also an important psychological and physical boost for most people. This lesson covers the personal hygiene tasks you may be asked to help a client do.

## Personal Hygiene



### Mouth care

Proper care of the mouth and teeth supports a client's overall health and helps prevent mouth pain, eating difficulties, speech problems, digestive problems, tooth decay, and gum disease.



To help prevent decay and gum disease, teeth should be brushed twice a day with fluoride toothpaste (if available). It is even better to brush after every meal. Teeth should be flossed at least once a day to clean between the teeth where the brush misses.

Watch for, document, and report any sore areas in the mouth, changes in tissue, complaints a client may have in eating comfortably, or anything unusual inside the client's mouth.



See the Resource Directory page 267 for more information on gum disease, dry mouth, and oral cancer.



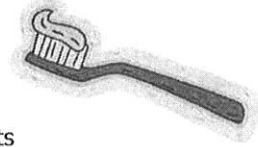
### Skill: Mouth Care



1. S.W.I.P.E.S.
2. Ensure client is in an up-right sitting position.
3. Put on gloves.
4. Place towel across client's chest before providing mouth care.
5. Moisten toothbrush or toothette and apply toothpaste.
6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
7. Assist client to rinse his/her mouth.
8. Hold basin to client's chin.
9. Wipe client's lips and face, and remove towel.
10. Dispose of soiled linen in soiled linen container.
11. Clean and return toothbrush, toothpaste, etc. to proper storage.
12. Remove gloves and wash hands.

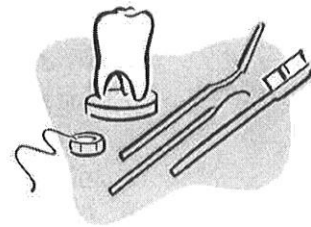
The following are **general tips** when helping a client with **mouth care**.

- When assisting with brushing, use short, circular movements, gently brushing the teeth with a massaging motion around each tooth. Make sure to work in a pattern so no teeth are missed.
- A soft bristle toothbrush is recommended by dentists and should be replaced when the bristles get worn (normally every three months).
- Make sure you have good light and can see what you are doing.
- Be careful not to touch the toothbrush bristles or any oral health item to other surfaces such as the counter, the sink, your bare hands, etc.
- Do not contaminate faucets, drawer handles, or other surfaces by touching with gloves that have been in contact with the client's mouth.
- If a client has difficulty grasping a toothbrush, make the handle bigger with a sponge, rubber ball, or adhesive tape. An electric toothbrush may be easier to manage than a manual brush in this case.
- Toothettes, moistened gauze pads, or "Oral-B Brush-Ups" may not clean the teeth completely and can push food further into the spaces between the teeth. These products are useful in cleaning mouth tissues when the client has no or just a few teeth, or for a client who is unable to open his/her mouth.



The following are **general tips** when helping a client with **flossing**.

- Start with a strand approximately 18 inches long.
- Use a prethreaded flosser or floss holder (a great assistive device), or wrap the floss around the middle finger of both hands.
- Use your thumbs and forefingers to control the floss.
- Gently ease the floss between the client's teeth using a gentle back and forth motion.
- Carefully rub up and down, gently moving the floss from under the gum line to the top of the tooth. Keep the floss against the tooth so you don't injure the gums.
- If a client has not flossed before or recently, the gums may bleed when you floss. If the client has heavy deposits on his/her teeth, it may be difficult to get the floss between his/her teeth.



### Denture Care

Like natural teeth, dentures must be properly cared for to last. If the client does not have any teeth or wears dentures, gums and mouth should be brushed and cleaned at least twice daily.

Watch for, document, and report any problems a client may have with dentures such as discomfort, trouble eating, speech problems, complaints of the dentures not fitting correctly, sore spots under or around the denture, or odor.



### Skill: Clean and Store Dentures



1. S.W.I.P.E.S.
2. Put on gloves.
3. Line sink/basin with a towel/washcloth or by filling it with water.
4. Obtain dentures from client or gently remove them from client's mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.
5. Rinse dentures in cool running water before brushing them.
6. Apply toothpaste or denture cleanser to toothbrush.
7. Brush dentures on all surfaces.
8. Rinse all surfaces of denture under cool, running water.
9. Rinse denture cup before putting dentures in it.
10. Place dentures in clean denture cup with solution or cool water.
11. Return denture cup to proper storage.
12. Clean and return supplies and equipment to proper storage.
13. Dispose of sink liner.
14. Remove gloves and wash hands.

The following are **general tips** when helping a client with **denture care**.

- Allow dentures to soak overnight (or for several hours, depending on dentist's recommendations or the client's preference).
- Inspect dentures for cracks, chips, or broken teeth.
- Dentures can chip, crack, or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.

- Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture, or create a metallic taste in a client's mouth.
- Ask the client what denture cleaning product he/she uses. Hand soap, mild dishwashing liquid, or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.
- Don't let dentures dry out - they lose their shape.
- Never soak a dirty denture. Always brush first to remove food debris.



### Skill: The Shave (With Safety Razor)

1. S.W.I.P.E.S.
2. Put on gloves.
3. Ask client if he/she wears dentures. If so, make sure they are in his/her mouth.
4. Wash face with warm, wet washcloth.
5. Apply shaving lather to the area you are going to shave.
6. Hold razor securely.
7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
9. Shave sides first, then nose and mouth.
10. Wash, rinse, and dry face.
11. Clean equipment and put away.
12. Remove gloves and put in appropriate container.
13. Wash hands as final step.

#### Observe



The following are **general tips** when helping a client with **shaving**.

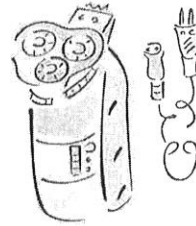
- Do not press down hard or move the razor/shaver too fast over a client's face.
- Shave the most tender areas of the face (the neck area below the jawbone) first and then move up to the tougher areas of the face between the ears, nose, and mouth.



Clients taking blood thinning medication should be encouraged to use an electric razor.

If using an electric razor,

- Clean the shaver's screen and cutter regularly. It is good to clean a shaver after every third shave, and best after every shave.
- All electric razors are not the same. It takes time for a client's face to adjust to using a different brand electric shaver.



### Nail care

Nail care includes both fingernails and toenails. Nail care may be a part of the bath routine.



If a client has a circulatory problem or diabetes, **you may not cut the client's toe or fingernails.**

### Skill: Fingernail Care



1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing client's fingers in water. Adjust if necessary.
4. Place water at a comfortable level for client.
5. Put client's fingers in water and allow to soak.
6. Dry client's hand including between fingers. Pat, don't rub dry.
7. Clean under nails with orange stick. Wipe orange stick on towel after each nail.
8. Groom nails with file or emery board.
9. Finish with nails smooth and free of rough edges.
10. Empty, rinse, wipe water bowl, and return to proper storage.
11. Dispose of soiled linen properly.
12. Remove gloves and wash hands.

The following are **general tips** when helping a client with **fingernail care.**

- Sawing back and forth with an emery board and going too deep into the corners can split and weaken nails. Go from side to side in one direction or file each nail tip from corner to center.
- Cuticles act as a barrier to infection. Do not clip them.
- Apply a moisturizing cream or lotion to the hands and cuticles after you are done.



## Skill: Foot Care



1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing client's feet in water. Adjust if necessary.
4. Put the client's foot completely in the water.
5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.
6. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.
7. Gently clean dirt out from under nails using orange stick.
8. File or cut nails, straight across, as needed with clippers or emery board.
9. Put lotion in your hand and massage lotion on client's entire foot. Remove excess (if any) with towel.
10. Assist client to replace socks and shoes.
11. Empty, rinse, wipe bath basin, and return to proper storage.
12. Remove gloves and wash hands.

### Observe



The following are **general tips** when helping a client with **foot care**.

- Inspect your client's feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- Do not cut down the corners of a client's toenails or dig around the nail with a sharp instrument.
- Never cut the nails too short as this may cause ingrown toenails.
- After cutting, file the nails downwards.
- Cuticles act as a barrier to infection. Do not clip them.

## Bathing

A bath leaves all of us feeling refreshed and in a more relaxed frame of mind.

A bath serves other important purposes for a client, including it:

- cleans the skin;
- stimulates circulation;
- provides movement and exercise;
- provides an opportunity to observe the client's skin.



How often baths should be given depends on the client's physical condition, age, skin type, and personal wishes. Bathing can take place in a tub, shower, in a bed, or as a sponge bath. Baths given in the tub may be more enjoyable for the client if he/she is able to do so.

Older people and some people with chronic illnesses have less skin oil and perspiration. Therefore, they may not need a daily bath or may only need a sponge bath.

## Bathing equipment

Ideally, the bathroom should have the following equipment:

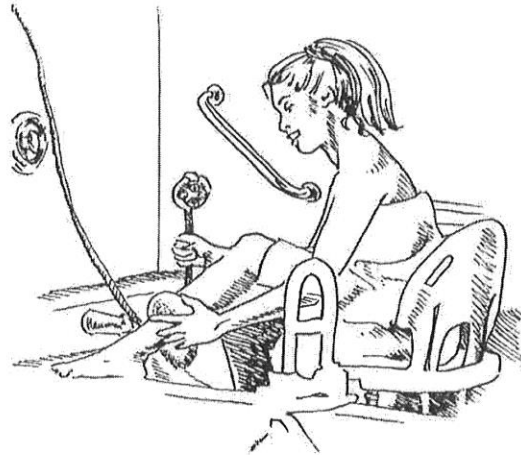
- bath mat;
- bath bench;
- hand held shower;
- grab bars in the right places.

If the bathroom does not have these items, talk with the appropriate person where you work to find out how a client can get needed equipment.

The following are **general tips** when helping a client with a **bath**.

- When assisting with a bath, start at a client's head, work down and complete his/her front first, unless the client has another preference.
- Use less soap - too much soap increases skin dryness.
- Fragile skin requires a very gentle touch.
- Make sure the lighting is good.
- Make sure the bathroom is warm and without drafts.

Observe



## Skill: Bed Bath



1. S.W.I.P.E.S.
2. Put on gloves.
3. Remove or fold back top bedding. Keep client covered with bath blanket or top sheet.
4. Remove client's gown/sleep wear.
5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at anytime it gets soapy, cool, or dirty.
6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.
7. Wash the rest of the face, ears, and neck, using soap (if the client prefers).
8. Rinse. Dry areas with a towel – pat, don't rub.
9. Expose one arm and place a towel underneath it. Support the client's arm with the palm of your hand underneath the client's elbow. Wash the client's arm, shoulder, and armpit. Rinse and pat dry.
10. Place the client's hand in the water basin. Wash the client's hand, rinse, and pat dry. Repeat with the other arm and hand.
11. Wash, rinse, and pat dry the client's chest and abdomen.
12. Uncover one of the client's legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.
13. Slide the client's foot in to the water basin. Wash the client's foot, rinse and pat dry. Repeat with the other leg and foot.
14. Assist the client to turn on his/her side, away from you. Place a bath blanket or towel along side his/her back.
15. Wash the client's back and buttocks, rinse and pat dry.
16. Assist the client to his/her back. Provide privacy and let the client perform his/her own perineal care (Assisting with this will be covered later).
17. Assist client to get dressed.
18. Assist the client to get up, or assist in a comfortable position if remaining in bed.
19. Remove bedding that may have gotten wet.
20. Empty, rinse, wipe bath basin and return to proper storage.
21. Place soiled clothing and linen in proper container.
22. Remove gloves and wash hands.



You may also be asked to help a client with a shower instead of a bath. This can include helping get the client into a shower, washing body parts a client can't reach, assisting the client out of the shower, and getting dried and dressed.

The following are **general tips** when helping a client with a shower using a bath bench.

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as he/she can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so he/she doesn't slip.
- Look for skin problems, especially at pressure points and feet.

Clients who need assistance with dressing often have difficulty doing things that require small finger movements like buttoning, zipping, putting on socks, and/or lacing up shoes.

Clients who have had a stroke or are paralyzed for other reasons are likely to have had some rehabilitation and instruction on how to dress.

### **Assistive devices for dressing**

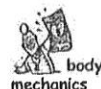
There are many helpful tools to assist a person to dress independently. Your job may be to assist the client in using these tools to get dressed. Examples of common tools are:

- velcro in place of buttons or shoelaces.
- zipper pulls attached to a zipper's metal tab to give the client added leverage in closing and opening the zipper. A large paper clip can also be used.
- extended shoehorns that allow the client to get on his/her shoes without bending over.

### **Types of clothing**

Certain types of clothing also can make it easier for the client to get dressed, including:

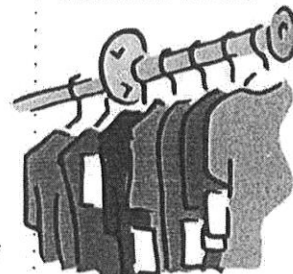
- pants and skirts that pull on;
- items that fasten in front including front-fastening bras, blouses, shirts, and pants;
- clothes made of fabric that stretches, such as knits;
- velcro fasteners and large, flat buttons that are easier to open and close.



Observe



### **Assisting a Client to Dress**



### Client choice in clothing

Choosing clothing is a very personal statement. Clients need to choose what they want to wear. It may not be what you would choose, but if the clothing is appropriate for the weather, clean, and in good repair, do not interfere with the client's choice.



A client's clothes need to fit correctly. Clothes that are too loose or tight can be a sign of a change in the client's condition or a safety problem and should be reported to the appropriate person in your care setting.

### Skill: Assist Client with Weak Arm to Dress



1. S.W.I.P.E.S.
2. Ask client what he/she would like to wear.
3. Remove client's gown/sleep wear while protecting privacy.
4. Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip.
5. Assist client to put strong arm through the correct sleeve.
6. Assist client to put on skirt, pants, shirt, or dress, and non-skid footwear.
7. Puts on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints.
8. Finish with client dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
9. Place gown in soiled linen container.
10. Wash hands.

Observe



The following are **general tips** when helping a client **get dressed**.

- Make sure the room is warm and comfortable.
- Encourage the client to do as much of the dressing as he/she can. Assist with what client is unable to do. Be very patient if it takes longer.
- Be gentle. Do not overextend a client's limbs or use force to get clothing on.
- Once the client is dressed, check and make sure his/her shoelaces are tied, buttons done, zippers up, and shirt tails tucked in.
- If your client wears dentures, eyeglasses, hearing aids, etc., make sure he/she has them.
- Wear gloves if there is a chance you will come in contact with blood or body fluids.

### Elastic stockings

Clients with poor circulation to the feet or swelling due to fluid in the tissue (edema), may wear elastic stockings.

When assisting with this task, make sure to watch for any changes in skin color, temperature, swelling, or open areas on the legs. Document and report changes or abnormal skin conditions.

Observe



### Skill: Put Knee-High Elastic Stocking on Client

1. S.W.I.P.E.S.
2. Have client elevate leg(s) 15 minutes.
3. Turn stocking inside out, at least to heel area.
4. Place foot of stocking over toes, foot, and heel moving client's foot and leg naturally, avoiding force and over-extension of limb and joints.
5. Pull top of stocking, over foot, heel, and leg.
6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the client's toes.
7. Wash hands.

The following are **general tips** when helping a client with **elastic stockings**.

- Encourage the client to have you assist with putting on elastic stockings first thing in the morning.
- Encourage the client to let you put the stockings on while he/she is in bed.
- Make sure that the heel of the stocking is in the correct place.
- Make sure to check the stockings frequently for wrinkles after the client is dressed. Wrinkles in the stockings can cause the client's skin to breakdown and lead to a pressure ulcer.

Observe



### Passive range of motion exercises

**Passive range of motion** exercises help keep a client's joints flexible and strong, reduce stiffness, and/or increase the range of motion in a specific area.

key word



Mr. Stevens is a 78-year-old client living with diabetes. Today when helping him with foot care, you notice two new sores on his feet. He asks you to clip his toenails and clean and bandage the sores. He tells you not to worry about the sores, that they are just part of his diabetes.

**RESEARCH:**

Review page 308 about diabetes.

**PROBLEM SOLVE:**

1. Identify what problem(s) a caregivers needs to address in this situation.
2. Pick one problem and brainstorm ways to solve it. Pick a solution.
3. How does this impact how a caregiver provides care?

**DEMONSTRATE**

One group will demonstrate for the class foot care.

### Lesson 18.3 Techniques for Safely Handling Food

30 minutes

#### Learning Objectives

By the end of this lesson, you will be able to:

- Identify reasons food should be handled safely.
- Identify methods for handling food safely.



#### Activity 18.3.a Safe Food Handling Techniques (Presentation)

- **Cross-contamination** is the transfer of bacteria from one type of food to another.
- In cooking, this includes the transfer of harmful bacteria found on meat, poultry, or fish, to other foods, such as vegetables or fruit.
- 76 million Americans suffer from food poisoning each year. The bacteria on these foods can grow in the body and cause an infection. These infections result in 325,000 hospitalizations, and 5,000 deaths per year. Food poisoning is a serious problem, especially for people who are sick, elderly, or very young, and who do not recover as fast as the general population

Cross-contamination is the transfer of bacteria from one type of food to another. This is so important that the United States Department of Agriculture has a saying, “Be Smart. Keep Foods Apart.” These bacteria can spread throughout the kitchen, from utensils to cutting boards to the countertops.

## Food and Nutrition



- Wash hands thoroughly before and after cooking. Keeping clean will reduce the risk of spreading a **food borne illness**. Wash hands after using the bathroom or coughing or sneezing.
- Keep raw meat, poultry, and fish away from other foods, both in the shopping cart and the refrigerator.
- Have two cutting boards. Use one cutting board for meat, poultry, and fish and the other cutting board for other foods.
- Cutting boards can be sanitized with the bleach solution that you learn how to make. Cover the surface with the bleach solution for 4-5 minutes, then rinse and dry.
- Never put cooked foods on a plate that has held raw meat, poultry, or fish.
- Don't forget to your wash hands and the cutting board and dishes in hot, soapy water after they have come into contact with raw meat, poultry, or fish. Wash after preparing each food and before preparing the next food.
- Clean and rinse the sink after preparing meat or fish.
- Use hot, soapy water and a paper towel to clean up kitchen counters.
- Refrigerate leftovers right away.
- Plan ahead when using frozen foods; thaw them in the refrigerator.
- Do not thaw and refreeze.

## Review: Safe Food handling procedures

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### Hand washing

Wash hands for at least 20 seconds with soap and warm water before touching food or equipment coming into contact with food.

### Cross Contamination

Always sanitize counter, cutting board, knives and other utensils before preparing/introducing new food. Avoid chopping vegetables on the same surface as raw chicken or meat unless thoroughly cleaned. Sanitize items using a solution of 1 tablespoon of unscented, liquid chlorine bleach into 1 gallon of water.

### Cooking Temperatures

- Beef, veal and lamb steaks, roast and chops may be cooked to 145 °F.
- All cuts of pork, 160 °F.
- Ground beef, veal and lamb to 160 °F
- All poultry should reach safe minimum internal temp of 165 °F

### Thawing

Set frozen food in a refrigerator to allowing it to thaw slowly. Place package on plate or in container to capture escaping juices. For quick thawing place food in leak-proof plastic bag and submerge in cold tap water, changing water every 30 minutes. Cook immediately after thawing. Cook meat immediately after microwave thawing. Do not thaw meat and refreeze before cooking.

### Serving

Serving food should be kept at 140 ° F or warmer or 40 °F or colder. Throw out food that has been sitting at room temperature for two hours or more.

### Storage

Perishable food needs refrigeration within two hours or one hour in warm weather. Keep the refrigerator temperature no higher than 40 °F. Meats should be frozen in its original wrapper after wrapping it with foil or plastic wrap. Discard dented, leaking, rusted or bulging cans. Place food into shallow containers and immediately put in the refrigerator or freezer for rapid cooling. Use cooked leftovers within 4 days.

## Lesson 18.4 Cooking Techniques

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50 minutes

### Learning Objectives

By the end of this lesson, you will be able to:

- Understand basic cooking terms.
- Be able to follow a recipe.



### Activity 18.4.a How to Follow a Recipe (Exercise)

One of your goals as a Home Care Aide is to provide nutritious and safe meals that the Consumer will enjoy eating. In this module, you'll learn some guidelines that will help you achieve that.

### Food Preparation Terms

- **Bake:** Cook in the oven. (When applied to meats in uncovered containers, it is most often called roasting.)
- **Beat:** Make a mixture smooth with a brisk motion (wire whisk, fork, etc.) that lifts the mixture over and over, or with a rotary motion (egg beater or electric mixer).
- **Brown:** Cook food with moderate or high heat until brown in color.
- **Coat:** Cover food with a substance or sauce.
- **Chop:** Cut into pieces with a knife or other device.
- **Cross-contamination:** The transfer of bacteria from one type of food to another.
- **Dice:** Cut into small cubes.
- **Grate:** Rub hard-textured food (like hard cheese) against a grater (a tool with small, sharp-edged holes).
- **Julienne:** Cut food into thin sticks, or slivers resembling matchsticks.
- **Mince:** Cut or chop into very small pieces.

## Food and Nutrition

- **Roast:** Cook uncovered in an oven (meat)
- **Sauté:** Cook food quickly in oil, butter, or fat over high heat.
- **Shred:** Use a knife or a shredder (a cutting tool with round, smooth, sharp-edged holes) to cut food into long, thin strands.
- **Steam:** Cook with steam, either in a steamer or on a rack over boiling water.
- **Transfats:** A type of fat used in processed foods such as snacks, cookies, fast foods and margarine. Explain that foods with transfats should be avoided when possible because they are linked strongly to the clogging of arteries and heart disease.
- **Whip:** Beat rapidly to bring in air and increase volume. Often used with cream or eggs.



### How to Follow a Recipe

1. Start by reading the recipe carefully, from beginning to end.
2. Check the preparation time and cooking time, and be sure you give yourself enough time to prepare the ingredients and cook the meal prior to mealtime.
3. Make sure you have all the ingredients.
4. Wash your hands thoroughly.
5. Gather all cooking equipment and ingredients in one place where it's easily available for food preparation.
6. If the oven needs to be pre-heated, turn the oven on to the temperature listed in the recipe.
7. If the recipe calls for food items to be chopped, sliced, diced, or otherwise prepared, do this before you start cooking.
8. Trim excess fat from any meats, poultry, or fish you're planning to cook.
9. If you are using a recipe for the first time, follow the step-by-step instructions exactly as written.

## Food and Nutrition



### Some things to remember when using the stove:

- A covered pot boils faster.
- Pots become hot. Use potholders to avoid burning your hands.
- Turn the pot handle toward the back of the stove.
- If you're wearing a shirt with long sleeves, roll them up to keep them out of the way.
- Set a timer for four minutes, to remind you that your water is boiling.
- Electric stovetops retain heat for a while after they are turned off. Move the pot off the coil when you are done cooking.
- If you burn or scald yourself, put the burn under cold running water, **do not** use ice.

## PROTECTING YOURSELF FROM DISEASE

The risk of transmission in a home care setting is extremely small if standard precautions are followed each and every time.

Standard Precautions means treating **all**

Blood or body fluids as potentially infectious.

You can't afford to take any chances since it

Takes just **one** exposure to become infected

With certain blood borne diseases. Specific

precautions include:

✓ Use gloves, a gown and mask if fluids are airborne (remember HIV is not airborne. But TB **is** airborne)

✓ If you don't have gloves you can use anything that will come between you and the body fluid. A plastic bag for example.

Normally your skin acts as a protective barrier to keep viruses out. But even tiny breaks or cracks in the skin from common conditions like dermatitis, hangnails, acne, chapping and broken cuticles can be doorways for the HIV, HBV, or HCV viruses to enter your body.

**ALWAYS** MAKE SURE YOU USE GLOVES OR SOME OTHER BARRIER TO PROTECT YOURSELF WHEN HANDLING A PERSON'S BODY FLUIDS OR BLOOD. Check gloves before putting them on, and never wear gloves that are damaged or ripped.

### **What to do if you come into contact with your client's body fluids:**

If you get blood or other potentially infectious materials on your skin:

Immediately wash with non-abrasive soap and water.

If the mucous membranes of your eyes, nose and mouth are exposed:

Immediately FLUSH with running water for 5 minutes in each eye at the sink or 5 minutes in each eye at an eyewash fountain.

An unprotected incident should be reported to your local Health Department immediately.

Exposure to bodily fluid in and of itself does not constitute an occupational disease or injury. A diagnosis must be supported by objective medical findings and establish that the condition has resulted directly from the exposure or

## **BLOOD BORN PATHOGENS**

What are bloodborne pathogens?

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus. (HIV). Needle sticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first aid team members, housekeeping personnel in some industries, nurses and other healthcare personnel may be at risk of exposure to bloodborne pathogens.

### **Transmission of Bloodborne Pathogens**

Bloodborne pathogens are transmitted when contaminated blood or bodily fluids enter the body of another person. In your work, transmission is most likely to happen by:

- An accidental puncture by a sharp object, such as a needle broken glass, or other sharps.
- Helping a Consumer who is bleeding
- Changing linens that are contaminated with blood or other bodily fluids.
- Cleaning up blood, vomit, urine, or feces
- Bathing a consumer
- Providing first aid or changing a dressing or bandage
- Contact between mucous membranes (mouth, nose, eyes and infected bodily fluids

Unbroken skin protects you from bloodborne pathogens. However, infected blood or bodily fluids can enter your body through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters
- Very dry, cracked or chapped skin

### ***Bloodborne pathogens are not transmitted by:***

- Touching an infected person
- Coughing or sneezing
- Using the same eating utensils, plates, or glasses as in infected person
- Using the same toilets, water fountains, or showers as an infected person.
- Hugging or shaking hands.

## Bloodborne Pathogens

State of Washington Department of Health HIV Testing Services You must give consent for an HIV test. But the test can be either confidential or anonymous.

- Confidential: The results of the test are only given to you and the health care worker who gives you the test. With confidential testing, you give the healthcare worker your real name.
- Anonymous: The place where you are tested does not keep a record of your name. If you are exposed at work, you cannot use anonymous testing.

Confidential and anonymous HIV testing is provided using the Rapid Oral HIV testing method. This gives results for most people in only 20 minutes.

Counseling may be provided before the HIV test. After the test, counseling on preventing transmission of HIV/AIDS is always offered.

For information on test fees and low or no-cost testing, please call 206-324-1547.

### Reporting

In Washington, HIV and AIDS are conditions that must be reported to the local Department of Health within three working days of diagnosis.

Note: If a Consumer tells you that he or she is HIV positive or has AIDS and it is not on the Care Plan be sure to tell your supervisor.

If an anonymous test has a positive result, it is not reportable. But when an HIV-positive person gets health care, the health care provider must report it.

Federal law also requires that states make a "good faith effort" to inform spouses of people infected with HIV.

### Law Against Discrimination

The Washington State Law Against Discrimination and the Federal Americans with Disabilities Act state that HIV infection and AIDS are medical conditions that are considered disabilities.

## Bloodborne Pathogens

This means that it is illegal to discriminate against someone who has or is believed to have HIV or AIDS in any of these areas:

- Employment
- Rental, purchase or sale of an apartment, house or real estate
- Public places such as restaurants and theaters
- Health care, legal services, home repairs and other personal services
- Loans and credit cards

### Washington HIV/AIDS Case Management

The State of Washington has case managers to help people with HIV/AIDS manage the many challenges of living with the disease. The case managers help Consumers with:

- Prescription drug coverage
- Housing
- Mental health care
- Substance use issues

They also help coordinate services, advocate for Consumers, and provide emotional support as needed.

Case managers can provide:

- Referrals to HIV specialists and other medical services
- Help with state-funded programs, insurance, and social security
- Help accessing mental health services
- HIV education
- Help accessing food programs
- Personal care items for low income clients
- Referrals to local support groups

### HIV/AIDS Information and Resource Numbers

The Center for Disease Control (CDC) information line at 1800-CDC-INFO (1-800-232-4636)

Washington State Department of Health  
HIV/AIDS Hotline  
1-800-272-AIDS (1-800-272-2437)

HIV Client Services

877-376-9316 (toll free)    360-236-3426

### **How Can Occupational Exposure Be Prevented?**

Many needle sticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.

### **What Should a Home Care Aide do if Exposed to the Blood of a Consumer?**

Immediately following an exposure to blood:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigates.

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

### **Work Practice Controls**

Hand hygiene is one of the simplest and most useful ways used to prevent the transmission of bloodborne pathogens. Washing your hands keeps you from transferring pathogens from your hands to other areas of your body, or things you may touch later.

### **General Guidelines for PPE**

- Use gloves and PPE every time you do anything that might involve blood or bodily fluids.
- Take off gloves and all PPE as soon as you have finished what you are doing
- If blood or bodily fluids get on the PPE you are wearing, take it off as soon as possible.
- Put used PPE in a waste container
- Never use the same gloves or PPE more than once
- Gloves should be made of latex, nitrile, rubber or other waterproof materials.
- If gloves are particularly thin or flimsy, put on two pairs of gloves. This will give you an extra layer of protection.
- If you have cuts or sores on your hands, cover them with a bandage before you put on your gloves.
- Always inspect your gloves carefully before you put them on. Never use gloves that are torn or damaged.
- Remove contaminated gloves carefully. Do not touch the outside of the gloves with bare skin. Dispose of contaminated gloves in a proper container.
- Do not use petroleum-based hand creams (like Vaseline) since they can damage gloves.

## 2

### **Personal Hygiene**

Use good personal hygiene when you are working in areas where you might be exposed to blood or bodily fluids. Examples of good personal hygiene include:

- Avoid splashing, spraying, and spattering blood or bodily fluids when assisting a consumer.
- Do not eat, drink, smoke, apply cosmetics or lip balms, or touch contact lenses where you may be exposed to blood borne pathogens.

### **General Housekeeping Guidelines**

- Inspect and decontaminate trashcans that may be contaminated with blood or bodily fluids on a regular schedule.
- Clean all equipment and surfaces immediately after blood or bodily fluids have touched them.
- Clean trashcans immediately if you know they have been contaminated

### **Handling and Disposing of Broken Glassware**

- Do not pick up broken glass with your hands. Use items such as a brush and dustpan, or tongs to clean it up.
- Put broken, contaminated glass in a sharps container. Sharps containers should close and be puncture-resistant, leak-proof on the sides and bottom, and labeled correctly.
- If broken glass will not fit into a sharps container, put it in a closeable, puncture-resistant container such as a cardboard box or coffee can. Be sure to write, "contaminated" on the box or can.

### **Handling Contaminated Laundry**

Bloodborne pathogens can be transmitted on laundry that is soiled with infected blood or bodily fluids. Do the following when handling laundry:

- Always wear gloves
- Touch the soiled linens as little as possible. Do not shake them.
- Put all soiled linens in a bag or container in the place where it was used. Do not carry soiled laundry through the home without first putting in to a bag. If the linen is wet or might drip, carry it in a plastic bag that will not leak.
- Normal machine washing and drying cycles will clean the laundry and stop the spread of bloodborne pathogens.

### **Disposing of Waste**

Do the following when handling trash:

- Always use plastic liners in trashcans
- Do not push on the garbage or squeeze the bag when you empty trashcans.
- Lift and carry the bag away from your body.

- When you are disposing of contaminated waste:
  1. Put them in a heavy plastic bag and then tie shut.
  2. Put that bag in a second plastic bag
  3. Write “contaminated” on the outside of the bag.
  4. When the trash has been correctly bagged, it can be collected by the normal garbage pick-up.

If there is a spill of blood or bodily fluids, here are some important points to remember:

- Wear gloves and appropriate Personal Protective Equipment (PPE)
- Carefully cover the spill with an absorbent material, such as paper towels, to prevent splashing.
- Decontaminate the area of the spill using an appropriate disinfectant. You can use a solution of one part bleach to ten parts water. Always pour gently when you pour disinfectant over the area. Work from the edge of the spill towards the center. This keeps the contaminated fluids from spreading out.
- Carefully wipe up the spilled material.
- Stay alert for broken glass or sharps in or around the spill. Do not pick up broken glass in your hands. Use a broom and dustpan or tongs.
- Disinfect all mops and cleaning tools after the job is done.
- Dispose of all contaminated materials correctly.
- Wash your hands thoroughly with soap and water immediately after the cleanup is done.

### **Exposure Incidents**

An exposure incident is something that happens while you are working and when there has been:

- An injury with a contaminated needle or other sharp
- A splash of blood or other bodily fluid to the mucous membranes (eyes, nose, mouth)
- Broken skin has touched blood or other bodily fluids

If blood or bodily fluids:	You should:
Splash into your eyes	Flush with water for at least five minutes. Get medical attention.
Gets into your mouth	Rinse your mouth with a 50/50 mix of hydrogen peroxide and water. Then rinse with plain water. Get medical attention
Gets into your skin by a needle stick or puncture wound	Wash thoroughly with soap and water. Cover the wound with sterile dressing. Get medical attention
Get into your skin through a scratch, cut sore or bite	Wash thoroughly with soap and water. Cover the wound with sterile dressing. Get medical attention.

**If you are injured or exposed:**

- Inform your supervisor immediately. Your supervisor is responsible for reporting your injury correctly.
- Seek medical treatment immediately. It is important to get necessary treatment as soon as possible to reduce the chance of disease transmissions.

**Infection Control**

As a LTC worker, you must protect a client and yourself from the spread of disease and infection. Clients who are frail, elderly, or have weakened immune systems may catch infections more easily. For them, infections can lead to serious or life threatening problems.

Germs are organisms that cause infection by entering the body and growing. Germs are spread from one person to another. Infection control stops harmful germs from entering the body.

**To control the spread of infection:**

- Wash your hands.
- Use disposable gloves and other personal protective equipment (PPE) when necessary (Standard Precautions)
- Clean and disinfect to kill germs before they can cause harm,
- Safely get rid of contaminated waste.

Hand washing is the best defense against spreading infection. You will wash your hands several times a day.

**Always wash your hands:**

**Before:**

- Contact with a client
- Eating
- Preparing food
- Putting on gloves

**After:**

- A client
- Body fluids
- Contaminated items
- Pets
- Using the bathroom
- Removing gloves or protective clothing
- Blowing your nose, sneezing, coughing
- Cleaning
- Smoking

## **Tuberculosis**

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium Tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

### **How TB Spreads**

TB bacteria are spread through the air from one person to another. The TB bacteria are put into the air when a person with TB of the lungs or throat coughs, speaks, or sings. People nearby may breathe in these bacteria and become infected.

### **TB is NOT spread by**

- Shaking someone's hand
- Sharing food or drink
- Touching bed linens or toilet seats
- Sharing toothbrushes
- Kissing

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB disease in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and coworkers or schoolmates.

Generally, persons at high risk for developing TB disease fall into two categories:

- Persons who have been recently infected with TB bacteria
- Persons with medical conditions that weaken the immune system

Persons who have been Recently Infected with TB bacteria include:

- Close contacts of a person with infectious TB disease
- Persons who have immigrated from areas of the world with high rates of TB
- Children less than 5 years of age who have a positive TB test
- Groups with high rates of TB transmission, such as homeless persons, injection drug users, and persons with HIV infection.
- Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, nursing homes, correctional facilities, residential homes for those with HIV.

## COVID-19/Coronavirus Announcement

The risk posed by a virus outbreak depends on factors including how well it spreads between people, the severity of the illness it causes, and the medical or other measures we have to control the impact of the virus (for example, vaccine or treatment medications).

COVID-19 is spreading in several communities in Washington, the risk of exposure is increasing for people who live in our state. Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure. Those who have had close contact with persons with COVID-19 are at elevated risk of exposure and travelers returning from affected international locations where community spread is occurring are at elevated risk of exposure.

Human coronaviruses most commonly spread from an infected person to others through; the air by coughing and sneezing, close personal contact, such as touching or shaking hands. Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands. Rarely, fecal contamination with coronavirus present.

Symptoms of coronavirus are similar to flu or colds and may include: Runny nose, Headache, Cough, Sore throat, Fever and A general feeling of being unwell

There are steps people should take to reduce their risk of getting and spreading any viral respiratory infections. These include:

- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in the trash and wash your hands.
- Clean and disinfect objects and surfaces. Stay at home and away from others if you are feeling ill.

Full life care provide gloves to Home Care Aides **at no cost**, please come to the office to get more gloves if your supply is running low. Remember to use one pair of gloves per task, make sure you are changing gloves between tasks, not wearing a pair for extended period of time and wash your hands or use alcohol based sanitizer each time you remove gloves from your hands.

We take our role in protecting the health of our clients and staff very seriously. Before entering clients house please make sure you do not exhibit the symptoms listed above. Immediately report to Home Care Supervisor if you are symptomatic, also report to Supervisors if you are taking care of a family member, friend or have come in close contact with someone who has Symptoms.

**Please follow the attached Client Visit Protocol: when you arrive at your client/s residence**

Your safety and the safety of our clients is our highest priority. Unlike other professionals we cannot work from home, the job that we do every day keeps client in their own homes. The alternative will likely be keeping clients in hospitals and nursing homes, which would put them at a higher risk of virus infection. We are saving lives every day we go to work; Full Life Care is here to support you. Please feel free to contact us if you have questions, concern or ideas.

**Home Care – Infectious Disease**  
**Client Visit Protocol: COVID 19**

**Who needs to follow these protocols?**

- All Home Care Aides going to see clients in their homes

**When to use this protocol:**

- On arrival at client's residence

**WHAT TO SAY:**

Due to the outbreak of the coronavirus, we are taking extra precautions in order to protect clients and Full Life Staff. We have a shared responsibility to prevent the spread of infectious disease. Please answer the following questions:

- |   |          |
|---|----------|
| 1. Have you or a member of your household been experiencing any symptoms of COVID-19, including fever, cough, or shortness of breath.                                 | Yes / No |
| 2. Have you or a member of your household been out of the country within the last 14-18 days?   | Yes / No |
| 3. Have you or a member of your household been in close contact with anyone who has traveled overseas or to a high-risk area within the last 14-18 days?              | Yes / No |
| 4. Have you or a member of your household been in close contact with anyone who has been tested, diagnosed, or told by a medical professional they may have COVID-19? | Yes / No |

If **YES** on either 1, 2, or 3, then:

- **DO NOT START THE SHIFT.**
- **Respectfully inform the client that you are instructed to call Home Care Supervisor**
- **Call home care supervisor immediately, make sure you speak to someone**
- **Do not head home unless instructed by Home Care Supervisor**

If cleared, continue monitoring your client/s during the shift, report to supervisor if they develop flu like symptoms listed above and/or if they develop a new undiagnosed health condition.  
I acknowledge that I have read and understand the Client Visit Protocols for Covid-19.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



## USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

## FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



## TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



CS 316488A 07/06/2020

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## **General Safety and Emergency Procedures**

Your personal safety and that of your consumer is of the utmost importance. It is essential that you take the time to plan for the eventual emergency or disaster. It is always best to prevent an accident or emergency whenever possible.

- Take the time to plan and prepare for what steps you need to take in emergencies.
- Know what the emergency action plan is for each client.
- Know the emergency evacuation escape routes for any building where you work.
- PRACTICE emergency evacuations such as fire drills.
- Stay calm and appear confident. Clients will often take your lead in how to respond.

### **Checking for Safety Hazards**

Always be on the lookout for existing and potential safety hazards. If you are concerned about a safety hazard, work with the client and your supervisor to see if there is a way to eliminate it. Always keep in mind the Client's right of choice. Alert the supervisor when you are not able to fix a safety hazard or the client does not want it changed. Your safety is important. ***Don't try to fix safety hazards if you could get hurt or you don't have the skills to do it.***

### **Know When to Report**

Contact your supervisor when:

- You are concerned about a potential safety hazard.
- You feel that the decision a client is making puts him, her or others in jeopardy.
- You notice a pattern of changes or decline in a client's functioning.
- A client continues to refuse care or treatment.
- Always keep a copy of your client's name, address, phone number, date of birth and regular medications with you. You will be asked this information by emergency personnel in the event of a medical emergency.

## **FALL PREVENTION**

Falls can be devastating and can be the cause of serious injury sometimes leading to death. Falls can:

- Break brittle bones in the hips, legs, or arms
- Cause serious head injuries
- Be a sign of other serious medical problems

### **Prevention**

There are many things that can cause slips, trips, and falls inside and outside of a client's living space or home.

- Pay close attention to the type and condition of walking surfaces
- Be observant and stay aware of your footing. Wear closed toed, sturdy, slip resistant shoes.
- Use handrails where available.
- Look for sidewalk and entryway hazards such as cracks, holes, slippery or uneven surfaces.
- Watch for rotting wood or wobbly handrails or stairs.
- Keep walkways clear-especially to the bathroom.
- Keep rooms and stairs free of clutter.
- Use nightlights in a client's room, in the hallway, and in the bathroom
- Avoid long robes, loose-fitting slippers, and high heeled shoes.
- Keep things used most often on lower kitchen cabinet shelves.
- Use handrails in tubs and next to toilets.
- Use safety toilet seats to make standing and sitting easier.
- Use non-skid mats in showers and tubs.
- Vary the colors at floor level to better see where steps and edges are.
- Remove throw rugs.
- Report any possible fall hazards to your home care supervisors.
- If your client is using the bathroom often while you are there; they may be needing to use it during the night. If this is a concern; please contact your supervisor. A commode or urinal may be the solution.

### **If a Client Falls**

1. Do not try to prevent the fall. It is better if you help support his or her head and gradually ease the client to the floor.
  2. Keep your feet apart and back straight.
  3. Pull the person close to you. Let the client slide down your body to the floor.
- 
- Ask “How do you feel?” and observe *carefully* for any signs of injury. The client’s body language will give you important information.
  - Cover the client with a blanket
  - Do NOT offer anything to eat or drink.
  - Calmly assure the client that you are there to help and that they are going to be ok. **DO NOT** pick up the client Keep the client as comfortable as possible and call 911. They will assess the client for any injury and assist them up or take them for further medical care.
  - Report the fall to your supervisor.

### **IF YOU ARRIVE TO FIND YOUR CLIENT HAS FALLEN**

- **DO NOT** pick them up.
- Be calm and reassuring
- Cover your client with a blanket if they would like
- Call 911 to assess for injuries
- Report the fall to your supervisor

# WHAT IF YOU HAD TO CALL 9-1-1

## 1 KNOW YOUR LOCATION

Knowing the location of the emergency situation is critical in getting you help. This is especially important when calling from a cell phone. If you know your address, give it immediately. Otherwise look for street signs, landmarks or mile markers.



## 2 IDENTIFY THE EMERGENCY

Do your best to stay calm, speak clearly and state the reason you need emergency help. Tell the call taker what type of help you need: police, fire or medics.



## 3 GIVE YOUR NAME AND PHONE NUMBER

9-1-1 call takers will need your name and number in case your call is dropped, and emergency responders will also use it if they need to contact you.



## 4 STAY ON THE LINE

You may be asked a series of questions even after emergency responders have been dispatched. Follow the instructions from the 9-1-1 call taker and don't hang up until told to do so, unless there is a threat to your safety.



**Answering the questions of the 9-1-1 call taker does not delay the emergency response.**

### 9-1-1 IS ACCESSIBLE TO EVERYONE

Interpreter services are available in more than 170 languages and call takers are trained to use TTY and relay services for individuals who are deaf, hard of hearing or have speech disabilities.

For more information on calling 9-1-1, visit: [www.kingcounty.gov/911](http://www.kingcounty.gov/911)



Department of Executive Services  
Office of Emergency Management  
**E-911 Program Office**  
206-296-3910 TTY Relay: 711

This document is available in alternate formats upon request. 09/29/2015

# EMERGENCY CONTACT LIST 911

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Telephone Number: Home (\_\_\_) \_\_\_-\_\_\_ Cell (\_\_\_) \_\_\_-\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest Cross Street

Or landmarks (apartment name

House color etc..) \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital \_\_\_\_\_  
(\_\_\_) \_\_\_-\_\_\_ (\_\_\_) \_\_\_-\_\_\_

Case Manager \_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_ Cell (\_\_\_) \_\_\_-\_\_\_

### Contact Persons

Name \_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_

Name \_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_

Name \_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_

(If possible, include an updated medication list)

## **VIOLENCE IN THE WORKPLACE**

As a long term care worker, you need to be aware of the potential for violent or aggressive behavior, know how to minimize these behaviors, and how to keep you and others safe if it occurs.

As a Home Care Aide, you may see violence or aggression:

- By a client or someone in the home against you, other clients, or other staff.
- Between others in the home such as spousal abuse
- In a client's neighborhood.

### **Possible behaviors and attitudes**

The following are possible behaviors and attitudes that may be warning signs a person may become overly aggressive or violent:

- Abuse of drugs or alcohol.
- A history of violence or uncontrolled anger.
- Preoccupied or dwells on injustices or unrealistic fears.
- Blames others for problems.
- Suspicious, holds grudges.
- Talks of detailed plans of violent acts.
- Fascination with weapons.
- Intentionally frightens people.
- Rapidly shifting moods that seem unstable.
- Recent major change in behavior or appearance or withdrawal from normal activities, family and friends.

### **Possible Warning Signs**

Some early warning signs that a person may become aggressive or violent may include:

- A raised voice.
- Shaking or clenched fist
- Prodding with fingers or finger jabbing
- Overly anxious
- Excessive pacing
- Angry muttering or glaring at you.

## Handling Aggressive or Violent Behavior

Never minimize threats or your own internal sense that something is “off”. Trust your own instincts if you feel uneasy.

It is best to respond early if you are concerned about aggression or violence. First, assess your risk of potential danger. A person on the edge of physical aggression has three choices. He or she can attack, retreat, or compromise. Your goal is getting the person to retreat or compromise.

### Ruling Out Other Reasons for Violent Behavior

Sudden, unexplained violent or aggressive behavior can be caused by adverse reaction or side effects from medication, an undiagnosed urinary tract or other infections, or even the disease or condition of a client. First and foremost, **you must leave if you are not feeling safe. Immediately contact your supervisor and explain the situation.**

If you do **NOT** think you are in danger

- Remain calm and stay in control of your responses.
- Talk calmly. Indicate your desire to listen and understand the problem or situation.
- Remind the person you are a friend and there to help.
- Validate the person’s feelings but don’t condone or positively reinforce acting out behaviors.
- Do not use aggressive body language such as crossing your arms or finger pointing. Move slowly.
- Do not stand too close to the person. If you have an escape route, sit down.
- Do not put your hand on anybody who is angry.
- Have an exit strategy planned if the anger intensifies to a dangerous level.
- Respond early if you are concerned about aggression or violence.

**It is your responsibility to know what the procedures are in these circumstances and follow them.**

If you feel you are in **danger or violence is about to happen:**

- Find a way to excuse yourself (I left something important in my car) and leave the room/area.
- Do not turn your back on the person. Move gradually backwards.
- Avoid potentially dangerous locations such as the top of stairs or places where furniture or other objects can be used as weapons.
- Get help once you are safely away from the situation.

- Call 911 if anyone is in immediate danger.
- Report the incident to your supervisor at the safest possible moment.

### **Witnessing or Suspecting Violence Towards A Client**

If you witness violence towards a client or have reasonable cause to suspect it, you are a mandated reporter of abuse and are required by law to report it. To report suspected abuse to DSHS for a vulnerable adult, call: 1-866-363-4276.

If you suspect or witness physical or sexual assault, you are also required to report it to law enforcement. Dial 911 if you think a client or anyone else is in danger.

## **Working with ClearCare**

### **What is ClearCare?**

ClearCare is our automated system for tracking hours and tasks. We will review ClearCare at orientation. The full text of an example call is available upon request. Supervisors can make a practice shift for you to clock in and out.

### **Whose phone/tablet computer do I use?**

You should use your client's phone. You may use your own if their phone is unavailable.

### **How do I log-in?**

Open the downloaded **ClearCare Go** app from the app store or play store.

E-mail: *your personal e-mail* Password: *elder123 or given password*

### **Why can't I clock-in?**

ClearCareGo app requires Internet and Location Services to work. Please make sure your phone's location is turned on. If you need help, please contact the office.

### **May I work with my client any time?**

You may only work when there is an assigned schedule in ClearCare. You, the client, and supervisor will coordinate the creation of an ongoing schedule in order to track hours and tasks.

### **What if my shift is not in ClearCare?**

Please work if you and a client have agreed upon a shift. Call the client's assigned Supervisor to confirm. If you can't reach the supervisor, please leave a message that you are working.

### **Will I be paid if I work but do not clock in or out?**

If you work a shift that is not in ClearCare, you will be paid for it. If you forget to clock in or out, please call the office and we will put the information in manually.

### **Why am I getting text messages?**

Caregivers are automatically enrolled in ClearCare's messaging system. You may unsubscribe at any time. You may still get e-mails and texts from Supervisors, but not the automated ones.

### **May I clock in from somewhere other than the client's home? I need to pick up their medication before I arrive.**

You may, but please let the Supervisor know. We track clock-ins via GPS and may see an "unverified" clock-in if you do so outside of the client's home. If we regularly see "unverified" shifts, we may assume a possibility of fraud by the caregiver.

**Do I need to mark all tasks “Complete” or “Incomplete”?**

All tasks should be checked “Complete” at least once a month. If you a client doesn’t need help with that task at least once a month, please contact your Home Care Supervisor.

**I’m waiting for my client at the door to their building. May I clock in?**

No, you may only clock in or out when the client is present. For exceptions, please contact the Supervisor. If you need to wait for the client for more than 15 minutes, please contact the Supervisor and they will pay you up to 1 hour for your time waiting.

**I arrived at the client’s home and they don’t want help. Do I get paid?**

Unfortunately, we can only pay for 1 hour for in-person client cancellations/no-shows

**My shift is for 10AM-2PM but tomorrow I my client wants me to work 9AM-1PM instead. Do I need to do anything?**

You have a 2-hour window to clock in. For a 10AM shift you could clock in as early as 8AM and as late as 12PM. Unless you have an ongoing change to the schedule, you do not need to tell the office about minor changes.

**I work with my client 7 days a week. When I arrived this morning, the ClearCare asked me to clock out; what’s wrong? It also asked me to clock in!**

You may have forgotten to clock out the previous day. Go ahead and clock in. Call the office and let them know what time you worked for today and yesterday.

**I left a voice mail with the hours worked yesterday, why didn’t anyone call me?**

Minor messages regarding scheduling may not result in a call-back, unless there is confusion.

**How do I see all the hours I’ve worked this month?**

Please log-in to ClearCare app where you can make sure all of your hours are recorded correctly.

**My phone doesn’t work and the client’s phone doesn’t work. How can I clock in and out?**

Please report to the assigned supervisor the hours you worked. Full Life can sometimes provide a tablet computer to a caregiver to clock in and out. Full Life will pay for this device.

**I left a “General Comment” about a problem with my client. No one called me about it. Why not?**

Because of the high volume of shifts, Supervisors do not actively monitor messages left in the system. Please call the office to report any problems.

**What happens when I clock in/out a bit early or a bit late?**

When you are clocking-in 8 minutes early before your shift supposed to start, the EVV system will round your time up to your original starting time. But if you are clocking in 8 minutes late after your original time, it will round your clock out time up to 15 minutes.

**Ex:**

1. Suppose your shift starts at 10:00AM but you are there early and start clocking-in at 9:53. It will be rounded it up to 10:00AM.
2. If you shift starts at 10:00AM and you begin clocking at 10:08AM. Your clock-in time will be rounded up to 10:15AM.



**Full Life.**

*Small miracles. Extraordinary lives.*

# **Full Life Care**

## Employee Handbook

Adult Day Health

Memory Care Homes

HomeCare

Solstice Mental Health

Care Consultation

Revised: 3/5/2020

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# Section 1

## Handbook Introduction

### 1:1 Welcome to Full Life Care!

It's our pleasure to welcome you to Full Life Care. We're an energetic and creative bunch, dedicated to high standards of excellence and quality. We value each one of our employees, and we hope that you find your work here rewarding and satisfying.

This section introduces you to our Organization's history, purpose, and goals. Please read it carefully so that you can better understand who we are and what we do. Full Life Care is a special place—made all the more so by the hard work and dedication of our employees.

*“We are respectful of each other and free to discuss issues and ideas in an accepting atmosphere.” – Full Life Care Employee*

\*\*\*\*\*

*“Full Life Care provides a safe place for older adults & adults with disabilities to come together and be a part of a nurturing community.” - Full Life Care employee.*

\*\*\*\*\*

### Our Mission Statement

*Full Life Care is dedicated to enhancing the quality of life for frail elders and people with chronic or terminal illnesses and disabilities. We respect the dignity of our participants and provide for them with care and compassion.*

*We are committed, through our program of health and social services, to the independence and well-being of all participants and to providing respite for the caregivers.*

## 1:2 Introduction to the Organization

Full Life Care is an organization whose work is driven by its mission. Our founders were visionaries committed to an ideal of improving the quality of life of our clients. Below are **our core values** that continue to guide us in our day-to-day work:

- ◆ We believe that everyone deserves to be treated with *respect and dignity*. For our clients, many of whom have experienced many losses, we value the individual who is present today. We approach our clients as vital adults, who, despite losses, have much to offer and much to gain from life.
- ◆ Full Life Care promotes the *autonomy and choice* of clients by helping them to learn to cope with the changes in their lives. We encourage clients to continue to do for themselves as much as possible, offering support and assistance as needed. We offer choices and respect clients' decisions.
- ◆ *Community and collaboration* are very much a part of what we do. One of the greatest benefits that clients receive at Full Life Care is to be part of a supportive, accepting community of peers and staff. As employees, we build and foster the participant community by encouraging interaction and participation in what we do. We work in collaboration with clients, families, co-workers and others to provide the best possible service.
- ◆ We accept that life is full of *change* and opportunities for *growth*. Full Life Care works with clients and families to move through and with change. We believe that change and growth are a necessary part of life. While we cannot always control change in the world and in clients' lives, we can assist and support each other to adapt and grow.
- ◆ We respect *diversity* and the variety of gifts that we each bring -- employees and clients to Full Life Care. We go beyond tolerance and strive to reach acceptance and celebration of people of backgrounds different from our own.

As much as Full Life Care has changed over years, we have maintained a high level of commitment to our mission and our values. We strive to actualize these values in everything we do from the briefest interaction with an individual participant to developing new programs and services.

### 1:3 History of the Organization

Full Life Care has evolved over the years, rising out of several organizational incarnations, many name changes and quite a few moves to new and better facilities. Below is a timeline of just a few of our major milestones.

<b>1975</b>	Ravenna Day Center opens
<b>1976</b>	Ravenna Day Center becomes Northwest Day Center
<b>1980</b>	Capitol Hill Day Center opens
<b>1981</b>	Connection opens
<b>1987</b>	Capitol Hill and Norwest Day Centers merge to become Seattle Day Center for Adults
<b>1988</b>	South Branch site opens
<b>1991</b>	Our first Alzheimer’s Program opens Magnolia Adult Day Center opens
<b>1992</b>	Snohomish Adult Day Health opens
<b>1994</b>	Agency name changes to ElderHealth Northwest North Branch site opens
<b>1995</b>	Weekend and Holiday services begin
<b>1996</b>	Connection becomes part of ElderHealth Northwest
<b>1998</b>	Our first assisted living facility/day program opens Legacy House in partnership with the Seattle Chinatown International District PDA
<b>2000</b>	Legacy House separates from ElderHealth NW to be managed by the SCIDPDA
<b>2002</b>	ElderHealth opens the “Heads Up” program serving Younger adults with acquired brain injury ElderHealth acquires the Magnolia Adult Day Center
<b>2003</b>	ElderHealth acquires Snohomish Adult Day Health and DayBreak programs ElderHealth@Home serves first home care client
<b>2004</b>	ElderHealth opens two supported-living homes, Gaffney House and Buchanan Place
<b>2007</b>	ElderHealth Sites: Ravenna and Snohomish start GAP (Get Active Programs) for Developmentally Disabled Clients
<b>2008</b>	ElderHealth opens a new branch in Marysville
<b>2009</b>	Elderhealth acquires a new program, Solstice Mental Health
<b>2011</b>	ElderHealth undergoes agency name change to Full Life Care
<b>2012</b>	Full Life Care begins collaborative efforts with the State program P.A.C.E.

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## **1:4 The Purpose of This Handbook**

This Handbook is designed to help you better understand employment at Full Life Care. We believe employees are happier and more valuable if they know what they can expect from us and what our organization expects from them. In the preceding sections, we introduced you to our organization's values, culture, goals and history. We expect you to incorporate that information into your day-to-day job performance, striving to meet our organization's values in everything you do.

The remainder of this Handbook will familiarize you with the privileges, benefits, and responsibilities of being an employee at Full Life Care. Please understand that this Handbook can only highlight and summarize our policies and practices. For detailed information, you will have to talk to your supervisor or contact the Human Resources office.

In Full Life Care, as in the rest of the world, circumstances are always changing. As a result, we may have to revise, rescind, or supplement these policies from time to time. Be sure to note changes and updates as they are distributed.

**Nothing in this Handbook is a contract of employment or a promise of continued employment for a specific period of time or particular benefits. The policies, practices and procedures contained in this handbook can change at any time, for any reason, without warning.**

We are always looking for ways to improve communications with our employees. If you have suggestions for ways to improve this Handbook in particular or employee relations in general, please feel free to bring them to Human Resources.

***In the event of a conflict between the handbook and the collective bargaining agreement, specific provisions contained in the current collective bargaining agreement takes precedence. Otherwise, where the collective bargaining agreement is silent, unit employees are required to adhere to and follow policies, practices and procedures of the Employee handbook.***

### **1:5 Be Sure to Check-Out Our Intranet and Bulletin Board!**

You can find important announcements and information about employment and Full Life Care in general, advertised on our Intranet or posted on the bulletin boards located at various spots, most often by the mail boxes, at all of Full Life Care locations. The Intranet along with our bulletin boards are also the spots where we post important information regarding employee offered trainings, offered benefits, legal rights, including information about equal employment opportunity laws and wage and hour laws. We expect all employees to read the information listed on the Intranet and posted on the bulletin board periodically.

Because our Intranet along with the bulletin board is one of our ways of communicating with employees, we do not allow anyone but managers and organization officials to post information there.

If you would like to communicate information to your coworkers, you must first check with Human Resources office before posting the announcement on the board or using the AllFulllifecare@Fulllifecare.org e-mail.

### **1:6 Get to Know the Folks in Human Resources**

Our human resources team is available to answer your questions, field your complaints, and make the organization run more smoothly. In fact, the policies in this handbook often refer you to the human resources department for help and provide more information. The department is located at:

**Full Life Care**

**Human Resources**

**4712 35<sup>th</sup> Ave S,**

**Seattle, WA 98118**

**Phone: 206-224-3769**

**Fax: 206-224-3771**

**Email: [HumanResources@Fulllifecare.org](mailto:HumanResources@Fulllifecare.org)**

## Section 2

### The Employment Relationship

#### 2:1 Employment Is At Will

Welcome to Full Life Care. We sincerely hope that your employment here will be a positive and rewarding experience. However, we cannot make any guarantees about your continued employment here, for **all employment at Full Life Care is ‘at will’**. This means that you are free to quit at any time, for any reason, just as we are free to terminate your employment at any time, for any reason—with or without notice, with or without cause. Your employment here will continue as long as both you and Full Life Care find it mutually rewarding. No representative or employee of the organization has the authority to make any agreement contrary to the preceding statement, unless that agreement is executed in writing by the Executive Director.

Nothing in this Handbook constitutes a contract or a promise of continued employment for a specific period of time or specified benefits.

<p style="text-align: center;"><b>IMPORTANT NOTICE</b> <b>TO</b> <b>EMPLOYEES COVERED UNDER A</b> <b>COLLECTIVE BARGAINING AGREEMENT</b></p>
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All employees covered under a current collective bargaining agreement may be subject to terms and conditions of employment different from those set forth in the Full Life Care Employee Handbook. In such instances, please refer to the collective bargaining agreement for specific information, which should be followed and will supersede the Handbook policies or statement. In situations where a matter is not expressly addressed in the collective bargaining agreement or the agreement is silent on an issue, Company policies and procedures will take precedence and should be followed as set forth in the Employee Handbook.

## **Section 3**

### **Hiring**

#### **3:1 Commitment to Equal Opportunity**

Full Life Care is an equal opportunity employer. We believe that every employee has the right to work in surroundings which are free from all forms of unlawful discrimination. It is our policy that all decisions involving any aspect of the employment relationship will be made without regard to race, color, sex, religion, age, national origin, marital status, sexual orientation, gender identity, the presence of any sensory, mental, or physical disability, genetic information, veteran status, or any other status or characteristic protected by local, state or federal law. Discrimination and/or harassment based on any of those factors are totally inconsistent with our philosophy of doing business and will not be tolerated.

With regard to applicants or employees with disabilities, the company offers "reasonable accommodation" to enable a person who is otherwise qualified to perform his or her job.

Employees concerned about company conduct or who have questions in the area of non-discrimination or reasonable accommodation should direct any inquiry to their supervisor or a member of the management team.

#### **3:2 Recruitment**

We know that we are only as good as our employees, so we search as widely as possible for talented and motivated individuals to fill vacant positions in our Organization. Our recruitment methods include internal website posting, on-line job boards, local college and university career sites. Although these methods have served us well in the past, we know that the marketplace is ever changing and that finding high-quality people is an evolving process. We encourage our employees to share with us their ideas about what more we can do to find and recruit talented and motivated individuals. We conduct all recruiting in a fair and nondiscriminatory manner.

In addition to looking outside the Organization for new hires, we also look within. After all, we already know the value and quality of our current employees. We post all internal job openings on Full Life Care website 'Careers'. If you see a posting for a job that interests you, we

encourage you to apply for it by completing and submitting an updated resume and/or application.

We also encourage employees to recruit and refer external applicants for open positions. If you refer someone who is hired and continues employment with our organization, we will thank you for your efforts with a referral bonus. See Refer a New Hire; Get a Bonus! Read below, for details.

### **3:3 Refer a New Hire; Get a Bonus!**

Our employees know our needs and Organization culture better than anyone else and are often the best situated to find and recruit new employees to fill open positions within our ranks.

To encourage employees to act as recruiters on our behalf, and to reward employees who help make a successful match, we operate an Employee Referral Bonus Program. We will give \$50 to any employee who refers an individual who is hired on regular basis and works for our organization for at least 3 consecutive months. Referrals for temporary employment are excluded. The referring employee must contact Human Resources within 3 months of the new and not exceeding employee's hire date to receive referral bonus.

To find out more about the program, or to refer a potential applicant for an open position, contact Human Resources.

### **3:4 Employment of Relatives**

Usually, Full Life Care will not refuse to hire someone simply because he or she is related to one of our current employees. If you have a relative who might be perfect to fill an open position in our organization, please don't hesitate to refer this person to us.

There are times, however, when employing relatives is inappropriate and has the potential to affect the morale of other employees and to create conflicts of interest for the relatives involved.

Therefore, we will not hire relatives of current employees where one relative will have to supervise the other.

If two employees become related while working for Full Life Care, and if one of them is in a position of supervision over the other, only one of the employees will be allowed to keep his or

her current position. The other will either have to transfer to another position or leave Full Life Care.

Under this policy, the term "relatives" encompasses husbands, wives, live-in partners, parents, domestic partners, children, siblings, in-laws, cousins, aunts, and uncles. This policy covers biological relationships, marriage relationships, domestic partnership and step relationships.

## **Section 4**

### **New Employee Information**

#### **4:1 New Employee Orientation**

Within a day or two of starting work, you will be scheduled for a new employee orientation meeting. During this meeting, you will receive important information (including this handbook) about our policies and procedures as well as program-specific addendum handbooks. You may also be asked to complete paperwork and forms relating to your employment, such as tax withholding forms, emergency contact forms, and benefits paperwork.

Please feel free to ask any questions you might have about Full Life Care during the orientation meeting. If additional questions come up after the meeting, you can ask your supervisor or contact Human Resources.

#### **4:2 New Employee Orientation Period**

The first 30 days of your employment will be the new employee orientation period. During this time, your supervisor will work with you to help you learn how to do your job successfully and what your supervisor expects of you. This period also provides both you and the organization with an opportunity to decide whether you are well suited for the position for which you were hired.

As part of your Orientation, you will meet with a Human Resource representative to review our benefits and payroll procedures. The HR representative will also assist you in completing your Benefits enrollment forms. For our benefits policies, see Section 8 of this Handbook. You will also meet with your supervisor to go over your job goals and performance requirements.

Successful completion of your orientation period does not guarantee you a job for any period of time or in any way change the at-will employment relationship. For an explanation of at-will employment, see Section 2 of this Handbook.

### **4:3 New Employee Probationary Period**

All new-hires regardless of employment classification held are subject to a ninety (90) calendar day probationary period which begins at first day of employment. During this period and as deemed necessary by your supervisor, they shall provide you feedback on your performance and will be available to answer any questions you might have. The probationary period may be extended by mutual agreement.

Although we hope that you will be successful here, Full Life Care may terminate your employment at any time, with or without cause and with or without notice. You are also free to quit at any time and for any reason, with or without notice.

Once you have reached the end of your probationary period, your supervisor will conduct a 'three (3) month evaluation' with you. Please reference Section 11:2 of this Handbook for further information.

### **4:4 Proof of Work Eligibility**

Within three business days of your hire date, you must complete Federal Form I-9 and show us documentation proving your identity and your eligibility to work in the United States. It is a requirement of the federal government.

If you have worked for Full Life Care previously, you need only provide this information if it has been more than 3 years since you last completed an I-9 Form for us or if your current I-9 Form is no longer valid.

At your first orientation day you should have received a blank I-9 Form and instructions on completing it. If you did not, contact Human Resources immediately.

### **4:5 Criminal Background Checking**

Full Life Care requires a criminal check for all employees (and volunteers) upon hire once a conditional offer of employment has been extended by the hiring manager.

Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment with Full Life Care. Depending on a variety of factors (for example, the nature of the position,

the nature of the conviction, age of the candidate when the illegal activity occurred), the candidate may still be eligible for employment with Full Life Care. If employee withholds information or attempts to falsify information pertaining to previous convictions, they will be disqualified from further employment consideration in any position with the company due to falsification of an application.

An offer of employment may be extended to an applicant prior to the completion of the criminal background check. However, employee's first day of work in the position may not be prior to the satisfactory completion of the criminal background check.

#### **4:6 Sexual Offenders Policy**

Full Life Care has a responsibility to safeguard the well-being of its clients, staff and volunteers and to prevent their exposure to an undue risk of sexual abuse. Full Life Care will not knowingly accept as participant, staff, student, or volunteer any person who presents, in its judgment, a risk of sexual abuse to clients, staff or visitors to our centers.

All employees and volunteers are screened in the following ways:

- They are asked if they have ever committed a sexual offense and may be required to sign a statement that they have not;
- Job histories and references are required and checked;
- A reference/background check is made with the Washington State Patrol.

If a history of sexual offense is discovered, the applicant will not be hired or allowed to volunteer, and employment will be terminated.

Before beginning work at Full Life Care, all employees with participant/client contact will be informed verbally and in writing of Full Life Care's policies regarding admission and termination of sexual offenders and the prevention of sexual abuse in the program.

#### **4:7 Child Support Reporting Requirements**

Federal and State laws require us to report basic information about new employees, including your name, address, and Social Security number, to a state agency called the State Directory of New Hires. The state collects this information to enforce child support orders. If the state determines that you owe child support, it will send us an order requiring us to withhold money from your paycheck to pay your child support obligations.

## **Section 5**

### **Employee Classifications**

#### **5:1 Temporary Employees**

Periodically, it becomes necessary for us to hire individuals to perform a job or to work on a project that has a limited duration. Typically, this happens in the event of a special project, special time of year, abnormal workload, or emergency.

Individuals whom we hire for such work are temporary employees. Temporary employees are primarily VISTA volunteers. The ‘Temporary Employee’ classification is not eligible to participate in any of our benefit programs other than what is mandated by Federal or State law. Unless their contract specifically indicates that they must be provided with benefits. Please reference Section 8 of this Handbook for further benefit information.

Temporary employees cannot change from temporary status to any other employment status by such informal means as remaining in our employ for a long period of time or through verbal promises made to them by coworkers, members of management, or supervisors. The only way a temporary employee's status can change is through a written notification requested by the Site Manager and approved by Human Resources.

Like all employees who work for Full Life Care, temporary employees work on an at-will basis. This means that both the employee and Full Life Care are free to terminate their employment at any time for any reason—even if they have not completed the temporary project for which they have been hired.

#### **5:2 On-Call Employees**

Due to the nature of services that Full Life Care provides, it is also necessary at times to employ on an ‘On-Call’ basis. The ‘On-Call’ worker classification does not hold a benefit eligible status. On-call is defined as an employee not regularly or consistently scheduled to work and or/and employee called in to work on an unscheduled, intermittent basis. On-call status will be reviewed for reclassification purposes if an employee is scheduled to work on the same basis as a benefit eligible full-time or part-time employee as defined in Section 5:3 and 5:4 for more than three (3) months.

### **5:3 Part-Time and Full-Time Employees**

Depending on the number of hours per week you are regularly scheduled to work, you are classified either as a part-time or a full-time employee. It is necessary that you understand which of these classifications you fit into, because it will be important in determining whether you are entitled to benefits and leave. See Section 8 of this Handbook for information about who is entitled to benefits and leave.

**Part-time employees:** Employees who are regularly scheduled to work fewer than 19 hours per week (Homecare) and 21 hours per week (all other employees) are part-time employees.

**Full-time employees:** Employees who are regularly scheduled to work at least 20 hours per week (Homecare) and 22 hours per week (all other employees) are considered full-time employees.

### **5:4 Exempt and Nonexempt Employees**

Your entitlement to earn overtime pay depends on whether you are classified as an exempt or a nonexempt employee.

Exempt employees are those who do not earn overtime because they are exempt from the overtime provisions of the federal Fair Labor Standards Act and applicable state laws. All managerial positions fall into this classification

Nonexempt employees are those who positions meet the criteria for being covered by the overtime provisions of the federal Fair Labor Standards Act and applicable state laws. Most of the positions in our organization fall into this classification.

It is possible to move from one classification to another as the job responsibilities change.

If you are uncertain about which category you fall into, speak to your supervisor or contact Human Resources.

## **Section 6**

### **Hours**

#### **6:1 Hours of Work**

At Full Life Care the work week hours are from Saturday 12:00 AM to Friday 11:59 PM, 7 days a week. The work week hours vary depending on the position.

Your supervisor will let you know your work schedule, including what time you will be expected to start and finish work each day.

You may exchange shifts with another employee (that is, switch shifts on a one-time basis) only with the prior approval of your supervisor.

Should it be necessary to modify your schedule or your work week, your supervisor will notify you over the phone or e-mail as soon as possible as it being approved or not.

Any time during the work week spent at workshops, seminars, and training is counted as hours worked and in calculating overtime.

#### **6:2 Flexible Scheduling**

We understand that many employees have to balance the demands of their job with the needs of their families and other outside commitments. Therefore, we offer our employees the opportunity to request a flexible schedule.

If you would like to change your work schedule, for example, to come in and leave a couple of hours earlier or to work more hours on some days and fewer on others days, please talk to your supervisor.

Full Life Care will consider flexible scheduling requests on a case-by-case basis Only. When deciding whether to grant your request, we may consider the nature of your job, your work history, and our staffing needs, among other things.

### **6:3 Meal and Rest Breaks**

Employees are allowed a meal period of at least thirty (30) minutes which commences no less than two (2) hours nor more than five (5) hours from the beginning of the shift. Meal breaks are unpaid. You are not on-duty during your meal break unless your supervisor explicitly informs you otherwise. Employees who are required to work or remain at their stations during the meal break will be paid for that time. If you work 3(or more) hours beyond the usual 8 hour work day, you will have an additional unpaid meal period before or during that additional time.

Employee's shall be allowed a rest period of fifteen (15) minutes on the Employer's time for each four (4) hours working time which may be taken intermittently. Break period shall be scheduled as near as possible to the midpoint of the work shift. Meal and rest periods shall be coordinator by the supervisor. We offer some flexibility with when you may take your rest periods. Normally, however, a break period should not be used to extend a lunch period, work overtime or leave early.

Talk to your supervisor to find out whether there are any rules about scheduling meal and rest breaks in your specific work site.

### **6:4 Overtime**

On occasion, we may ask employees to work beyond their regular scheduled hours. Should overtime be deemed as an absolute must at any particular reasonable time via the supervisor's discretion; working the assigned overtime hours will be a job requirement. We will try to give employees advance notice when overtime work is necessary; however, it will not always be possible to notify workers in advance.

Exempt employees will not be paid for working beyond their regular scheduled hours.

Nonexempt employees are entitled to payment for overtime, according to the rules set forth below. For information on which employees are exempt and which are nonexempt, see Section 5 of this Handbook.

- All overtime work must be approved in writing, in advance, by the employee's supervisor. Working overtime without permission violates Company policy and may result in disciplinary action.
- For purposes of calculating how many hours an employee has worked in a day or week, our workweek begins at 12:00 AM on Saturday and ends on Friday 11:59 PM.

- Nonexempt employees will be paid 1 ½ times their regular hourly rate of pay for every hour worked in excess of 40 hours a week.
- Only time actually spent working counts as hours worked. Vacation time, sick days, holidays, or any other paid time during which an employee did not actually work will not count as hours worked.

## **6:5 Recording Hours**

At the end of each work day, you must record your hours worked using a Full Life Care recognized time tracking system. The time tracking method being used may vary with each program. For example, If you work in the Adult Day Health program, Memory Care Homes, Solstice Mental Health and Administrative staff, you will use EZlabor and when deemed necessary timesheets. When recording time in EZLabor, do not enter the 30-minute unpaid meal break or break time in excess of the allowed 15 minutes per 4 hours worked.

If you work within the Homecare program you will be utilizing the Santrax system which is a ‘call-in’ based time tracking system. At times you may be asked to track hours-worked via timesheets.

Your supervisor will also track the hours you work. If there is a discrepancy between the supervisor's and your records, he/she will have a discussion with you regarding the discrepancy. If it appears that you need to work more than 40 hours during the designated work week, you must talk to your supervisor as soon as possible for overtime approval.

If you work in the Adult Day Health program, Memory Care Homes, Solstice Mental Health and Administrative staff all EZlabor time entry's or if applicable timesheets should be reviewed, approved and submitted to Payroll/Accounting 4 working days prior to the payday.

If you work in the Homecare program and are using either or a combination of the Santrax system or timesheets you must submit your hours-worked no later than 4 calendar days past the pay-period close date. Failure to submit timesheets in a timely manner will result in disciplinary actions up to and including termination.

## **6:6 Holiday Hours**

Full Life Care will pay employees a premium for working on the days that your program considers holidays. For details, see Employee Handbook Addendum for the program you are in. Employees who agree to work on these days will receive 1 ½ times their regular hourly rate of pay. If you have questions about determining the number of hours worked, please see your supervisor or contact Human Resources or Payroll. Each Program has a different policy on Holiday Hours. See Employee Handbook Addendum for your program.

## Section 7

### Pay Policies

#### 7:1 Payday

At Full Life Care employees are paid on a semi-monthly basis and the pay cycle kicks in after the first pay period. This means all new hire employees will have to work 3 to 4 weeks before their very first paycheck is issued. For example: Start date – 10/3/XX, first paycheck will be issued on 10/20/XX.

You will receive your paycheck on the **5<sup>th</sup>** and **20<sup>th</sup>** of each month. If a payday falls on a holiday, you will receive your paycheck on the last workday immediately before that payday. If you work in the Adult Day Health program, Memory Care Homes, Solstice Mental Health or are Administrative staff all EZlabor time entry's or timesheets(if applicable) should be reviewed, approved and submitted to Payroll/Accounting 4 working days prior to the payday.

If you work in the Homecare program and are using the Santrax system or timesheets you must submit your hours-worked no later than 4 calendar days past the pay-period close date. Failure to submit timesheets in a timely manner will result in disciplinary actions up to and including termination.

#### 7:2 Advance Policy

Full Life Care does not allow employees to receive pay advances. A rare exception to this policy is possible given the review and approval of the Chief Financial Officer of the organization.

#### 7:3 Pay Docking

Full Life Care is generally required to pay exempt employees—on a salary basis. This means, among other things, that exempt employees must receive the same pay for each week in which they perform work, regardless of the quantity or quality of work performed, and regardless of how many hours they actually work, unless appropriate deductions apply. For information on which employees are exempt, see Section 5 of this Handbook.

Our policy prohibits adjusting the pay of an exempt employee—that is, making a deduction from any and/or paying the employee less than his or her full regular salary—**except** in the following circumstances:

- The employee takes at least one full day off for sickness or disability in accordance with our PTO/Sick Leave policy.
- The employee serves an unpaid disciplinary suspension of at least one full day, imposed in good faith for violating a workplace conduct rule.
- The employee authorizes a pay deduction in writing.
- The employee takes time off to serve on a jury, as a witness, or in the military; the employee receives money for jury fees, witness fees, or military pay; and the docked pay is an offset of the money received only.
- The employee starts or ends employment with our Company midweek (that is, the employee does not start work first thing Monday morning, or finish employment at the end of the work day on Friday).
- The employee violates a safety rule of major significance, and the amount docked is imposed as a penalty for that violation.
- The employee takes unpaid leave pursuant to the Family and Medical Leave Act.

If you are an exempt employee and you believe that pay has been improperly deducted from your salary please report it immediately using the company's complaint policy. See Section 20 of this Handbook. Your complaint will be investigated and, if we find that your pay was improperly adjusted, you will be reimbursed for any amounts that should not have been withheld.

#### **7:4 Payroll Deductions**

Your paycheck reflects your total earnings for the pay period, as well as any mandatory or authorized voluntary deductions from your paycheck. The pay periods are as follows:

- a. 1<sup>st</sup> thru the 15<sup>th</sup> of the month
- b. 16<sup>th</sup> thru the last day of the month

Mandatory deductions are deductions that we are legally required to take. Such deductions include federal income tax, Social Security tax (FICA, that appears on your check in 2 parts: OASDI and MEDICARE). Voluntary deductions are deductions that you have authorized in

writing. Such deductions might include insurance premiums, for example Medical, Dental, 403(b), Flexible Spending Account. Other deductions, such as garnishments, may be made as required by law.

If you have any questions about your deductions, or wish to change your federal withholding form (Form W-4), contact Payroll/Accounting.

### **7:5 Wage Garnishments**

A wage garnishment is an order from a court or a government agency directing us to withhold a certain amount of money from an employee's paycheck and send it to a person or agency. Wages can be garnished to pay child support, spousal support or alimony, tax debts, outstanding student loans, or money owed as a result of a judgment in a civil lawsuit.

If we are instructed by a court or agency to garnish an employee's wages, the employee will be notified of the garnishment. Please note that we are legally required to comply with these orders. If you dispute or have concerns about the amount of a garnishment, you must contact the creditor, attorney or agency that issued the order.

### **7:6 Expense Reimbursement**

From time to time, employees may incur expenses on behalf of our organization. We will reimburse you for the actual work-related expenses you incur, as long as those expenses are reasonable. You must follow these procedures to get reimbursed:

- Get permission and approval from your supervisor before incurring an expense.
- Spend the organization's money wisely, make an effort to save money and use approved vendors if practicable.
- Keep a receipt or some other proof of payment for every reimbursable expense.
- Submit your receipts, along with a Check Request form to Payroll/Accounting within 30 days of incurring an expense.

You will receive your reimbursement within 1 to 2 weeks of the Payroll/Accounting department's receipt of the Check Request form along with appropriate receipts.

Remember that you are spending the organization's money when you pay for business-related expenses. We expect you to save money wherever possible. Your supervisor can assist you in deciding whether an expense is appropriate.

Full Life Care maintains a list of preferred vendors for various work-related items and services. You must use these vendors, if practicable. Contact Payroll/Accounting for preferred vendor information.

### **Procedures for Travel Expenses**

If employees are required to travel for work, Full Life Care will reimburse you for your travel expenses, including the cost of:

- travel to and from the airport or train station, including parking expenses and tolls;
- airline or train tickets—such tickets must be coach class, unless you have prior authorization for a premium class ticket;
- an economy class rental car, as necessary;
- gas for those employees who prefer to use their own cars for company travel. Parking fees and toll expenses are also reimbursable. Traffic violation tickets and penalties are excluded;
- lodging—employees should select moderately priced lodging if possible. Employees will be reimbursed entirely for the basic room charge and applicable taxes. Personal phone calls and entertainment expenses will not be reimbursed;
- meals and other incidental expenses daily per diem will be based on the current I.R.S. rate;

Full Life Care will advance travel costs. The advance should not exceed 80% of all estimated travel costs. An advance is issued if requested at least 30 days prior to the trip date.

For all travel expenses you must request advance approval from your supervisor and follow the procedures above to have your expenses reimbursed.

## **Mileage Reimbursement**

Employees who use their own vehicle for company business will be reimbursed at IRS Standard Reimbursement rate per mile. Employees are not entitled to separate reimbursement for gas, maintenance, insurance, or other vehicle-related expenses—the mileage reimbursement rate above is intended to encompass all of these expenses.

Before using a personal vehicle for work-related purposes, employees must demonstrate that they have a valid driver's license and adequate insurance coverage.

Full Life Care does not reimburse employees for their commute to and from their regular workplace.

To claim mileage reimbursement, you must follow these procedures:

- Keep a written record of your business-related travel, including the total mileage of each business trip, the date of travel, the location to which you traveled, and the purpose of your trip.
- If you anticipate having to travel an unusually long distance, get your supervisor's approval before making the trip.
- Submit your record to your supervisor for approval within 30 days of incurring expenses.

You are responsible for submitting your mileage reimbursement request to Payroll/Accounting.

If your request is approved, you will receive the reimbursement along with your paycheck on the following pay day.

## Section 8

### Employee Benefits

#### 8:1 Employee Benefit Plans

As part of our commitment to our employees and their well-being, our company provides employees with a variety of benefit plans, such as:

- Medical
- Dental + Vision Discount
- Flexible Saving Account
- 403b – Savings Plan

Although we introduce you to those plans in this section, we cannot provide the details of each plan here. You may read up official plan documents for each of the benefit plans that we offer on our Benefits website at:

[www.ourpasswordpage.com](http://www.ourpasswordpage.com), enter password: flc

Those documents (along with any updates that you may receive in the mail) should be your primary resource for information about your benefit plans. If you see any conflict between those documents and the information in this Handbook, the official plan documents are what you should rely upon.

The benefits we provide are meant to help employees maintain a high quality of life—both professionally and personally. We sincerely hope that each employee will take full advantage of these benefits. If you don't understand information in the plan documents or if you have any questions about the benefits we offer, please contact the Human Resources Department.

#### 8:2 Eligibility

Eligibility for Benefits is determined by employee type and the number of hours worked per week. All regular and full-time employees are eligible for benefits. Those who are regularly scheduled to work at least 20 hr/week in Homecare and at least 22 hr/week in any other program are considered full-time employees and are eligible for benefits. The effective date of benefits is

the first of the month, 30 days after the date of hire (e.g. hire date: 1/5/XX, benefits effective date: 3/1/XX.)

If a given employee declines or simply does not enroll in Medical/Dental/Flexible Savings Plan benefits during their eligibility period, they may not enroll until Open Enrollment at the end of each year. Any qualifying life event (e.g. marriage, Gaining of a Domestic Partner, new born child, loss of coverage through spouse) or change in benefit plan during the year (e.g. increase or decrease of premium) may also trigger an enrollment period. For more information on enrollment period outside of Open Enrollment, contact the Human Resources department.

### **8:3 Health Benefits**

Eligible employees receive **employer-paid** Medical coverage. Employees in some programs may or may not be required to make small premium contribution.

Dental coverage is free of cost for eligible employees in all programs. With Dental coverage enrollment, employee is automatically eligible for a Vision Discount plan.

### **8:4 Dependent Coverage**

Full Life Care will give you the option to purchase group Medical and Dental insurance for your dependents such as Spouse, Domestic Partner, and/or child/children. Premiums for dependent coverage are paid through payroll deduction.

### **8:5 Flexible Savings Plan**

With Flexible Savings Plan employees may choose to have pre-tax deductions made from their paycheck to be set aside in a savings plan. Employees may draw upon these savings to be reimbursed for certain uncovered Health Care and Dependent Care expenses. Should employee separate from employment mid-year, any unpaid balance will be deducted from employee's last paycheck. The employee is under contractual obligation to reimburse the Employer for any remaining dollar amount upon termination of employment. See Plan Summary Description at our website for details.

### **8:8 403(b) Retirement Plan**

Eligible employees may participate in the 403(b) Employee Savings Plan which serves as Full Life Care's employee retirement plan. There is no waiting period for enrollment.

The employee savings Retirement Plan consists of:

- ◆ Employee-paid contributions made through pre-tax payroll deductions;
- ◆ Employer match of benefit eligible employee contributions that begin **after 1 full year of service.**

Employee must be enrolled in the plan and hold a 'benefit eligible' employment status to be eligible for employer matching. For additional information regarding employer matching please Contact Human Resources or access the below website:

Visit our Benefits website [www.ourpasswordpage.com](http://www.ourpasswordpage.com), enter password: "flc" for more information.

### **8:9 State Disability Insurance**

Full Life Care does not pay into State Disability Insurance.

If you suffer from an illness or injury that is work-related, then you may be eligible for workers' compensation. See the Workers' Compensation policy below for more information. If you suffer from an illness or injury that is **not work related**, see our 'Extended Sick Leave Policy' in Section 10 of this Handbook.

### **8:10 Labor & Industry – Workers Compensation Insurance**

If you suffer from an illness or injury that is related to your work, you may be eligible for workers' compensation benefits. Workers' compensation will pay for medical care and lost wages resulting from job-related illnesses or injuries.

If you are injured or become ill due to your work, please inform your supervisor immediately regardless of how minor the injury or illness might be. It is imperative to notify your Supervisor in a timely fashion. In the event you should sustain an On-the-Job injury you will have a 24 hour period to report the injury. Failure reporting a sustained on-the-job injury within a 24 hour period can result in disciplinary actions up to and including termination of employment.

To find out more about workers' compensation coverage, contact Human Resources.

## **8:11 Unemployment Insurance**

If your employment with Full Life Care ends, you may be eligible for unemployment benefits. These benefits provide you with a percentage of your wages while you are unemployed and looking for work. To find out more, contact State of WA Employment Security Department @ [www.esd.wa.gov](http://www.esd.wa.gov).

## **Section 9**

### **Use of Company Property**

#### **9:1 Company Property**

Full Life Care is a non-profit organization which utilizes its resources to fulfill the mission of the organization. We are given financial support from individuals, corporations, government agencies and the communities we serve to fund new and existing programs. All employees must be good stewards of our limited resources of money and time. We work to strike a balance between providing quality supplies, facilities and equipment with a need to be fiscally-responsible. Please use property only in the manner intended and as instructed. All supplies and equipment should be used for work purpose only.

We do not allow personal use of Full Life Care property unless specifically authorized in this Handbook.

#### **9:3 Telephone System**

Our telephone system is for business use only. Employees are expected to keep personal calls to a minimum. If you must make or receive a personal call, please keep your conversation brief. Extensive personal use of company phones is grounds for discipline.

See Section 14 of this Handbook for information on privacy and telephones.

#### **9:4 E – Mail**

E-mail may not be used to solicit or proselytize for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations. E-mail is not to be used to create any offensive or disruptive messages. Among those which are considered offensive, are any messages which contain sexual implications (including pornography), racial slurs, gender-specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin, or disability.

E-mail shall not be used to send (upload) or receive (download) copyrighted materials, trade secrets, proprietary financial information, or similar materials without prior authorization.

The confidentiality of any message should not be assumed. Please limit your use Full Life Care property to work-related purposes and ensure that it is used in compliance with the law and Full Life Care policy. This includes printing and faxing personal documents. See Section 14 of this Handbook for information on privacy and E-mail.

### **9:5 Return of Company Property**

When your employment with Full Life Care ends, we expect you to return company property—and to return it clean and in good repair. This includes all manuals and guides, documents, phones, computers, equipment, keys, and tools.

If you do not return a piece of property, we will withhold from your final paycheck the cost of replacing that piece of property. If you return a piece of property in disrepair, we will withhold from your final paycheck the cost of repair. We also reserve the right to take any other lawful action necessary to recover or protect our property.

### **9:6 Lost or Stolen Items**

Full Life Care is not responsible for the personal belongings of employees. We discourage you from bringing valuables to work. Please use judgment when storing your purse or other personal belongings. If you experience a theft while on the job, please notify your supervisor as soon as possible.

## Section 10

### Leave and Time Off

#### 10:0 Paid Time Off (PTO)

Instead of offering separate vacation, sick leave, and personal days or floating holidays and holidays, Full Life Care offers a paid time off ("PTO") program that combines all of these benefits. We believe this program will give employees the flexibility to manage their time off as they see fit. Employees may use PTO for sickness, for vacation, to attend a child's school activities, to care for elderly or ill family members, to take care of personal errands or business, or simply to take a day off work.

You are eligible to participate in the PTO program if you are in a benefit eligible position. For information on Benefits Eligibility, see Section 8 of this Handbook.

Paid Time Off benefits are earned by employees based upon their length of employment. For each hour worked, you earn a fraction of an hour of PTO which is credited to your Paid Time Off account. PTO accrue will continue while an employee is taking Paid Time Off. The accrual rates start at the beginning of the pay period in which the employment anniversary falls. The PTO accrual rate as of **12/8/2009** is the following:

LENGTH OF EMPLOYMENT	HOURLY ACCRUAL	DAYS ACCRUED PER YEAR*
Up to one year	.104 hours	27
1 years	.119	31
2 years	.123	32
3 years	.127	33
4 years	.131	34
5 years	.135	35
6 years	.138	36
7 or more years	.142	37

*\* Based on full-time (40 hours per week) employment. These numbers will be pro-rated for employees working less than 40 hours per week.*

Maximum PTO hours you may have on the record is 160 hours. Again, this ceiling is pro-rated for part-time employees.

- Paid Time Off is deducted automatically for a holiday such as Thanksgiving and Christmas Days if the holiday falls on a regularly scheduled workday.
- Employee may work on a Holiday only with prior authorization. PTO hrs may Not be used to supplement worked hours on a holiday.
- To maintain proper salary status, exempt employees must report only full day - 8hr PTO for any number of hours missed.
- Upon changing status from Full Time to Part Time, employees with 1 or more yrs of service may use up to 80 hrs of PTO as a part time employee or cash out upon termination.

Employees with less than 1 yr of full time service are not eligible for PTO cash out.

Employees must schedule time off in advance with their supervisors. We will try to grant every employee's PTO request for the days off they choose. However, we must have enough workers to meet our day-to-day needs. This means we might not be able to grant every PTO request, especially during holiday periods. Advance scheduling is recommended. Employees should be aware that scheduling more than 2 consecutive weeks of time off is an exception to policy. To maintain a true salary status, exempt employees may not claim partial PTO days. It should always be in increment of 8hrs. If you have any questions regarding PTO and Exempt status, contact Human Resources.

If circumstances, such as a medical or family emergency, prevent advance scheduling, you must inform your supervisor as soon as possible that you are taking paid time off. If your supervisor is not available at the time you call, you must call again during the day to talk to the supervisor directly.

Because PTO encompasses vacation and sick leave, employees must manage their PTO responsibly to ensure that they have time available for emergencies, such as personal or family illness. An employee who needs time off but has no accrued PTO may be eligible to take unpaid leave. Full Life Care will decide these requests on a case-by-case basis.

## **10:1 PTO Cash Out**

Regular benefit eligible employees, with at least 1 full year of service, upon termination of employment (voluntary or involuntary) are eligible to cash out maximum of 80 hours of earned, unused Paid Time Off. If you change your status from benefit eligible to a benefit ineligible position, you may use up any PTO hours you had accrued to that time. At termination, you may cash out the outstanding PTO balance **only** if you were in a benefit eligible position for at least 1 year before changing status. Maximum of 80 hours of cash out applies.

In the event of **involuntary termination due to gross/serious misconduct**, poor performance, negligence or any unacceptable workplace behavior, as defined in Section 11:4 of this handbook, employee is **not eligible** for PTO Cash out.

This policy does NOT apply in the event of Layoff.

## **10:2 PTO Donations**

Full Life Care employees may donate accumulated PTO hours to a bank for distribution to aid another employee who is unable to work due to a severe personal illness or crisis. This is a voluntary program. Employees may not solicit or distribute lists inquiring for paid time off donations. Donors may not elect a specific individual. Donations will be counted towards the general donation fund.

### **Make a Donation**

If you have at least 1 year of service at Full Life Care as a regular benefit eligible employee, you make a donation by completing the PTO Donation Form and submitting to Payroll/Accounting. Donations must be in full hour increments. You **may not** make PTO donations at the time of termination.

To download and print the form, go to the shared

Sdrive/Full Life Forms/HR Forms or contact Human Resources.

### **Request a Donation**

Donated PTO hours are available for extraordinary circumstances in the event of a catastrophic illness/injury or major family crisis. To be considered for donated PTO hours, you must have worked at Full Life Care as a regular benefit eligible employee for at least 6 consecutive months prior to your request. The Human Resources Department, in cooperation with the employee's supervisor and the Executive Director will evaluate the eligibility of the recipient for donated

time off based on leave criteria. If approved, donated time off will be provided on a week to week basis up to a **maximum of 8 weeks**. In order to receive a donation, employee must have exhausted all of her or his own Paid Time Off and Extended Sick Leave hours. To request a donated PTO hours, you must complete the 'PTO Donation Request' form and submit to Human Resources.

To download and print the form, go to the shared S-drive/FullLifeForms/HR Forms or contact Human Resources.

### **10:3 Observed Holidays**

Paid Time Off is deducted automatically for all observed holidays including Christmas Day and Thanksgiving if the holiday falls on your regularly scheduled workday and you stay home for those days.

Each program in our organization has a different list of company observed holidays and the pay rate is 1.5 if you must or choose to work **with approval** on those days. See your program Employee Addendum Handbook for the observed holiday list and any possible holiday hours-worked guidelines.

### **10:4 Extended Sick Leave**

Benefit eligible employees also accrue Extended Sick Leave. The accrual rate for this leave is .23 hours for each hour worked. This is about 6 days per year for a full time employee. You may accrue no more than 500 hours of Extended Sick Leave.

Extended Sick Leave hours are for absences of more than 3 consecutive days (pro-rated for part-time employees) due to:

- employee's own serious illness
- serious illness of a family member (partner/spouse, child or parent, parent-in-law or grandparent) in your care
- maternity/paternity leave -- the birth or placement through adoption or foster care of a child
- absences due to job-related injuries

The initial 3 consecutive days must be claimed as PTO. If you do not have enough PTO hours to cover for the initial 3 consecutive days, you must take a day without pay.

Extended Sick Leave hours may be used for time missed due to on-the-job injury and for follow-up medical appointments that are directly related to treating the injury, only if employee was not awarded L&I payments for the injury. Contact Human Resources for approval. To apply

Extended Sick Leave to these absences, employee must cooperate in developing and following a return-to-work plan. The return-to-work plan is created with input from employee, supervisor, Human Resources Director and in consultation with the employee's physician. If an employee fails to comply with the plan, time away from work will be covered by Paid Time Off or be without pay if no PTO hours are available.

To request Extended Sick Leave hours, you **must** complete the 'Family Medical Leave of Absence Request' form and provide doctor's verification.

- If the absence due to illness exceeds the amount of accrued Extended Sick Leave, you are required to use the remaining amount of Paid Time Off to exhaustion. Any additional time is without pay.

When employees are absent due to planned Paid Time Off, Extended Sick Leave is not applicable.

To maintain a true salary status, Exempt employees may not claim partial Extended Sick Leave days. Extended Sick Leave is not paid at the time of termination.

#### **10:5 Maternity/Pregnancy Leave**

A pregnant employee may continue active employment until her pregnancy adversely affects her work performance, or when the attending physician advises her that she should be off work. A leave of absence is granted to the employee for the period of time she is temporarily disabled due to the pregnancy, as certified by her physician.

If there is concern regarding the pregnant employee's ability to safely and/or productively function at her job, a second opinion may be obtained by a qualified physician of the employer's choice. The employer will pay the full cost of this examination. An accurate job description, describing all of the employee's job duties, should be presented to the reviewing physician.

Following the date of delivery, the employee must keep the company informed of her condition and expected date of return. At least two weeks advance notice is required before the employee's return to work. An employee, who due to childbirth complications is unable to return to work on the prearranged return date, must present a signed statement from her attending physician. The physician must indicate the nature of the complication and the expected date of

return to work. If the employee returns to work immediately upon the release from her physician, she will be returned to the same job or a similar job of comparable pay, if available.

*Pregnant employees may also qualify for additional leave under the Family and Medical Leave Act (FMLA), after pregnancy disability leave ends.*

## **10:6 Family and Medical Leave**

Employees who have worked for Full Life Care for at least a full year, and have worked at least 1,250 hours during the previous year, are eligible to take unpaid family medical leave absence for one or more of these purposes:

- Because the employee's own serious health condition makes the employee unable to work;
- To care for a spouse, child, or parent who has a serious health condition;
- To care for a newborn, newly adopted child, or recently placed foster child.

**NOTE:** A serious health condition is one that requires inpatient care or continuing treatment by a health care practitioner.

- If the absence due to illness exceeds the amount of accrued Extended Sick Leave, you are required to use the remaining amount of Paid Time Off to exhaustion. Any additional time is without pay.

### **Leave Available**

Eligible employees may take up to 12 weeks of leave in a 12-month period for any of the above purposes. This 12-month period begins January 1<sup>st</sup> of each calendar year and ends December 31<sup>st</sup> of the same year.

A parent who takes leave to care for a newborn, newly adopted child, or recently placed foster child must complete this leave within a year after the birth, adoption, or placement.

If you and your spouse both work for Full Life Care, the two of you will be entitled to a combined total of 12 weeks of leave to care for a newborn, newly adopted child, or recently placed foster child, and to care for a parent with a serious health condition.

### **Notice Requirements**

Employees are required to give notice at least 30 days in advance of their need for family and medical leave if their need for leave is foreseeable. If you fail to do so, we may delay

your leave. In emergencies and unexpected situations, employees must give as much notice as is practicable under the circumstances.

### **Reinstatement**

When you return from leave, you have the right to return to your former position or an equivalent position, except:

- You have no greater right to reinstatement than you would have had if you had not been on leave. If your position is eliminated for reasons unrelated to your leave, for example, you have no right to reinstatement.
- Full Life Care may **not** be obligated to reinstate you if you are a key employee—that is, you are among the highest-paid 10% of our workforce and holding your job open during your leave would cause the organization substantial economic harm. If the organization classifies you as a key employee under this definition, you will be notified soon after you request leave.

You are expected to promptly return to work when the circumstances which necessitated the leave conclude. You lose your reinstatement rights when the period of leave exceeds the maximum allowance except as required by legal obligations in the case of leave due to industrial injury or illness.

### **Substitution of Paid Leave**

An employee who has accrued paid time off & Extended Sick Leave hours, must use **3 days of PTO** first, then use ESL hours. Both PTO & ESL may be used to receive pay for all or a portion of family and medical leave.

If an employee takes paid sick or vacation leave, workers' compensation leave, disability leave, or other leave for a reason that qualifies for family and medical leave, the company may designate that time off as family and medical leave and count it against the employee's 12-week entitlement.

### **Certification**

Full Life Care will ask employees who take leave for their own serious health condition or to care for a spouse, parent, or child with a serious health condition to provide a doctor's form certifying the need for leave.

Full Life Care may also ask employees who take leave to care for a family member with a serious health condition or care for a new child to provide documentation or certification of their relationship (for example, a birth certificate).

### **Intermittent Leave**

Employees may take leave all at one time or intermittently—that is, a day or two at a time—for their own serious health condition or to care for a family member with a serious health condition, if it is medically necessary to do so. If you need intermittent leave for medical treatment, you must try to schedule your treatment so it doesn't unduly disrupt the Company's operations. We may temporarily reassign you to a different position with equivalent pay and benefits to accommodate the intermittent schedule. The Company will consider requests for intermittent leave to care for a new child on a case-by-case basis.

### **10:7 Bereavement Leave**

If you suffer the death of an immediate family member, you are entitled to take up to 3 days off work. This leave will be paid.

Immediate family members include parent, child, partner/spouse, grandparent or sibling.

You should schedule the leave with the review and approval of your supervisor.

### **10:8 Military Leave**

Full Life Care supports those who serve in the armed forces to protect our country. In keeping with this commitment, and in accordance with state and federal law, employees who must be absent from work for military service are entitled to take a military leave of absence. This leave will be unpaid.

When an employee's military leave ends, that employee will be reinstated to the position he or she formerly held, or to a comparable position, as long as the employee meets the requirements of federal and state law.

Employees who are called to military service must tell their supervisors as soon as possible that they will need to take military leave. An employee whose military service has ended must return to work or inform the supervisor that he or she wants to be reinstated in accordance with these guidelines:

- For a leave of 30 or fewer days, the employee must report back to work on the first regularly scheduled workday after completing military service, allowing for travel time.
- For a leave of 31 to 180 days, the employee must request reinstatement within 14 days after military service ends.
- For a leave of 181 days or more, the employee must request reinstatement within 90 days after military service ends.

During this unpaid leave, employees are entitled to use applicable paid time off (vacation time or personal days).

The Company will continue your health insurance benefits during your leave, under these circumstances:

- If you are absent for 30 or fewer days, you will be treated as any employee not on leave. Full Life Care will continue to pay its share of the insurance premium, and you must continue to pay your usual share.
- If your leave lasts longer than 30 days, you will have to pay the entire premium to continue your benefits.

### **10:9 Voting**

Full Life Care encourages employees to exercise their right to vote. If your work schedule and the location of your polling place will make it difficult for you to get to the polls before they close, you are entitled to take up to 2 hour(s) off work, at the beginning or end of your shift, to cast your ballot. This time will be paid.

Employees who will need to take time off work to vote must inform their supervisors at least 1 day in advance. Employees are expected to work with their supervisors to ensure that their absence doesn't negatively impact work operations.

Employees who take time off to vote must supply their supervisor with proof that they actually voted. Your supervisor or Human Resources can tell you what types of proof of voting are acceptable.

### **10:10 Jury Duty**

If you are called for jury duty, you are entitled to take time off, up to 2 weeks of leave, to fulfill your jury obligations. This leave will be paid if you provide documentation from court confirming your participation in jury service. No employee will face discipline or retaliation for jury service.

You must immediately inform your supervisor when you receive your jury duty summons. If you are chosen to sit on a jury, you must inform your supervisor how long the trial is expected to last. You must also check in with your supervisor periodically during your jury service, so your supervisor knows when to expect you back at work.

On any day when your jury service ends before the end of your usual workday or shift, you are required to report for work as soon as you are excused from jury duty. If you fail to do so, you will not be paid for time missed. The compensation for jury duty that you receive during the time Full Life Care is also paying for, must be paid to **Full Life Care**. The mileage reimbursement payment is retained by you.

### **10:11 Leave Without Pay**

All requests for leave without pay (other than family medical leave of absence) must be made in writing and be approved by the supervisor, Human Resources Director and Executive Director. You must make the request at least 30 days in advance.

You do not receive or accrue fringe benefits during leave without pay. You are also responsible for paying the total cost of group medical and dental insurance premiums during the leave.

### **10:12 Inclement Weather/Hazardous Environment Phenomena Leave**

The Executive Director may authorize closing the workplace due to inclement weather (snow, power outages, etc). If the Executive Director closes the workplace, you can use accrued PTO (Paid Time Off), if eligible. You will be notified as soon as possible of this decision.

If you work at one of our 24 hour Support Living Homes (Buchanan Place or Gaffney House) and you decide not to come in due to bad weather, please refer to your addendum handbook for further instruction. You may use accrued PTO. If the Executive Director has not closed the workplace, you are required to report to work. Absence due to inclement weather regardless if the center is open or closed is covered by Paid Time Off. If you are paid on an hourly basis, you will not be compensated for time lost due to inclement weather.

## **Section 11**

### **Performance & Training**

#### **11:1 Your Job Performance**

Each and every employee contributes to the success or failure of our organization. If one employee allows his or her performance to slip, then all of us suffer. We expect everyone to perform to the highest level possible. Poor job performance can lead to discipline, up to and including termination.

ElderHealth NW believes it is vitally important that all employees know what is expected of them on the job and how they are doing with their work. When you first begin the job, you and your supervisor will discuss your responsibilities and expectations for your job performance. If at any time during your employment, you have any questions regarding your job responsibilities or your performance, please ask your supervisor.

Before the performance review, you, selected peers, and your supervisor will receive performance review forms. Take some quiet time to complete the forms and prepare for the performance review meeting. If you have any questions about the review process or are not satisfied with a review, please see your supervisor or contact Human Resources.

#### **11:2 Performance Reviews**

Because our employees' performance is vital to our success, we conduct periodic reviews of individual employee performance. We hope that, through these reviews, our employees will learn what we expect of them, and we will learn what they expect of us.

We require all employees to participate in the review process. Failure to participate could lead to discipline, up to and including termination.

Performance reviews occur following 3 months of employment for new employees and usually near the employment anniversary date for regular employees. The frequency of reviews may be adjusted to meet individual needs.

Your supervisor arranges a meeting time with you to review the responsibilities of the job and your performance. This time is used to discuss your accomplishments, areas in need of improvement, and any anticipated changes to be made in the position.

### **11:3 Corrective Action**

There may be times when an employee's performance is below standard. Full Life Care does not require any strict form of progressive disciplinary action. Each situation is judged independently. In many cases, a written warning followed by a corrective counseling by the supervisor may be deemed appropriate; in other cases, immediate termination may occur.

1. Verbal Warning
2. Official Write Up with a 'Plan of Action' describing the steps necessary to correct the reoccurring issue(s).
3. Final Official Write up
4. Termination of employment

Again, in many cases, a written warning followed by a corrective counseling by the supervisor may be deemed appropriate; in other cases, immediate termination may occur.

### **11:4 Gross/Serious Misconduct**

The following lists are provided as a starting point to define Misconduct/Gross Misconduct on the part of an employee working at Full Life Care. The lists are not intended to be all-inclusive, but rather to give examples particularly between Class 1 infractions that should generally result in immediate dismissal and Class 2 infractions that would generally be part of a progressive disciplinary action.

#### **Categories of Infractions**

##### **Class 1**

1. Misappropriation of money, property, or time.
2. Willful damage to property or endangering of individuals.
3. Possession of a dangerous weapon.
4. Being under the influence of alcohol or drugs.
5. Failure to follow specific appropriate instruction.
6. Falsifying any document or verbal misrepresentations.
7. Failure to maintain confidentiality.
8. Gambling or other illegal activity.

## **Class 2**

1. Failure to meet job responsibilities or a reasonable organizational request.
2. Failure to meet a standard of conduct that is incorporated into company or departmental policy, or that is otherwise specified.
3. Any conduct that would cause a customer to question the effectiveness or the integrity of Full Life Care.

### **11:5 Training Fund**

Full Life Care provides employees with opportunities for professional development. We encourage employees to take advantage of workshops, conferences and classes, which will enhance their job skills and abilities.

As the budget allows, Full Life Care makes available a standard amount of expenses related to approved training costs (tuition, conference fees, etc.) for each employee annually. In addition, each employee receives 24 hrs (the equivalent of 3 days) paid leave for training purposes.

To have Full Life Care pay for training tuition and pay during the absence, you must supply documentation of completing the training to Human Resources. If you do not provide documentation, you will be responsible for paying for tuition and your time away from work will be unpaid. If you are interested in attending a workshop, please notify your supervisor as soon as possible. You need your supervisor's approval to use Full Life Care Training Funds to pay for registration fees and for using your training days.

### **11:6 In-house Training**

Full Life Care often arranges in-house training opportunities, such as in-services and educational presentations. These in-services often deal with topics related to caring for our clients/participants or working in our teams. Employees are notified of up-coming trainings by their site manager or Human Resources.

### **11:7 Mandatory Training**

Your supervisor may request that you receive training in a special area for a variety of reasons: to comply with state regulations, to learn a new skill (e.g. computer program) or to improve an area of performance. In the case of mandatory training, Full Life Care will pay for related fees and for your time during the training session

## Section 12

### Workplace Behavior

#### 12:1 Please Act Professionally

Full Life Care strives to provide a productive and supportive environment for its employees. Therefore, it does not tolerate verbal or physical conduct by any employee that harasses, disrupts or interferes with another's work performance or which creates an intimidating, offensive or hostile environment. Along with all employees, each supervisor has a responsibility to work with the team to maintain a work environment free from any form of harassment.

People who work together have an impact on each other's performance, productivity, and personal satisfaction in their jobs. In addition, how our employees act toward customers and vendors will influence whether those relationships are successful for our organization.

Because your conduct affects many more people than just yourself, we expect you to act in a professional manner whenever you are on Full Life Care property, conducting Full Life Care business, or representing Full Life Care at business or social functions.

Although it is impossible to give an exhaustive list of everything that professional conduct means, it does, at a minimum, include the following:

- following all of the rules in this Handbook that apply to you
- refraining from rude, offensive, or outrageous behavior
- refraining from ridicule and hostile jokes
- treating coworkers, client/participants, family members, other employees, students, volunteers and others who are a part of the working environment with much patience, respect, and consideration
- being courteous and helpful to others, and
- communicating openly with supervisors, managers, and coworkers.

**Individuals who act unprofessionally will face discipline, up to and including termination.**

We believe in the saying "the whole is greater than the sum of its parts." Full Life Care employees are more than a group of skilled, caring workers fulfilling individual job descriptions; we are a team that works together and shares in the responsibility of caring for clients and in making the Mission Statement a reality. In the team, we find diversity of experience, training and background; we have strength in this diversity and believe we give better service because of it. It is important that all employees are able to work effectively with others and feel a part of the team. Our performance as individuals and as a team depends on our ability to work in cooperation with others. In an effort to build an effective, healthy team environment, we apply the organizational values to team work and require all to practice the following professional work skills:

- ◆ Direct, professional and courteous *communication*
- ◆ Respect for a *diversity* of viewpoints, cultures, and disciplines
- ◆ *Support* for team members on the job through cooperation, negotiation, encouragement and assistance
- ◆ Commitment to *improving services* and working together to *find solutions* to problems
- ◆ Working with others to meet *organizational and team goals*
- ◆ Knowing when and how to ask for and give *assistance*

In addition, our team setting requires individual professional work skills, including:

- ◆ *Flexibility* in adjusting to a fluid and ever-changing organization
- ◆ *Dependability* in meeting deadlines, being on-time and ready to work
- ◆ *Motivation and initiative* to solve problems, make suggestions and follow-through on tasks
- ◆ Professional *growth* and continued learning
- ◆ *Organization & accountability* to manage our work and time effectively and independently

## **12:2 Punctuality and Attendance**

You are important to the effective operation of this business. When you are not here at expected times or on expected days, someone else must do your job or delay doing his or her own job while waiting for you to arrive. If you work with participants/clients, they may grow frustrated if they can't reach you during your scheduled work times.

As a result, we expect you to keep regular attendance and to be on time and ready to work at the beginning of each scheduled workday. In Section 6 of this Handbook, you can find a description of the organization's work hours, time keeping, and scheduling policies.

Of course, things will sometimes happen that will prevent you from showing up to work on time. For example, you may be delayed by weather, a sick child, or car trouble. If you are going to be more than 30 minutes late, please call your supervisor. If you cannot reach your supervisor, please leave a message stating your reason for being late and a telephone number where you can be reached then call the front desk.

If you must miss a full day of work for reasons other than vacation, sick leave, or other approved leave (such as leave to serve on a jury or for a death in a family), you must notify your supervisor as far in advance as possible. If you cannot reach your supervisor, please leave a message stating your reason for being absent and a telephone number where you can be reached then call the front desk. Later please call again to speak with your supervisor directly to explain the reason for your absence and to let them know if there is any work that needs to be done in your absence.

You can find information about Full Life Care leave policies and Paid Time Off in Section 10 of this handbook.

If you are late for work or fail to appear without calling in as required by this policy or by other policies in this Handbook, you will face disciplinary action, up to and including termination.

### **12:3 Job Abandonment**

Full Life Care will terminate employees who miss work for 2 consecutive days and fail to notify the supervisor of their absence. When employee does not show up to work and does not call to notify, for the first time they will face a disciplinary action only if they have a legitimate reason for not calling promptly. If the incidence repeats the second time, employee will be terminated immediately.

#### **12:4 Shift Abandonment**

Due to the nature of services that Full Life Care provides, we mandate that employees complete each shift in its entirety. In the event of a family emergency, personal health issue(s), and/or natural disaster (e.g. earthquake, floods/storms etc) employee has the responsibility of notifying their supervisor prior to leaving their shift. If sufficient notification, as defined by the manager is NOT provided prior to leaving the shift, Full Life Care will issue the appropriate disciplinary action up to and including termination.

#### **12:5 Employee Appearance and Dress**

We ask all employees to use common sense when they dress for work. Please dress appropriately for your position and job duties, and please make sure you are neat and clean at all times. If you have any questions about the proper attire for your position, please contact Human Resources. We will try to reasonably accommodate an employee's special dress or grooming needs that are the result of religion, ethnicity, race, or disability.

Tattoos and body piercings must be covered at all times and employees must remove body piercings while on the worksite. Employees who have religious reasons for their tattoos or piercings should consult with their Site Manager for guidance about following this policy.

We care for a lot of individuals with dementia and other types of cognitive loss that may exhibit symptoms such as impulsiveness and poor judgment. As a result, dress/appearance may sometimes be misinterpreted. It's important to avoid clothing that might be interpreted as provocative or sexually suggestive.

Scrubs/smocks (i.e. used in medical facilities) should not be worn at our facilities. Safe shoes are to be worn at all times (ex. flip flops are unstable when transferring clients). Attire that is appropriate includes (but not limited to): pants (no holes or uncovered low cut pants/jeans and limited skin exposure), comfortable slacks, skirts, dresses, etc)). We also want to be respectful to elders who may not be comfortable with current fashion trends.

You are also requested to wear a name tag while working with clients. Name tags help clients and their family members know and remember our names.

## **12:6 Pranks and Practical Jokes**

Although we want our employees to enjoy their jobs and have fun working together, we cannot allow employees to play practical jokes or pranks on each other. At best, these actions disrupt the workplace and dampen the morale of some; at worst, they lead to complaints of discrimination, harassment, or assault. Employees who play pranks or practical jokes will face disciplinary action, up to and including termination.

If you have any questions about this policy, contact Human Resources.

## **12:7 Threatening, Abusive, or Vulgar Language**

We expect our employees to treat everyone they meet through their jobs with courtesy and respect. Threatening, abusive, or vulgar language has no place in our workplace. It destroys morale and relationships, and it impedes the effective and efficient operation of our business.

As a result, we will not tolerate threatening, abusive, or vulgar language from employees while they are on the worksite, conducting Full Life Care business, or attending Company-related business or social functions. Employees who violate this policy will face immediate termination.

If you have any questions about this policy, contact Human Resources.

## **12:8 Fighting**

Verbal or physical fighting among employees is absolutely prohibited. Employees shall not engage in, provoke, or encourage a fight. Those who violate this policy will be disciplined, up to and including termination.

## **12:9 Sleeping on the Job**

When our employees arrive at work, we expect them to be physically prepared to work through their day. Employees who sleep on the job dampen morale and productivity and deprive us of their work and companionship. Full Life Care does not allow any employees to sleep while at work. Employees who feel sick or unable to finish the day because of weariness should talk to their supervisor about using sick leave to take the rest of the day off. See Section 10 of this Handbook for information about our sick leave policy.

## **12:10 Insubordination**

This workplace operates on a system of mutual respect between supervisors and employees. Supervisors must treat their employees with dignity and understanding, and employees must show due regard for their supervisors' authority.

Insubordination occurs when employees unreasonably refuse to obey the orders or follow the instructions of their supervisors. It also occurs when employees, through their actions or words, show disrespect toward their supervisors.

Insubordinate employees will face discipline, up to and including termination.

We understand, however, that there will be times when employees have valid reasons for refusing to do as their supervisor says. Perhaps the employee fears for his or her safety or the safety of others. Perhaps the employee believes that following instructions will violate the law or pose some other problem for the organization. Or maybe the employee thinks that there is a better way to accomplish a goal or perform a task. When these issues arise, we do not ask that employees blindly follow orders. Instead, we ask that employees explain the situation to their supervisor. If, after hearing the employee's side, the supervisor continues to give the same order or rule, the employee must either obey or use the complaint procedures described in Section 20 of this Handbook.

## **12:11 Work Space**

You are provided a workspace, which is suited to your job at Full Life Care. We encourage you to let your supervisor know if you need any supplies or equipment to perform your job better. We request that you keep your work area neat, clean and safe.

## **12:12 Telephone Calls**

Much of our work involves communication with others by telephone. Normally, if you are unavailable to take calls, your calls are forwarded to your voice mail box. If you are expecting an important call, please let the person answering phones know. He/She will ensure that you receive the call.

We request all employees to limit the number of personal calls coming in or going out. Use of cell phones while providing direct service to clients is prohibited. You are welcome to use your rest and meal periods to take or make personal calls.

If you need to make a personal long-distance call at work, please use your own telephone credit card or call collect. If this is not possible, Full Life Care will bill you for the charges.

### **12:13 Fraudulent/Dishonest Conduct & Whistleblower Policy Statement**

Full Life Care will investigate any possible fraudulent or dishonest use or misuse of Full Life Care resources or property by management, staff, volunteers, or members. Anyone found to have engaged in a fraudulent or dishonest conduct is subject to disciplinary action by Full Life Care up to and including termination and civil or criminal prosecution when warranted.

All members of the Full Life Care community are encouraged to be whistleblowers and to report possible fraudulent or dishonest conduct. An employee should report his or her concerns to a supervisor or manager. If for any reason an employee finds it difficult to report his or her concern to a manager or supervisor, the employee can report it directly to the Executive Director. Managers or supervisors are required to report suspected fraudulent or dishonest conduct to the Executive Director, Assistant Director, or Human Resources.

#### **Definitions**

Baseless Allegations: allegations made with reckless disregard for their truth or falsity. People making such allegations may be subject to institutional disciplinary action and /or legal claims by individuals accused of such conduct.

Fraudulent or Dishonest Conduct: a deliberate act or failure to act with the intention of obtaining an unauthorized benefit. Examples of such conduct include, but are not limited to:

- forgery or alteration of documents;
- unauthorized alteration or manipulation of computer files;
- fraudulent financial reporting;
- theft;
- pursuit of a benefit or advantage in violation of Full Life Care 's conflict of interest policy;
- misappropriation or misuse of Full Life Care resources, such as funds, supplies, or other assets;
- authorizing or receiving compensation for goods not received or services not performed;
- authorizing or receiving compensation for hours not worked;

Whistleblower: an employee who informs a Supervisor, Human Resources or the Executive Director about an activity which that person believes to be fraudulent or dishonest.

## **Rights and Responsibilities**

### Managers or Supervisors

Managers or supervisors are required to report suspected fraudulent or dishonest conduct to the Executive Director. In addition, managers or supervisors are responsible for maintaining a system of management controls, which detect and deter fraudulent or dishonest conduct. Failure by a manager or supervisor to establish management controls or report misconduct within the scope of this policy may result in adverse personnel action against the manager or supervisor, up to and including termination. The Executive Director is available to assist management in establishing management systems and recognizing improper conduct.

Reasonable care should be taken in dealing with suspected misconduct to avoid:

- baseless allegations;
- premature notice to persons suspected of misconduct and/or disclosure of suspected;
- misconduct to others not involved with the investigation;
- violations of a person's rights under law;

Accordingly a manager or supervisor faced with a suspected misconduct should:

- Not contact the person suspected to further investigate the matter or demand restitution;
- Not discuss the case with anyone other than the Executive Director, CFO, or a duly authorized law enforcement officer;
- Direct all inquiries from any attorney retained by the suspected individual to the Executive Director;
- Direct all inquiries from the media to Full Life Care's Assistant Director or Executive Director.

## Whistleblower Protection

Full Life Care Organization will protect whistleblowers as defined below.

- Full Life Care will use best efforts to protect whistleblowers against retaliation, as described below. It cannot guarantee confidentiality, however, and there is no such thing as an "unofficial" or "off the record" report. Full Life Care will keep the whistleblower's identity confidential, unless (1) the person agrees to be identified; (2) identification is necessary to allow Full Life Care or law enforcement officials to investigate or respond effectively to the report; (3) identification is required by law; or (4) the person accused of Fraud Policy violations is entitled to the information as a matter of legal right in disciplinary proceedings.
- Full Life Care employees may not retaliate against a whistleblower with the intent or effect of adversely affecting the terms or conditions of employment (including but not limited to, threats of physical harm, loss of job, punitive work assignments, or impact on salary or wages). Whistleblowers who believe that they have been retaliated against may file a written complaint with the Executive Director. A proven complaint of retaliation shall result in a proper remedy for the person harmed and the initiation of disciplinary action, up to and including dismissal, against the retaliating person. This protection from retaliation is not intended to prohibit managers or supervisors from taking action, including disciplinary action, in the usual scope of their duties and based on valid performance-related factors.
- Whistleblowers must be cautious to avoid baseless allegations (as described earlier in the definitions section of this policy).

## Section 13

### Health and Safety

#### 13:1 Safety Policy

Full Life Care strives to provide a safe environment for clients and employees, and we depend on everyone to be aware of safety concerns. We take employee safety very seriously. In order to provide a safe workplace for everyone, every employee must follow our safety rules: Please observe the following safety guidelines:

- Horseplay, rough-housing, and other physical acts that may endanger employees or cause accidents are prohibited.
- Employees must follow their supervisors' safety instructions.
- Employees in certain positions may be prohibited from wearing dangling jewelry or apparel, or may be required to pull back or cover their hair, for safety purposes. Your supervisor will tell you if you fall into one of these categories.
- All equipment and machinery at the workplace must be used properly. Do not use equipment for other than its intended purpose.
- All employees must immediately report any workplace condition that they believe to be unsafe to their supervisor. Full Life Care will look into the matter promptly.
- All employees must immediately report any workplace accident or injury to their supervisor/Site Manager.
- If you find a safety hazard that is easily taken care of, such as water on the floor, please take care of it as soon as possible.
- Keep your work area clean and orderly at all times.
- Do not allow unauthorized persons to operate special equipment or to provide special participant care.
- Be alert to safety factors in the use of wheelchairs, equipment and products such as cleaning solutions.
- If you are assigned a job or task requiring protective clothing, such as latex gloves, use it.

- Do not dress in a way that might increase the risk of a job-related injury.
- Store all materials and equipment in their proper place and containers.
- Drive safely and courteously when operating a vehicle as part of work.
- If your job duties include lifting heavy equipment or assisting clients with transfers, do so with the appropriate technique, equipment and/or assistance.
- Always follow standard infection control procedures and universal precautions for preventing accidental exposure to HIV, Hepatitis and other similar risks.

### **13:2 Health Precautions**

Many of our clients have several health concerns and are at risk for becoming ill. All employees practice Universal Precautions to ensure their own and others' safety and health. We may require employees to take certain measures to prevent the spreading of certain infections, such as tuberculosis or influenza. Many of these measures also help to protect you from becoming sick yourself. Some of the measures include:

- **Hand Washing**

To prevent the spread of infection, please wash your hands before handling food, after using the restroom, etc.

- **Flu Shots**

We strongly encourage all employees with direct participant care to get a flu shot each fall. Flu shots may be obtained at your physician's office or on site when the public health nurse gives the immunization to clients. In any case, please check with your family physician before getting your shot.

- **Hepatitis B Vaccinations**

We realize that clinical and custodial staff members may be at risk for occupational exposure to the Hepatitis B virus. Full Life Care has an agreement with the Seattle King County Department of Public Health and the Snohomish Health District to provide the three shot vaccination series to employees. Authorization forms and more information about the Hepatitis B virus and vaccine are available from your supervisor or the Safety notebook at your work site.

You are responsible for initiating and completing the three-part vaccination series. It is optional and you may choose to be vaccinated at any time during your employment with Full Life Care.

### **13:3 Injuries & Accidents**

If you are injured on the job, please inform your supervisor as soon as possible. Your supervisor will assist you in getting the care you need as well as completing injury report forms and in coming up with strategies to prevent similar accidents. If you need to seek medical care because of the injury, please contact your supervisor or Human Resources immediately. They will give you forms that are to be taken with you to the physician's office.

Our goal is to prevent injuries and accidents. If they do happen, our priority is to work with you on successful healing and getting back to work as soon as possible. Your supervisor and Human Resources will work with you to develop a "Return-to-Work" plan. If you cannot return to your regular duties, we will work with you as best we can to rearrange your schedule and/or responsibilities until you can return to your full duties.

Every employee should be familiar with Full Life Care's "Exposure Control Plan" which can be found in each site's safety binder. This plan outlines workplace controls to prevent exposure to blood borne pathogens and offers instructions to follow in the event of such an occurrence.

### **13:4 Workplace Security**

Access to our premises is limited to persons who have a legitimate reason to visit. Unauthorized persons may present a risk to employees, clients and others. If you notice an unauthorized person, or witness behavior you think is suspicious, please report it immediately to the Site Manager. If you believe there is an immediate threat to safety, call 911. Please talk with the Site Manager regarding additional security precautions at your site.

It is every employee's responsibility to help keep our workplace secure from unauthorized intruders. Every employee must comply with these security precautions.

When you leave work for the day, please turn off the lights of your office and make sure the door is locked.

After-hours access to the workplace is limited to those employees who need to work late. If you are going to be working past our usual closing time, please let your supervisor know.

Employees are allowed to have an occasional visitor in the workplace, but workplace visits should be the exception rather than the rule.

Do not leave your visitor unattended in the workplace. If you have a visitor, you must accompany your visitor at all times.

If you have questions about any of these responsibilities, please talk to your supervisor.

### **13:5 What to Do in an Emergency**

In case of an emergency, such as a fire, earthquake, or accident, your first priority should be your own safety. In the event of an emergency causing serious injuries, *IMMEDIATELY DIAL 9-1-1* to alert police and rescue workers of the situation.

If you hear a fire alarm or in case of an emergency that requires evacuation, please proceed quickly and calmly to the emergency exits. Full Life Care will hold fire drills to familiarize everyone with the routes they should take. Remember that every second may count—don't return to the workplace to retrieve personal belongings or work-related items. Once you have exited the building, head towards the designated areas.

Full Life Care keeps emergency supplies on hand. First aid kits are generally located in every room where we welcome our clients. Fire extinguishers can be found by the kitchen. Earthquake preparedness kits are kept generally in the site manager's office. Your site manager will give you more accurate information on the location of these supplies as they give you a tour through our facilities.

### **13:6 Smoking Policy**

For the health, comfort, and safety of our employees and participants, smoking is not allowed on our property.

You may smoke during meal or rest breaks at designated outside areas only. Employees may not take "smoking breaks" in addition to the regular breaks provided to every employee under our policies.

For our policy on work and rest breaks, see Section 6 of this Handbook

Our health insurance provider offers a program to help employees stop smoking. If you are interested in this program, call our Benefits Hotline for more details. Or you can contact our insurance carrier directly.

We recognize that smoking tobacco products is legal and that employees have the right to smoke outside of work hours. Full Life Care will not discriminate against any applicant or employee based on the person's choice to smoke.

### **13:7 Violence Is Prohibited**

We will not tolerate violence in the workplace. Violence includes physical altercations, coercion, pushing or shoving, horseplay, intimidation, stalking, and threats of violence. Any comments about violence will be taken seriously—and may result in your termination. Please do not joke or make offhand remarks about violence.

#### No Weapons

No weapons are allowed in our workplace. Weapons include firearms, knives, brass knuckles, martial arts equipment, clubs or bats, and explosives. If your work requires you to use an item that might qualify as a weapon, you must receive authorization from your supervisor to bring that item to work or use it in the workplace. Any employee found with an unauthorized weapon in the workplace will be subject to discipline, up to and including termination.

#### What to Do in Case of Violence

If you observe an incident or threat of violence that is immediate and serious, call the building security personnel. If you are unable to reach someone at that office, *IMMEDIATELY DIAL 9-1-1* and report the incident to the police.

If the incident or threat does not appear to require immediate police intervention, please contact the Site Manager and report it as soon as possible, using the our organization's complaint procedure. All complaints will be investigated and appropriate action will be taken. You will not face retaliation for making a complaint.

### **13:8 Don't Use a Cell Phone While Driving**

We know that our employees may use their cell phones or personal digital assistants (PDAs), whether these devices belong to the employee or are issued by the company, for work-related matters.

Employees are prohibited from using cell phones or PDAs if that do not have access to Bluetooth sink options for work-related matters while driving. We are concerned for your safety and for the safety of other drivers and pedestrians, and using a cell phone or PDA while driving can lead to accidents.

If you must make a work-related call while driving, you must wait until you can pull over safely and stop the car before placing your call or utilize a earpiece if available. If you receive a work-related call while driving, you must ask the caller to wait while you pull over safely and stop the car. If you are unable to pull over safely, you must tell the caller that you will have to call back when it is safe to do so.

**Those who violate this policy will be subject to discipline, up to and including termination.**

Employees may use hands-free equipment to make or answer calls while driving without violating this policy. However, **safety must always be your first priority**. We expect you to keep these calls brief. If, because of weather or traffic conditions or for any other reason, you are unable to concentrate fully on the road, you must either end the conversation or pull over and safely park your vehicle before resuming your call.

## **Section 14**

### **Employee Privacy**

#### **14:1 Search Policy**

Full Life Care reserves the right to search company property at any time, without warning, to ensure compliance with our policies, including those that cover employee safety, workplace violence, harassment, theft, drug and alcohol use, and possession of prohibited items. Company property includes, but is not limited to, lockers, desks, file cabinets, storage areas, and workspaces. If you use a lock on any item of Company property (a locker or file cabinet, for example), you must give a copy of the key or combination to your supervisor.

#### **14:2 Telephone Monitoring**

Full Life Care reserves the right to monitor calls made from or received on company telephones. Therefore, no employee should expect that conversations made on company telephones will be private.

#### **14:3 Cameras, Phones, and Other Recording Devices**

Many cell phones today come with built-in recording capabilities, including cameras and video and audio recording devices. Although these features are fun for personal use, using them in the workplace can lead to violations of privacy and breaches of confidentiality.

Therefore, we do not allow employees to use any recording devices, including cameras and the recording capabilities of cell phones, at work.

**Violation of this policy will lead to discipline, up to and including termination.**

If you believe that your personal circumstances require you to have your cell phone at work, and your cell phone has a camera or other recording capability, please talk to your supervisor.

## Section 15

### Computers, Email, and the Internet

#### 15:1 Email

Full Life Care provides employees with computer equipment, including an Internet connection and access to an electronic communications system, to enable them to perform their jobs successfully. This policy governs your use of the Company's email system.

#### Use of the Email System

The email system is intended for official business. Although you may use the email system for personal messages, you may do so during non work hours only. If you send personal messages through the company's email system, you must exercise discretion as to the number and type of messages you send. Any employee who abuses this privilege may be subject to discipline.

#### Email Is Not Private

Email messages sent using company communications equipment are the property of the company. We reserve the right to access, monitor, read, and/or copy email messages at any time, for any reason. You should not expect that any email message you send using Full Life Care equipment—including messages you consider to be, or label as, personal—will be private.

#### Email Rules

All of our policies and rules of conduct apply to employee use of the email system. This means, for example, that you may not use the email system to send harassing or discriminatory messages, including messages with explicit sexual content or pornographic images; to send threatening messages; or to solicit others to purchase items for non-company purposes.

We expect you to exercise discretion in using electronic communications equipment. When you send email using the Full Life Care communications equipment, you are representing Full Life Care. Make sure that your messages are professional and appropriate, in tone and content.

Remember, although email may seem like a private conversation, email can be printed, saved, and forwarded to unintended recipients. You should not send any email that you wouldn't want your boss, your mother, or our participants and business partners to read.

## **15:2 Using the Internet**

We may provide you with computer equipment and capabilities, including Internet access, to help you perform your job. This policy governs your use of that equipment to access the Internet.

### Personal Use of the Internet

Our network and Internet access are for official Company business only. Employees may access the Internet for personal use only outside of work hours and only in accordance with the other terms of this policy. An employee who engages in excessive Internet use, even during non work hours, or who violates any other provision of this policy, may be subject to discipline.

### Prohibited Uses of the Internet

Employees may not, at any time, access the Internet using Full Life Care equipment or links for any of the following purposes:

- To visit websites that feature pornography, gambling, or violent images, or are otherwise inappropriate in the workplace.
- To operate an outside business, solicit money for personal purposes, or to otherwise act for personal financial gain—this includes running online auctions.
- To download software, articles, or other printed materials in violation of copyright laws.
- To download any software program without the consent of the IT Manager.

### Internet Use is Not Private

We reserve the right to monitor employee use of the Internet at any time, to ensure compliance with this policy. You should not expect that your use of the Internet—including but not limited to the sites you visit, the amount of time you spend online, and the communications you have—will be private.

### **15:3 Personal Blogs**

Full Life Care recognizes that some of our employees may choose to express themselves through their personal websites or weblogs (blogs). We value our employees' creativity and honor your right to engage in these forms of personal expression on your own time, should you choose to do so.

However, problems can arise when a personal blog identifies or appears to be associated with our organization, or when a personal blog is used in ways that violate the organization's rights or the rights of other employees. Therefore, the following rules apply to personal blogs; violation of these rules will lead to discipline, up to and including termination:

- You may not use company property to create or maintain your blog, nor may you do so on company time.
- If you identify yourself as an employee of our organization, whether by explicit statement or by implication, you must make clear that the views expressed in your blog are yours, and do not necessarily reflect the views of our organization.
- All of our company policies apply to anything you write in a personal blog. This means, for example, that a blog may not be used to harass or threaten another employee.

Please keep in mind that a personal blog may be read by many people—including potential applicants, competitors, and clients of our organization—and use common sense when deciding what to include in a blog. Full Life Care will take appropriate legal action to prevent the defamation of its employees, its clients/participants, or others associated with it.

## **Section 16**

### **Employee Records**

#### **16:1 Your Personnel File**

Full Life Care maintains a personnel file on each employee. The purpose of this file is to allow us to make decisions and take actions that are personally important to you, including notifying your family in case of an emergency, calculating income tax deductions and withholdings, and paying for appropriate insurance coverage.

Although we cannot list here all of the types of documents that we keep in your personnel file, examples include: application materials, insurance forms, job descriptions and performance reviews.

We do not keep medical records or work eligibility forms in your personnel file. Those are kept separately.

Your personnel file is physically kept by the Human Resources Director and all information in this file is treated as confidential.

Upon separation of employment, Full Life Care will keep personnel records on file up to 7 years.

If you have any questions about your personnel file, contact Human Resources.

#### **16:2 Confidentiality of Personnel Files**

Because the information in your personnel file is by its nature personal, we keep the file as confidential as possible. We allow access to your file only on a need-to-know basis.

#### **16:3 Please Notify Us If Your Information Changes**

Because we use the information in your personnel file to take actions on your behalf, it is important that the information in that file be accurate. Please notify Human Resource and Payroll/Accounting whenever any of the following changes:

- your name
- your mailing address
- your phone number

- your dependents
- the number of dependents you are designating for income tax withholding
- your marital status
- the name and phone number of the individual whom we should notify in case of an emergency, or
- restrictions on your driver's license.

#### **16:4 Work Eligibility Records**

In compliance with federal law, all newly hired employees must present proof that they are legally eligible to work in the United States. We must keep records related to that proof, including a copy of the USCIS Form I-9 that each employee completes for us.

Those forms are kept as confidential as possible. We do not keep them in your personnel file.

#### **16:5 Medical Records**

We understand the particularly sensitive nature of an employee's medical records, so we do not place any such records in the employee's personnel file. We keep all medical records in a separate and secure place.

In accordance with the Americans with Disabilities Act, information concerning your medical condition or history is kept separate from personnel records and may be shared in only three ways: 1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodations; 2) first aid and safety personnel may be informed if the condition might require emergency treatment; and 3) government officials investigating compliance with Section 504 and the ADA shall be provided relevant information upon request.

If you have any questions about the storage of your medical records or about inspecting your medical records, contact Human Resources.

## **Section 17**

### **Drugs and Alcohol**

#### **17:1 Policy Against Alcohol and Illegal Drug Use**

Full Life Care is committed to providing a safe, comfortable, and productive work environment for its employees. We recognize that employees who abuse drugs or alcohol at work—or who appear at work under the influence of illegal drugs or alcohol—harm both themselves and the work environment.

As a result, we prohibit employees from doing the following:

- appearing at work under the influence of alcohol or illegal drugs;
- conducting company business while under the influence of alcohol or illegal drugs; (whether or not the employee is actually on work premises at the time)
- using alcohol or illegal drugs on the worksite;
- using alcohol or illegal drugs while conducting company business; (whether or not the employee is actually on work premises at the time)
- possessing, buying, selling, or distributing alcohol or illegal drugs on the worksite;
- possessing, buying, selling, or distributing alcohol or illegal drugs while conducting; company business (whether or not the employee is actually on work premises at the time).

Illegal drug use includes more than just outlawed drugs such as marijuana, cocaine, or heroin. It also includes the misuse of otherwise legal prescription and over-the-counter drugs.

This policy covers times when employees are on call but not working and times when employees are driving company vehicles or using company equipment.

Employees who violate this policy may face disciplinary action, up to and including termination.

This policy does not prohibit employees from consuming alcohol while entertaining clients or prospective clients. However, employees may not consume alcohol to the point of intoxication,

nor may they consume alcohol if they are going to drive. In addition, employees must always conduct themselves professionally and appropriately while performing company business.

### **17:2 Inspections to Enforce Drug and Alcohol Policy**

Full Life Care reserves the right to inspect employees, their possessions, and their workspaces to enforce our policy against illegal drug and alcohol use.

### **17:3 Drug Testing**

Full Life Care does not require drug testing at the time of hire. However, as part of our efforts to keep this workplace safe and free of illegal drug use, we will conduct random and intermittent drug tests of all employees in positions where the safety or security of the employee, our client/participant or others is an issue.

### **17:4 Leave to Participate in Rehabilitation Program**

We believe that employees who have a substance abuse problem can help themselves by enrolling in a rehabilitation program. Not only will overcoming their problem help these employees in their personal lives, it will help them to be more effective and productive workers.

Although we cannot guarantee that we will grant this leave to all employees who request it, employees who would like to participate in a rehabilitation program may, subject to approval, be able to use up to 2 weeks of unpaid leave from work to attend the program.

Employees will not be entitled to health and other benefits while on rehabilitation leave.

Employees will not be allowed to accrue vacation and other benefits while on rehabilitation leave. At the end of the rehabilitation leave, we will require proof that the employee successfully completed the program.

To learn more about this type of leave, including whether you qualify for it, the circumstances under which we will grant it, and the requirements that you must meet, contact Human Resources. We will keep all conversations regarding employee substance abuse problems as confidential as possible.

Please note that even as you might be seeking assistance for your substance abuse problem, we still expect you to meet the same standards of performance, productivity, and conduct that we

expect of all employees. We reserve the right to discipline you—up to and including termination—for failing to meet those standards.

### **17:5 Rehabilitation and Your EAP**

Because we care about the health and welfare of our employees, your benefits package includes an Employee Assistance Program (EAP) that provides assistance to employees who suffer from substance abuse problems, personal problems, or emotional problems.

If you would like assistance in dealing with your substance abuse problem, contact Wellspring EAP a call at 1-800-553-7798; or visit [wellspringeap.org](http://wellspringeap.org), username: Full Life Care for more information about our EAP program. Your request for assistance will be kept as confidential as possible.

Please note that even as you might be seeking assistance for your substance abuse problem, we still expect you to meet the same standards of performance, productivity, and conduct that we expect of all employees, including our prohibition on alcohol or illegal drug use at work. We reserve the right to discipline or terminate you for failing to meet those standards.

## Section 18

### Confidentiality and Conflicts of Interest

#### 18:1 Confidentiality – HIPAA and PHI

Much of our work deals with clients and their health, social, financial, and emotional needs and we are entrusted by clients and families with information which needs to be kept confidential. All staff and volunteers of Full Life Care assume ethical responsibilities by which they are bound to clients, themselves and each other. Clients and families of Full Life Care expect their circumstances and personal matters to remain confidential, and we are obligated by law and ethics to provide this.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 set national standards for the protection of health information, as applied to health plans and health care providers who electronically transmit patient/client information. **HIPAA** protects an individual's health information and his/her demographic information. This is called "protected health information" or "PHI". Information meets the definition of PHI if, even without the patient's name, if you look at certain information and you can tell who the person is then it is PHI. The PHI can relate to past, present or future physical or mental health of the individual. PHI describes a disease, diagnosis, procedure, prognosis, or condition of the individual and can exist in any medium – files, voice mail, email, fax, or verbal communications.

**HIPAA** defines information as protected health information if it contains the following information about the patient, the patient's household members, or the patient's employers:

- Names
- Dates relating to a patient , i.e. birthdates, dates of medical treatment, admission and discharge dates, and dates of death
- Telephone numbers, addresses (including city, county, or zip code) fax numbers and other contact information
- Social Security numbers
- Medical records numbers
- Photographs
- Finger and voice prints
- Any other unique identifying number

All employees are required to abide by standards of confidentiality that apply to client/participant, employee and organizational information. As a healthcare provider, Full Life Care is required to comply with HIPAA. HIPAA is the Health Insurance Portability and Accountability Act of 1996. It is federal legislation that aims to improve efficiency in the delivery of healthcare services and to enhance privacy and patient's rights. That means we do not give out information regarding clients to anyone unless we have a "Release of Information" form signed by the clients. Likewise, we do not speak about client/participants in front of other client/participants, family members, guests, or employees who do not have approved access to client information. Conversations involving confidential information are held in private areas.

### **Confidentiality as it applies to contracts:**

Full Life Care has several contracts with government agencies that also work for, and provide services to, individuals and families who require long term care and/or are classified as low-income. We can share and receive client information without a written consent from the client from these agencies, based on these contracts. The clients have been informed by these agencies that their information will be shared with the purpose of maintaining their continuity of care, for obtaining treatment and services by our agency.

If you notice anything at Full Life Care which you feel violates the standards of confidentiality, please report it to your supervisor or the Human Resources department as soon as possible. Employees who fail to follow this policy will face discipline, up to and including termination.

### **18:2 Conflicts of Interest**

Because we depend so much on our employees, and because they depend so much on us, we expect all employees to devote their energies and loyalties to our organization. We do not allow employees to engage in any activities or relationships that create either an actual conflict of interest or the potential for a conflict of interest.

Although we cannot list every activity or relationship that would create either an actual or potential conflict of interest, examples of activities that violate this policy include the following:

- using the **resources** of this organization for personal gain, and
- using **your position** in this organization for personal gain.

Employees who violate this policy face disciplinary action, up to and including termination.

If you are unsure about whether an activity might violate this policy, or if you have any questions at all about this policy, contact Human Resources.

### **18:3 Gifts**

Acceptance of personal gifts in value of \$50 or more from clients/participants, vendors and other organizations is strongly discouraged.

Violation of this policy will lead to discipline, up to and including termination.

## **Section 19**

### **Discrimination and Harassment**

#### **19:1 Our Commitment to Equal Employment Opportunity**

Full Life Care is strongly committed to providing equal employment opportunity for all employees and all applicants for employment. For us, this is the only acceptable way to do business.

All employment decisions at Full Life Care—including those relating to hiring, promotion, transfers, benefits, compensation, placement, and termination—will be made without regard to race, color, creed and/or religion, sex, age, ancestry, national origin, marital status, sexual orientation, political ideology, or sensory, physical or mental disability.

Any employee or applicant who believes that he or she has been discriminated against in violation of this policy should immediately file a complaint with EEOC, as explained in our Complaint Policy. We encourage you to come forward if you have suffered or witnessed what you believe to be discrimination—we cannot solve the problem until you let us know about it. Full Life Care will not retaliate, or allow retaliation, against any employee or applicant who complains of discrimination, assists in an investigation of possible discrimination, or files an administrative charge or lawsuit alleging discrimination.

Managers are required to report any discriminatory conduct or incidents, as described in our Complaint Policy.

If you have a disability that requires modifications to your workspace, job responsibilities or schedule, please talk with your supervisor to arrange reasonable accommodations.

#### **19:2 Harassment Will Not Be Tolerated**

It is our policy and our responsibility to provide our employees with a workplace free from harassment. Harassment on the basis of race, color, creed and/or religion, sex, age, ancestry, national origin, marital status, sexual orientation, political ideology, or sensory, physical or mental disability undermines our workplace morale and our commitment to treat each other with dignity and respect. Accordingly, harassment will not be tolerated at Full Life Care.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance; or creating an intimidating, hostile, or offensive working environment. In this definition, the offending conduct may be by a supervisor or another employee or non-employee.

Other sexually harassing or offensive conduct in the work place is also prohibited. Such conduct includes, but is not limited to:

- sexual flirtations, advances, propositions or repeated unwanted requests for dates;
- sexually degrading words to describe an individual or graphic or suggestive comments
- display of sexually suggestive objects or pictures;
- deliberate touching or other forms of uninvited physical contact;
- suggestive looks or gestures;
- unwelcome remarks or questions about an individual's personal life.

If you experience or witness any form of harassment in the workplace, please immediately notify the management by following the steps outlined in our Complaint Policy (see Section 20 of this Handbook). We encourage you to come forward with complaints—the sooner we learn about the problem, the sooner we can take steps to resolve it. Full Life Care will not retaliate, or allow retaliation, against anyone who complains of harassment, assists in a harassment investigation, or files an administrative charge or lawsuit alleging harassment. All managers are required to immediately report any incidents of harassment, as set forth in our Complaint Policy.

Complaints will be investigated quickly. Those who are found to have violated this policy will be subject to appropriate disciplinary action, up to and including termination.

## **Section 20**

### **Complaint Policies**

#### **20:1 Complaint Procedures**

Full Life Care is committed to providing a safe and productive work environment, free of threats to the health, safety, and well-being of our workers. These threats include, but are not limited to, harassment, discrimination, violations of health and safety rules, and violence.

Any employee who witnesses or is subject to inappropriate conduct in the workplace may complain to their site manager or to Human Resources. Any supervisor, manager, or Company officer who receives a complaint about, hears of, or witnesses any inappropriate conduct is required to immediately notify Human Resources. Inappropriate conduct includes any conduct prohibited by our policies about harassment, discrimination, discipline, workplace violence, health and safety, wages and hours, and drug and alcohol use. In addition, we encourage employees to come forward with any workplace complaint, even if the subject of the complaint is not explicitly covered by our written policies.

We encourage you to come forward with complaints immediately, so we can take whatever action is needed to handle the problem. Once a complaint has been made, Human Resources will determine how to handle it. For serious complaints, we will immediately conduct a complete and impartial investigation. All complaints will be handled as confidentially as possible. When the investigation is complete, Full Life Care will take corrective action, if appropriate.

We will not engage in or allow retaliation against any employee who makes a good faith complaint or participates in an investigation. If you believe that you are being subjected to any kind of negative treatment because you made or were questioned about a complaint, report the conduct immediately to the Executive Director.

## **20:2 Our Doors Are Open to You**

We want to maintain a positive and pleasant environment for all of our employees. To help us meet this goal, Full Life Care has an open-door policy, by which employees are encouraged to report any and all work-related concerns.

If something about your job is bothering you, or if you have a question, concern, idea, or problem related to your work, please discuss it with your immediate supervisor as soon as possible. If for any reason you don't feel comfortable bringing the matter to your supervisor, feel free to raise the issue with Human Resources and the Executive Director.

We encourage you to come forward and make your concerns known. We can't solve the problem if we don't know about it.

## **Section 21**

### **Ending Employment**

#### **21:1 Employee Terminations**

It is our policy to ensure that employee terminations are handled in a professional manner with minimal disruption to ongoing work functions.

There are three types of terminations:

- a. Voluntary
- b. Involuntary
- c. Death

#### **21:2 Voluntary Terminations**

Voluntary termination of employment occurs when an employee informs his or her supervisor of employee's resignation, or termination is deemed to have occurred when an employee is absent from work for 2 consecutive workdays and fails to contact his or her supervisor (See Job Abandonment in Section 12 of this Handbook.)

Employees are expected to provide a minimum of two weeks' notice of their intention to separate from the company in order to allow a reasonable amount of time to transfer ongoing workloads. It is expected that written notification will be provided to the employee's supervisor.

#### **21:3 Involuntary Termination**

An involuntary termination of employment, to include layoffs and stand-downs over 30 days, is a management-initiated dismissal. Discharge may be for any reason, i.e., misconduct, tardiness, absenteeism, unsatisfactory performance, etc. In some cases progressive discipline may be used, prior to termination, to correct a performance problem. However, certain types of employee misconduct are so severe that one incident of misconduct will result in immediate dismissal

without prior use of progressive discipline. Discharged or Terminated employees are not allowed on the premises of Full Life Care. Any contact with a current employee of Full Life Care must be coordinated through the Human Resources office and approved by the Site Manager.

#### **21:4 Deceased Employees**

A termination due to the death of an employee will be made effective as of the date of death.

#### **21:5 Final Paycheck & Benefits**

Employees who quit or are terminated involuntarily will receive their final paycheck on the following regular scheduled payday. Final paychecks will include all compensation earned but not paid through the date of termination less outstanding loans, advances or other agreements the employee may have with the company. Final paycheck may also include any PTO cash out balance if applicable. (For more information on PTO Cash out eligibility, go to Section 10 of the Handbook.) Also if applicable, your benefits end on the last day of the month in which you terminate or reduce hours of employment. Final pay due, upon the death of an employee, will be paid to the deceased employee's estate.

#### **21:6 No Severance Pay**

Full Life Care does not pay severance to terminated employees, whether they quit, are laid off, or are fired for any reason.

#### **21:7 Continuing Your Health Insurance Coverage - COBRA**

Full Life Care offers employees group health insurance coverage as a benefit of employment. If you are no longer eligible for insurance coverage because of a reduction in hours, because you quit, or because you are terminated for reasons other than serious misconduct, you have the right to continue your health insurance coverage for up to 18 months. You will have to pay the total premium cost + 2% of premium directly to Human Resources to continue this coverage.

Others covered by your insurance (your spouse and children, for example) also have the right to continue coverage if they are no longer eligible for certain reasons. If you and your spouse divorce or legally separate, or if you die while in our employ, your spouse may continue

coverage under our group health plan. And once your children lose their dependent status, they may continue their health care as well. In any of these situations, your family members are entitled to up to 18 or a maximum of 36 months of continued health care(qualifying extensions must apply). They must pay the total premium cost + 2% of premium directly to Human Resources to continue this coverage.

You will receive an initial notice of your right to continued health insurance coverage when you first become eligible for health insurance under the company's group plan. You will receive an additional notice when your hours are reduced, you quit, or you are terminated. This second notice will tell you how to choose continuation coverage, what your obligations will be, and how much the insurance will cost. You must notify us if any of your family members becomes eligible for continued coverage due to divorce, separation, or reaching the age of majority.

### **21:8 Exit Interviews**

We will hold an exit interview with every employee who leaves Full Life Care, at the employee's discretion for election. During the interview, you will have the opportunity to tell us about your employment experience here—what you liked, what you didn't like, and where you think we can improve. We greatly value these comments.

The exit interview also gives us a chance to handle some practical matters relating to the end of your employment. You will be expected to return all Full Life Care property to your site manager prior to the interview. You will also have an opportunity to ask any questions you might have about insurance, benefits, final paychecks, references, or any other matter relating to your employment.

## **21:9 References**

When we are contacted by prospective employers seeking information about former (or current) employees, we will release the following data: the position(s) the employee held, the dates the employee worked for Full Life Care, and the employee's salary or rate of pay.

If you would like us to give a more detailed reference, you will have to provide us with a written release—a consent form giving us your permission to respond to a reference request. We will respond only to written reference requests, and we will respond only in writing. Please direct all reference requests to your direct supervisor & employment verification requests to Human Resources.



**Full Life**™

***EMPLOYEE  
HANDBOOK ADDENDUM***

***Homecare***

Date revised: December 2016

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## **OFFER OF EMPLOYMENT**

All Home Care applicants are required to submit a DSHS background check form. Offer of employment is contingent upon multiple factors, one of which is successfully passing criminal background checks upon hiring and throughout the duration of employment. The frequency of running criminal background is set forth by applicable Washington Administrative Code (WAC); in addition to the Washington State Department of Social Health services (DSHS). Full Life Care reserves the right to conduct criminal background checks on an as needed basis. Some adverse findings/convictions that may prohibit employment or may result in employment ending are: abandonment; child abuse/neglect; sexually or physically abusing an adult, juvenile, or child; license to care for children, juveniles, or adults denied, terminated or revoked.

## **HOLIDAYS**

A Homecare Aide may choose to use Paid Time Off during the Holiday period, should an employee not work on a recognized holiday. The following procedure is to be followed:

- 1) In the event that an HCA chooses not to work on a recognized Holiday, they must notify both the client and the Home Care Supervisor no later than two weeks before the Holiday. All requests for PTO leave will be determined on a case-by-case basis.
- 2) The HCA must provide advanced to the appropriate Homecare Supervisor. Upon instruction provided by the supervisor, it may be expected that the HCA communicate with the served client. This will be advised on a case-by-case basis.
- 3) If the HCA chooses to use Paid Time Off for the Holiday, the HCA must fill out a separate hardcopy timesheet and submit it to a Homecare Supervisor no later than 4 calendar days following the end of the current pay period. It is required that submitted timesheets are clearly legible and indicate that an employee is electing PTO or reporting hours served with client.

### **Full Life Care Recognized Holidays**

HCA who work on these holidays *with prior authorization* will be compensated at the 1.5 rate.

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

--Thanksgiving Friday --Christmas Eve --Christmas Day

## **Paid Time Off**

### **PTO approval is at the discretion of the Homecare Supervisor**

In the event that a Homecare employee wishes to use their accrued PTO hours and if the requested leave is approved; Full Life Care will review the employee's average hours worked for the last three months from the request date. Once the average has been determined; that will establish the employee's maximum PTO usage on a weekly basis. If the average of hours worked changes, the employee's weekly PTO cap amount will adjust accordingly.

### **Supplementing PTO hours with hours-worked**

As another benefit that Full Life Care offers its employees, is the ability to supplement accrued PTO hours with hours-worked . Corresponding with the three month look back for average hours-worked; a homecare employee may elect to use their unused accrued PTO in order to fill in a gap in their average hours-worked. The employee is limited to electing the maximum amount of PTO in which will fill in the gap between the existing hours-worked and the employee's average hours-worked via the three month look back amount. (e.g. Employee who's 3 month look back average hours-worked is 25hrs weekly. In the current week, the employee experienced a loss in hours but, had already worked 10 hours, as a result in the current week the employee is able to elect a maximum of 15 hours of PTO in order to meet their average hours-worked amount of 25.)

### **Other Information About Paid Time Off**

Please reference the Full Life Care Employee handbook for additional policies pertaining to the PTO cash out option and existing eligibility requirements. To maintain a true salary status, exempt employees may not claim partial Paid Time Off days.

### **Incident Weather/Hazardous Environment Phenomena Leave**

If an employee is unable to reach their client's location due to bad weather, the homecare employee MUST contact the Home Care Supervisor immediately. You can use accrued PTO for these days.

## **ABSENCES**

### **Home Care Assistant (HCA) Absences:**

In the event that a Full Life Care Home Care Assistant is unable to maintain a scheduled Home Care visit to a Full Life Care Home Care client for reasons of personal or family illness, transportation problems or other unforeseen events, the HCA must do the following:

- A) Contact the Home Care Supervisor by phone to provide notice of the absence. If the HCA is unable to contact the client, or the client does not request a substitute, the HCA should communicate this information to the Home Care Supervisor;
- B) Contact the client(s) directly by phone to notify them of the absence.
- C) Should a HCA elect to access their PTO for the missed day, record the absence on a separate timesheet to request Paid Time Off for the absence. Paid Time Off may not exceed the allotted time for the scheduled client shift.

### **Client Absences:**

In the event that a Home Care Client is unexpectedly unavailable for a scheduled Home Care appointment, the HCA must do the following:

- A) Contact the Home Care Supervisor immediately to notify them directly or by voice mail message that the client is absent for a scheduled visit;
- B) If unable to reach the Home Care Supervisor, the Home Care Assistant should use their best judgment to determine whether there is reason to believe the client may be in jeopardy. If the HCA believes that the client is in jeopardy, Emergency 911 services should be contacted immediately.
- C) The HCA may record 1 hour of paid work on the client's timesheet for unexpected absences. The HCA may record the balance of the missed time on a separate time sheet for Paid Time Off. Alternately, the worker may contact the supervisor for an alternate assignment with a substitute client.
- D) The HCA must remain on the premises until the client has been located or the HC supervisor has determined that the HCA can leave.

**Failure to comply with these procedures may result in disciplinary actions up to and including termination of employment.**

## **BENEFITS**

Full Life Care offers eligible employees a wide range of benefits. Some of these benefits are paid for by Full Life Care on your behalf; others are optional and employee-paid.

In order to qualify for most benefits, an employee must work a minimum of 17.5 hours a week on a regular basis OR 22 hours/week if hours are combined with other programs or departments of Full life Care.

**!NOTE!** In order to achieve and remain eligible for benefits, Homecare Aide employees must maintain a minimum of 70 hours per month or 17.5 hours weekly. Both 'Paid Time Off' hours used and hours-worked in a given month, are counted towards achieving the monthly 70 hours eligibility threshold.

As an additional benefit, inconsideration of the high degree of volatility with number of hours-worked with any given homecare client; homecare staff who are actively enrolled in either the medical and/or dental healthcare plan are eligible for up to a three (3) month(consecutive basis) grace period for the months in which they are unable to meet the required 70 hour threshold. To qualify for the three (3) month grace period, the employee must be currently enrolled in the plan(s) and actively employed. For staff who reach the 3<sup>rd</sup> month of the healthcare plan grace period, will lose healthcare coverage the 1<sup>st</sup> of the following month.

### **Separation of Employment through lack of staffing/communication activity**

In the event a HCA employee has not been staffed or returned Employer attempted communication for a minimum of three (3) consecutive months; Full Life Care will move forward with separation of employment which will be classified as a 'Voluntary quit'. If this occurs and you would like to continue employment with Full Life Care please contact a Homecare Human Resources for possible re-hiring.

## **COBRA**

When you Leave Full Life Care – or reduce hours to less than 20 per week, you may elect to continue your coverage through COBRA. Please contact the Full Life Care Human Resources Department for further information.

## **TRAININGS**

Full Life Care is committed to its employees successfully completing State required trainings. To ensure that trainings are completed within the State parameters, it is vital to have full cooperation of employees.

### **Basic Training:**

Non-credential new-hire staff pursuant to State regulations will have a 120 calendar day timeframe to successfully complete the State recognized Homecare aide Basic training curriculum. No later than the 120<sup>th</sup> day, the employee must provide documentation which confirms Basic Training was completed. In the event the Basic Training is not completed by the 120<sup>th</sup> day term, termination of employment will occur.

Circumstances in which case, a new-hire has begun employment with Full Life Care and who has already initiated their 120 calendar day Basic Training timeline with another employer; Full Life Care pursuant to applicable law will refer to the date in which the employee had completed the 'State 5 hour Safety & Orientation' training. Therefore, the start of the 120 calendar day Basic Training timeframe will be retroactive to the date which the Safety & Orientation training had been completed by a given employee.

Once homecare aide staff have completed their Basic training curriculum by the 120<sup>th</sup> deadline, it will be a condition of employment, pursuant to State training requirements that basic training credentialed staff, attain the Homecare certified license no later than the 200<sup>th</sup> day of employment or date in which they initiated their '5 hours Safety & Orientation training' course with a separate employer. Termination of employment will occur if the homecare license is not received by Full Life Care by the last day of State required timeframe.

\*Applicable employees MUST be credentialed by the appropriate expiration date as determined by the provisional homecare license deadline.

### **Continuous Education Training:**

In order for employment to continue and remain uninterrupted; all HCA staff must successfully complete the required Twelve (12) hours of Continuous Education (CE) training no later than the employee's approaching birthday.

In such cases that an employee does not complete all twelve hours of CE training by their birthday, suspension of employment will occur immediately. Staff will not be able to serve their clients.

Should suspension occur, suspension will last up to a maximum duration of 30 calendar days. In order for an employee to be re-staffed and remain employed by Full Life, it will be a condition of employment for the employee to schedule, enroll, attend and complete all remaining CE training hours themselves. The training MUST be completed through a State DSHS approved training provider. Employees who have been suspended will not receive class fee reimbursement from Full Life Care.

For employees who have reached their 30 calendar day suspension timeframe, termination of employment will occur the following day.

With rare exception, should an employee be able to show that extraordinary circumstances had prevented completion of CE training by the 30<sup>th</sup> day of suspension, Full Life Care will make a rare exception and provide a maximum extension of five (5) additional days to complete CE training. This will be treated on a case-by-case basis.

### **When Out of Training and/or Criminal Background check Compliance:**

Staff who have become out of compliance with any one of several trainings or background checks will not be authorized to work with clients. In the event there is uncertainty as to whether an employee is in danger of becoming out of training compliance, it is important to contact the homecare administrative team. Employees who work while out of compliance will be subject to progressive disciplinary steps up to including termination of employment.

## **Communication, Phone and Timesheet Policy**

Full Life Care encourages its Home Care providers to maintain excellent communication with Home Care staff, clients, and client resources. The following policies and practices should guide Home Care workers when they are using cell phones or client phones in the course of their work:

### **Client phones**

Client phone should be used only for communication on behalf of the client, Clocking in/clocking-out using the 'Santrax' system, set up client appointments, or to communicate information about the client to case managers, Home care Supervisor, or other authorized client contacts. Personal phone calls should not be made or received by Home Care workers on a client's phone while at the client's home, except in the case of emergencies.

In the event, such violations occur, progressive discipline up to and including termination will be considered.

### **Cell Phones**

Home Care providers are encouraged to carry cell phones with them during work hours in order to enable communication with clients and Full Life Care staff. Personal usage of cell phones is permitted, but should be restricted to calls of less than 5 minutes in duration, and totaling no more than 5 minutes per hour. These telephone calls should not disrupt important client tasks. Home Care aids should never utilize cell phones while driving or performing hands-on assistance with care providers.

### **Receiving Calls from Clients**

Home Care assistants should not give clients their personal home or cell phone numbers, or encourage clients to contact them outside of their scheduled work hours. Home Care workers are not expected to respond to telephone calls from their clients outside of their scheduled working hours. In the event that a client wishes to contact a Home Care worker by phone, clients are provided with the telephone number of the Home Care Supervisor, including an on-call Supervisor for weekends and evenings. If necessary, the Supervisor will contact the Home Care worker to provide information about the client.

### **Timesheet Turn-in Deadline**

In order to ensure that our staff are compensated accurately in a timely manner, it is important that all homecare employee's turn-in timesheets (if used) **NO LATER than four (4) calendar days after the close of the current pay period.** For further guidance on this, please contact any of the listed below homecare administrative staff. In the event of non-compliance, progressive disciplinary steps up to and including termination of employment may occur. This will be determined on a case-by-case basis.

### **Contact Phone Numbers for Home Care administration:**

<b>Home Care Office:</b>	206-224-3752
<b>Full Life Care Main Phone:</b>	206-467-7033
Full Life HomeCare Human Resources	206-224-3774



# COMMUNICATION

## Lesson 7C.1: Communication



### Learning Objectives

By the end of this lesson, you will be able to:

- Define communication.
- Explain how communication is important for home care work.

### Activity 7C.1.a: What is Communication?

#### Interactive Presentation

In this activity, your instructor will lead a presentation explaining what communication is and why it is important when working with Consumers.

#### What is Communication?

- The exchange of information between people
- A way to build mutual understanding and connection
- Includes speaking, listening, and body language

#### Why is communication important for home care work?

- Can share important health and care-related information with Consumers, such as:
  - Dietary needs and preferences
  - Hygiene requirements
  - Cultural concerns
- Builds mutual understanding, trust and friendliness
- Helps you understand what the Consumer is thinking and feeling
- Shows respect and connection
- Helps you to act professionally
- Helps to avoid misunderstandings and confusion
- Solves problems

## Lesson 7C.2: Body Language



### Learning Objectives

By the end of this lesson, you will be able to:

- Recognize types of body language.
- Explain the effect of body language.
- Effectively use and read body language.
- Recognize and be sensitive to cultural differences in body language.

### Activity 7C.2.a: What is Body Language?

#### Group Discussion

In this activity, you will review photos of people using certain types of body language. You will then answer questions based on these photos. The class will then discuss the answers together. You will also discuss the best practices for using body language.

#### The Importance of Body Language

- Without speaking a word, people use gestures, posture, and facial expressions to communicate very clearly.
- It is important to be aware of and manage your body language. This is important because people often respond more to your body language than to what you say.
- Body language can show that you care, are interested, and are listening. It can also show that you are not paying attention and do not care about the other person or what is being said.
- When our words and our body language do not match, it makes others question our honesty and trustworthiness.

#### Things to Remember About Body Language

- Different cultures may use body language differently:

## Communication: Mental Disorders

- In the United States, we typically think that eye contact shows interest and respect. But eye contact is seen as aggressive and disrespectful in some cultures.
- Touching another person when talking may be common in the Mediterranean. But in Asia, it may be considered rude.
- As a Home Care Aide, it is important to always be respectful and sensitive to cultural differences:
  - Notice how Consumers respond to you.
  - If the Consumer looks away or looks uncomfortable when you look into his or her eyes, ask if there is an issue.

## Communication: Mental Disorders

### Activity Sheet 7C.2.a.1: Identifying Body Language

After reviewing the photos, answer the questions that follow.



## Communication: Mental Disorders

1. Which person would you be most likely to chat with if you sat next to each other in a waiting room? What about that person's body language makes you feel like he or she is approachable?
2. Who would you avoid talking to in a waiting room? Why?
3. If you were talking to the man in Photo 2, would you think that he was listening to you? Would you think you had his full attention?
4. Do you think the man in Photo 4 just heard good news? Why?
5. Which man do you think won the basketball game in Photo 8? Why?
6. Do you think the women in Photo 6 are friends? Do you think they are both interested in their conversation? Why?

**Activity Sheet 7C.2.a.2: Body Language Best Practices**



When you are working with Consumers, pay attention to what you are saying with your body.

The following are different types of body language and the best practices for each:

1. Eye contact:

- Make eye contact with the Consumer to connect with him or her (if appropriate to the Consumer's culture).
- Look into the Consumer's eyes to show that you are open and sincere.
- For Consumers with certain mental disorders, for example schizophrenia, direct eye contact may be difficult.
- Do not take it personally if the Consumer cannot tolerate direct eye contact. If they cannot tolerate it, then avoid looking at them directly when communicating.

2. Facial expressions

- Use a calm, friendly expression.
- Match your face to the words you are saying or what you are hearing.
- Smile if it is appropriate.
- Relax the muscles in your forehead and lips so you do not look frustrated or irritated.

3. Physical touch and space

- Ask for permission before you touch a Consumer.
  - Touch may be problematic for a Consumer with obsessive-compulsive disorder if cleanliness is an issue for him or her, or for a Consumer with post-traumatic stress disorder (PTSD) who is easily startled.
  - Limit or avoid touching Consumers with borderline and anti-social personality disorder. These Consumers have trouble maintaining boundaries.
- Lean towards the Consumer when you are speaking.

## Communication: Mental Disorders

- Stay at a comfortable distance from the Consumer. If you are not sure, ask how close is too close.
- If you feel threatened in anyway by the Consumer do not ask, just keep the distance that you feel is appropriate. Leave the situation if you need to.

### 4. Gestures

- Be relaxed. This is particularly important for:
  - Consumers who have anxiety disorders
  - Consumers with bipolar disorder who are going through a manic episode
  - Consumers who have an anti-social personality disorder
- Keep your hands open, not clenched into fists. This is particularly important for:
  - Consumers with PTSD
  - Consumers with an anti-social personality disorder
- Do not communicate disrespect or irritation by tapping your feet or drumming your fingers.
- Nod to show you are listening and understanding.
- Use a more neutral posture and gestures with Consumers who have poor boundaries such as those with borderline and anti-social personality disorder.

## Lesson 7C.3: Active Listening

---

### Learning Objectives

By the end of this lesson, you will be able to:

- Define **active listening** (a technique used to understand what is being said by thinking about **how** it is said and the nonverbal signs and body language that come with it).
- Describe the nonverbal cues (body language) used in active listening.
- Describe the five key steps of active listening.
- Explain the importance of active listening in home care work.
- Understand how culture affects communication.

### Activity 7C.3.a: What is Active Listening?

#### Role-play and Discussion

In this activity, you will learn about active listening. You will then act out a role-play activity in which you will demonstrate the key steps of active listening.



#### Why Active Listening is Important

- Listening is one of the skills necessary for clear communication. When people listen effectively, they give the speaker their full attention. They really hear the speaker. And, just as important, the speaker feels that she or he has been heard.
- Everyone can listen effectively and improve through practice.
- Listening well is a very important skill in home care work because:
  - When people listen with their full attention, they understand better. They also remember more of what is being communicated, whether from a Consumer, a family member, or a supervisor.
- When you actively listen to a Consumer it makes him or her feel like you are caring and helpful. Not being listened to feels hurtful and disrespectful.

**Activity Sheet 7C.3.a: Key Steps for Active Listening**



For each of the key steps for active listening, create a list of behaviors a Home Care Aide should and should not do. Consider specific behaviors for each step. Make your answers specific to working with Consumers with mental disorders such as:

- Depression
- Bipolar disorder
- Schizophrenia
- Anxiety
- Borderline personality disorder
- PTSD

1. Pay attention.
  
2. Show you are listening with your body language.
  
3. Be respectful and patient.
  
4. Provide feedback.
  
5. Respond appropriately.

### Activity 7C.3.b: Cultural Impacts on Listening



#### Small Group Activity and Group Discussion

In this activity, you will be given cards with statements on them. In a team of two, you will act out the statements using only body language. As a class, you will discuss how these types of body language mean different things in different cultures.

## Lesson 7C.4: How to Give Feedback



### Learning Objectives

By the end of this lesson, you will be able to:

- Define and demonstrate paraphrasing, clarifying, and empathizing.
- Describe how paraphrasing, clarifying, and empathizing improve communication.

### Activity 7C.4.a: Types of Feedback

#### Role-play and Discussion

In this activity, you will learn how to give feedback on what you have just heard from a Consumer.

#### Types of Feedback

One of the key steps in active listening is to provide feedback. This step makes sure that you understand what is being said. You can provide feedback by:



1. **Paraphrasing:** saying in your own words what someone else has just said. This lets you:
  - Confirm your understanding
  - Clarify information or feelings
  - Acknowledge that you correctly heard what was said.

Examples of paraphrasing are:

- “What I hear you saying is...”
- “You mean that...”

2. Asking **clarifying questions:** asking questions to be sure you understand what the speaker meant.
  - This helps you avoid confusion and misunderstanding.
  - It also shows that you are paying attention.

Examples of clarifying questions are:

## Communication: Mental Disorders

- "I am confused by this point, is this what you meant...?"
  - "What did you mean when you said...?"
3. **Empathizing:** Using your own words to acknowledge the speaker's feelings and experience.
- This can be especially helpful with a Consumer who is upset or unhappy.
  - Empathizing shows caring and concern.
- Examples of empathizing statements are:
- "It seems that you are frustrated."
  - "I understand that you are angry."



### **Providing feedback improves communication in five important ways:**

1. Consumers really appreciate feeling heard.
2. It prevents miscommunication. False assumptions, errors, and misinterpretations can be corrected when they happen.
3. It helps the listener to stay focused on clearly understanding what the speaker is saying.
4. It helps the listener to better remember what was said.
5. It can stop anger and cool down a crisis. The focus is on understanding information and hearing what the speaker is expressing, not on reacting to the situation.

### Activity Sheet 7C.4.a: Feedback Role-play



1. For this activity, you will work in teams of two. Each student will take turns acting as the Consumer and the Home Care Aide.
2. Read a Consumer situation below.
3. Then the student acting as the Consumer should speak for a minute or two explaining his or her thoughts and feelings.
4. During the conversation, the student acting as the Home Care Aide should give feedback about what was said. Use paraphrasing, clarifying, and empathizing to provide feedback.
5. The goal of this activity is to practice using active listening techniques. In particular, try paraphrasing what has been said. Do not try to solve the problem.

#### Consumer Situations:

- Tired, feeling some muscle stiffness, unwilling to do exercises on care plan
- Hungry, but not happy with the available food options
- Uncertain and anxious about having a new Home Care Aide, had a very good relationship with previous Home Care Aide.
- Has a stomachache, feels cold, uncomfortable in current position

## Lesson 7C.5: How to Speak Effectively with Consumers

### Learning Objectives

By the end of this lesson, you will be able to:

- Describe the key elements of speech.
- Describe how Home Care Aides should speak when working with Consumers.



### Activity 7C.5.a: How to Speak to Consumers

#### Audio Activity and Discussion

In this activity, you will learn the correct way to speak to a Consumer.

#### Why Speech is Important

- It is very important that Home Care Aides pay attention to the words, tone, pace, and volume of their speech when working with Consumers.
- Tone of voice is particularly important since it frequently communicates more than the words themselves.

### Activity Sheet 7C.5.a: Elements of Speech

The four elements of speech are:

1. Words
2. Tone of voice
3. Speed/pace
4. Volume

#### 1. Words:

- Think about what you want to say before you speak.
- Use simple words and sentences.
- Make one point at a time.
- Do not swear.
- Do not use slang words.
- Speak clearly.

## Communication: Mental Disorders



### 2. Tone:

- Using a calm, neutral, and respectful tone is important when speaking to:
  - Consumers who have bipolar disorder and are going through a manic state
  - Consumers with PTSD who are often irritable and on edge
  - Consumers with generalized anxiety and panic disorders
- A light, upbeat, respectful tone is important when speaking to:
  - Consumers with depression
  - Consumers with bipolar disorder who are going through a depressive stage
  - Consumers with any other disorder with depression as one of the symptoms
- Be positive.
- Do not talk down to Consumers, or talk to Consumers like they are children.

### 3. Pace:

- Do not speak too quickly.
  - This will be particularly important when interacting with a Consumer with bipolar disorder who is going through a manic episode. If they pick up speed, slow down your pace.
- Do not mumble or run words together.
- Ask the Consumer if you are speaking too quickly.

### 4. Volume:

- Speak loudly enough so that the Consumer can hear without straining.
- Do not yell or scream.
- Ask the Consumer if you are speaking loudly enough.

## Lesson 7C.6 How to Ask Questions



### Learning Objectives

By the end of this lesson, you will be able to:

- Explain the difference between closed and open-ended questions.
- Explain the importance of using open-ended questions to communicate with Consumers.
- Create open-ended questions that will be useful in home care work.

### Activity 7C.6.a: Closed and Open-ended Questions

#### Interactive Demonstration and Discussion

In this activity, you will learn the difference between closed and open-ended questions. It is important to know the difference between closed and open-ended questions because both kinds of questions are useful for different situations.

#### Why Asking Questions is Important

Asking questions is a very important part of communication with Consumers:

- It is the way to find out what a Consumer wants or needs.
- It is a way to verify that you understand the Consumer.
- It can be especially challenging when working with Consumers who have difficulty speaking or understanding. You have to have even more patience with these Consumers.

There are two types of questions:

- Closed-ended: These questions usually create short facts or yes or no answers.
- Open-ended questions usually begin with “how,” “what,” or “why?” these questions encourage responses that include:

## Communication: Mental Disorders

- Feelings
- Opinions
- Descriptions
- Explanations

### **Closed vs. Open-ended Questions**

- Sometimes Home Care Aides need to ask closed questions to get specific information from Consumers.
- However, open-ended questions are much more effective when you need to know about the Consumer's thoughts, feelings, or experiences.
- This information may be hard to get using closed questions. This is especially true if the Consumer is having problems and is hesitant to talk about the situation.

#### **Closed Questions:**

- Begin with "did", "do", "are", "is", "when"
- Answered by "yes" or "no" or simple facts
- Stop the conversation
- Require many questions to get the complete story

#### **Open-Ended Question:**

- Begin with "how", "what", or "why"
- Provide detailed information
- Keep the conversation going
- Allow people to tell their story

**Activity Sheet 7C.6.a: Asking Questions, Do's and Don'ts**

**Closed questions:**

- Can be answered in a few words
- Help you get information
- Stop the conversation

**Open-ended questions:**

- Encourage a longer answer
- Help you find out thoughts and feelings
- Keep the conversation going

<b>Do</b>	<b>Do Not</b>
Ask questions that begin with words like "What if," "Explain," "How" or "Why."	Ask questions that have a "yes" or "no" answer
Wait patiently after you ask a question. This gives the Consumer time to think about the question and answer it.	Answer for the Consumer or ask another question
Give Consumers time to think of words and finish their sentences.	Interrupt
Be respectful and patient when a Consumer is speaking slowly or pausing in the middle of sentences.	Finish the Consumer's sentences when he or she is struggling to find a word
Ask the Consumer to explain his or her answers or requests by asking them "why?"	Tell the Consumers that he or she is wrong without asking for their reasons
Encourage Consumers to work through the decision making process, even if it takes some time.  Be patient and allow the Consumer time to think and decide.	Answer for the Consumer without allowing them to think through the decision making process.

### Lesson 7C.7 Communication Skills

#### Learning Objectives

By the end of this lesson, you will be able to:

- Demonstrate active listening, effective speech, and body language in order to more effectively manage challenging situations.

#### Activity 7C.7.a: Practice Your Communication Skills

##### Role-play and Discussion

In this activity, you will observe as your instructor role-plays some situations. You should identify the good communication skills and the poor communication skills used in each situation. You will also get a chance to practice the communication skills that you have learned in this module.

The communication skills that have been discussed in this module are keys to setting effectively handling challenging situations:

- Body language is important to communicate respect. It is important to show that you are listening.
- When speaking, body language can communicate more than the words.
- Active listening helps Home Care Aides to better hear what Consumers are trying to say. It makes Consumers feel they are getting respect and attention.
- Paraphrasing shows that the Home Care Aide understands the Consumer. It also lets you clarify the Consumer's meaning.
- When speaking, the Home Care Aide should pay attention to the elements of his or her speech. This way you communicate clearly and respectfully. You also avoid confusion or misunderstandings.
- Asking open-ended questions helps the Home Care Aide to get correct and complete information from the Consumer.

## Communication: Mental Disorders

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### **It is important to practice these communication skills**

- While these skills may seem awkward now, after practice they will become second nature.
- Practice helps you to learn.
- Using these skills in the classroom, with co-workers, and at home will help you to apply the skills better when working with Consumers.

**Activity Sheet 7C.7.a.1: Role-play Observation**

	Name:	Name:
<b>Body Language</b>		
Makes eye contact		
Has appropriate face expression		
Uses open, attentive gestures		
Has attentive posture		
Looks away or acts distracted		
<b>Listening</b>		
Pays attention		
Acts distracted		
Repeats what is said in own words		
Makes comments to show interest (e.g., "I see," "mm hmm," "yes")		
Shows empathy (e.g., says "that's frustrating", "I see you're upset", etc.)		
Interrupts		
<b>Speaking</b>		
Asks permission before touching or doing things to Consumer		
Asks open-ended questions		
Uses a respectful tone		
Uses an inappropriate tone		
Uses clear, simple sentences		
Speaks at an appropriate speed		
Speaks too fast or too slow		
Speaks at an appropriate volume		
Speaks too loud or too soft		
Uses slang or swear words		
Checks for understanding		

# Patient Lifts



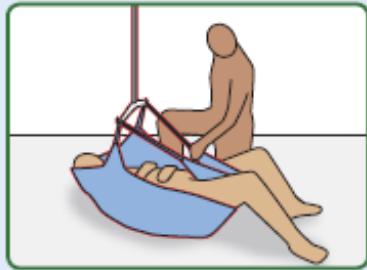
## SAFETY GUIDE

Caregiver Safety Tips .....	1
Know Your Lift .....	2
Check Patient's Condition .....	3
Select Patient's Sling Size .....	4
Choose Sling and Sling Bar .....	5
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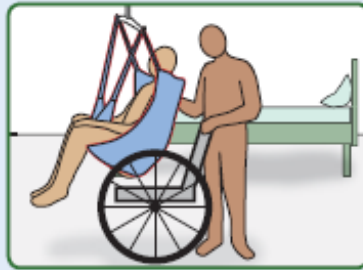
This guide provides general safety recommendations and is not a replacement for the manufacturer's instructions. Refer to manufacturer's instructions for specific use guidelines.

# 1 Caregiver Safety Tips

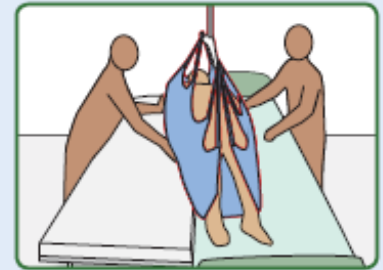
Using lifts for these activities may help caregivers avoid back injury:



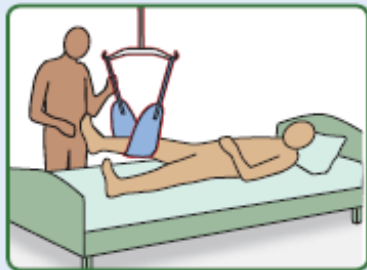
✓ Lifting from floor



✓ Bed-Chair transfer



✓ Lateral transfer



✓ Lifting limbs

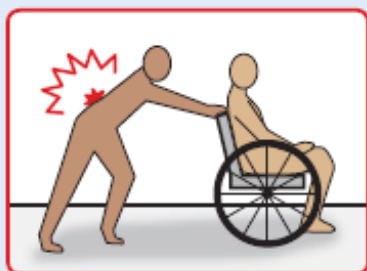


✓ Toileting/Bathing

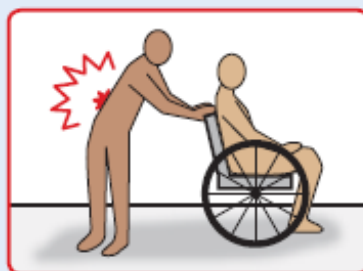


✓ Repositioning

**DO NOT push, pull or lift weight while...**



Off-balance or leaning forward



Twisting and/or reaching



Entrapped in a confined space

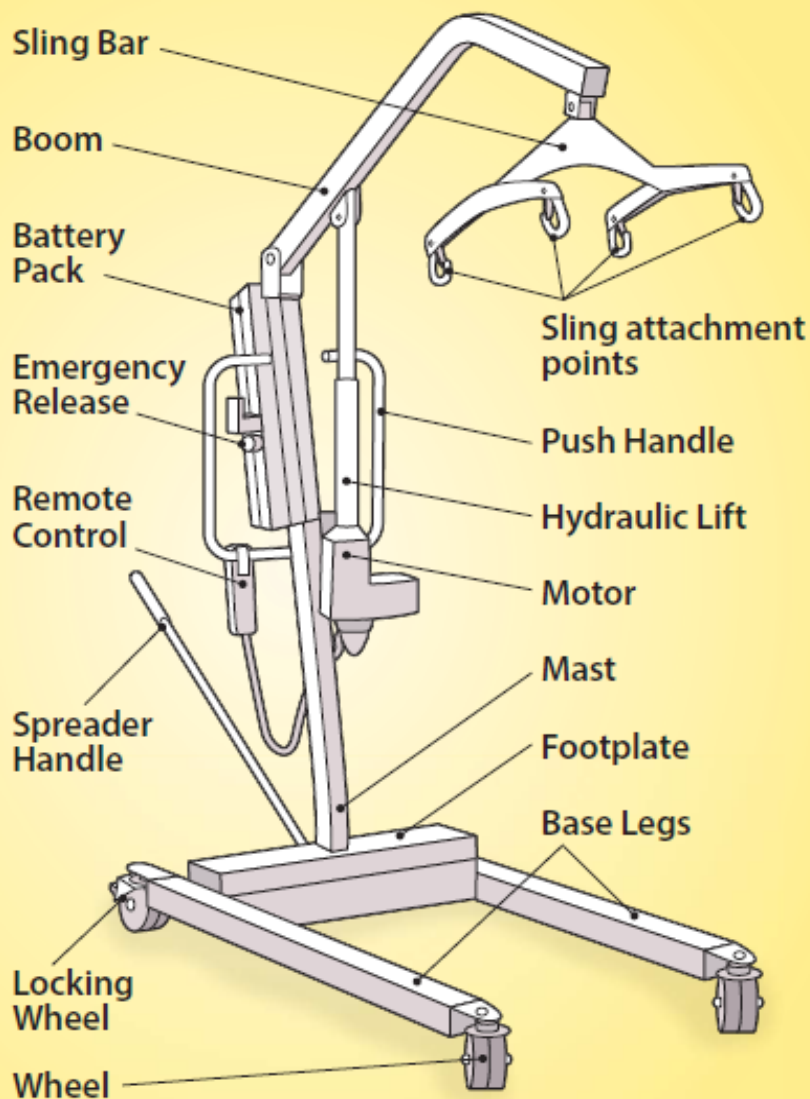
**! Work as close to patient as possible to avoid stress of leaning.**

# Know Your Lift

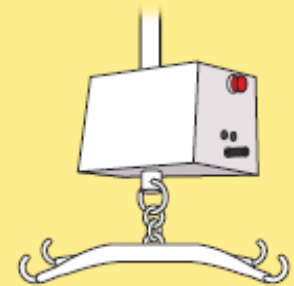
2

**! Patient falls from lifts may cause injuries, including head trauma, fractures and death.**

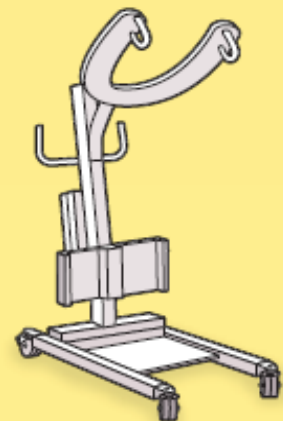
**Receive training and practice before operating a lift.**



**Floor-Based, Full-Body Sling Lift**



**Overhead Full-Body Sling Lift**



**Sit-to-Stand Lift**

*A floor-based, full-body sling lift is featured throughout this guide; however the information applies to all patient lifts.*

### 3

# Check Patient's Condition

c

**Before using a patient lift, check:**

## Patient's physical capabilities

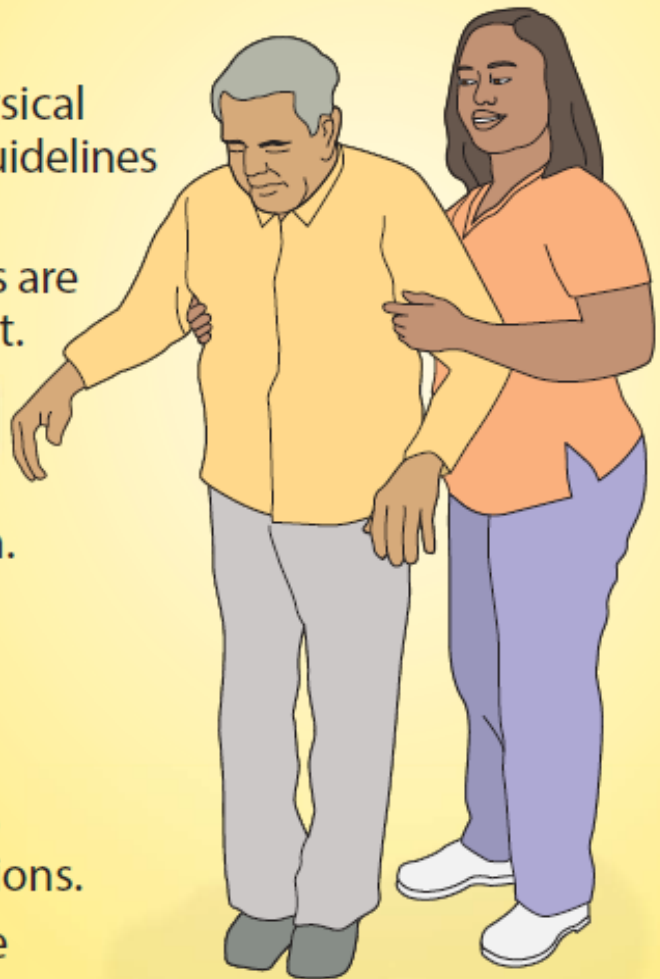
- ✓ Check to see if patient can assist with transfer.
- ✓ Check patient's weight and physical condition; use manufacturer's guidelines to make sure lift is appropriate.
- ✓ Determine how many caregivers are required to safely lift the patient.

## Patient's medical condition

- ✓ Make sure you have correct lift and sling for patient's condition.
- ✓ Ensure the lift will not make the patient's condition worse.

## Patient's mental status

- ✓ If alert, ensure patient is able to understand and follow instructions.
- ✓ Make sure patient is ready to be placed in a lift.



**The use of a patient lift should be avoided if the patient is agitated, resistant or combative.**

# Select Patient's Sling Size

4

**1** Assess patient's size, weight and hip measurement.

**2** Choose size of sling based on manufacturer recommendation for patient's measurements. Choosing correct sling size is critical for safe patient transfer.

## SLING TOO LARGE:

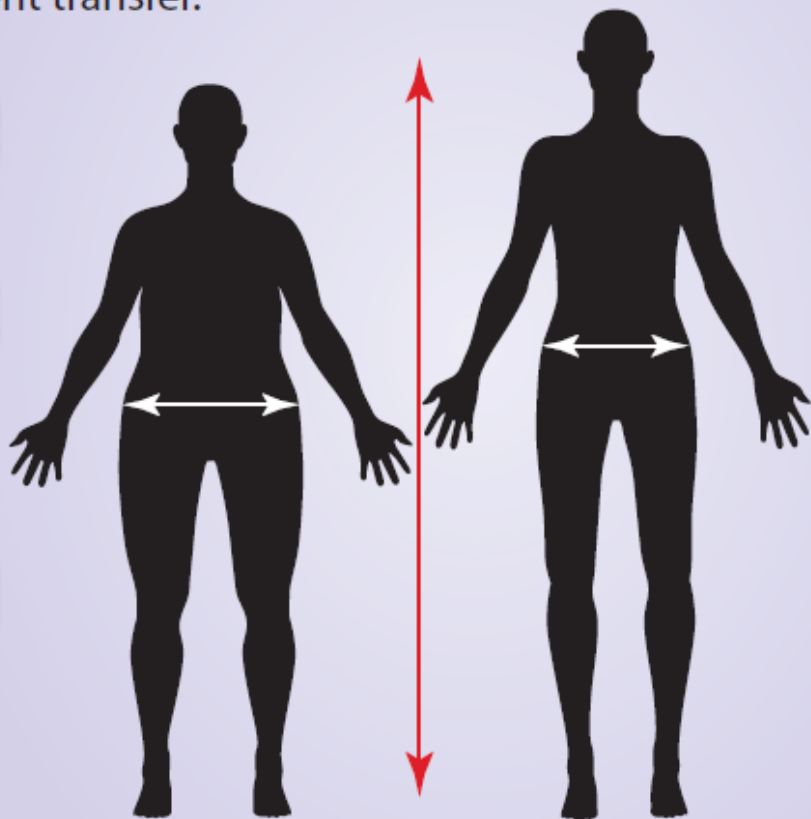
Patient may slip out.

## SLING TOO SMALL:

Patient may fall out. Sling may worsen patient's condition.

## IF BETWEEN SIZES:

Smaller size may keep patient more secure.



**!** Using the wrong sling or attaching the sling incorrectly may cause an accident that can result in serious injury or death.

5

# Choose Sling and Sling Bar

**! Only use a sling specifically designed for your lift.  
! Using the wrong sling may cause serious injury.**

To increase patient safety, use the correct type and size of sling for your patient. Select sling and sling bar based on manufacturer recommendations for the following criteria:

- ✓ Type of transfer task
- ✓ Patient's medical condition
- ✓ Patient's size and weight
- ✓ Pressure sensitivity
- ✓ Need for full back support
- ✓ Need for head support
- ✓ Need for padding
- ✓ Patient's preferred or medically appropriate position



U-shaped



Full-Body

*Some medical conditions such as stroke, orthopedic conditions, amputations or certain wounds may affect sling choice.*

---

## Sling Bars

- ✓ Use a sling bar that is appropriate for the patient's size.
- ✓ Choose sling bar/sling combination that will place patient at a safe angle.
- ✓ Only use sling with correct clip or loop attachment type for the sling bar.

# Prepare Environment

6

## Determine number of caregivers needed:

- ✓ Most lifts require two or more caregivers to safely operate lift and handle patient.

## Position lift and receiving surface:

- ✓ Move lift base legs near or around patient's device. Base legs are usually more stable in full open position.
- ✓ Position lift and receiving surface at correct height to transfer patient easily.

## Clear path for lift:

- ✓ Ensure there is space for lift to pivot and move freely to receiving area.
- ✓ Ensure lift is able to fit under or around receiving surface and through doorways.



*For thick carpet, consider choosing a lift with larger wheels or placing a plastic floor mat over carpet.*

7

# Prepare Equipment

**! Do not use lift to transport patient unless lift is specifically designed for transport.**

- ✓ Ensure battery is charged for transfer.
- ✓ Test lift controls before bringing lift to patient. **Make sure the emergency release feature works.**
- ✓ Ensure receiving surface is stable and locked.
- ✓ Ensure slings, hooks, chains, straps and supports are available, appropriate and correctly sized.
- ✓ Check lift and sling weight limits. Ensure patient's weight does not exceed the limits.
- ✓ Examine sling and attachment areas for tears, holes and frayed seams. **DO NOT USE** sling with any signs of wear.



# Place Patient in Sling

8

**!** Using the wrong sling or attaching the sling incorrectly may cause serious injury to the caregiver or patient.

**1** Place patient in sling.

- ✓ Position center of sling under patient's spine.
- ✓ Place leg straps flat under patient; do not let material fold.
- ✓ Make sure sling opening is not large enough to let patient slip out or too small to let patient fall out.

**2** Lower sling bar down to patient. Do not let sling bar hit patient.

**3** Attach sling straps to sling bar as directed by manufacturer.

- ✓ Use matching loops from each side to ensure sling is balanced. Choose loops that provide best angle and position for patient.
- ✓ Ensure all clips or loops are secure and will stay attached as patient is lifted.
- ✓ Ensure straps are not twisted.
- ✓ Ensure patient's head and/or back is supported, if needed.

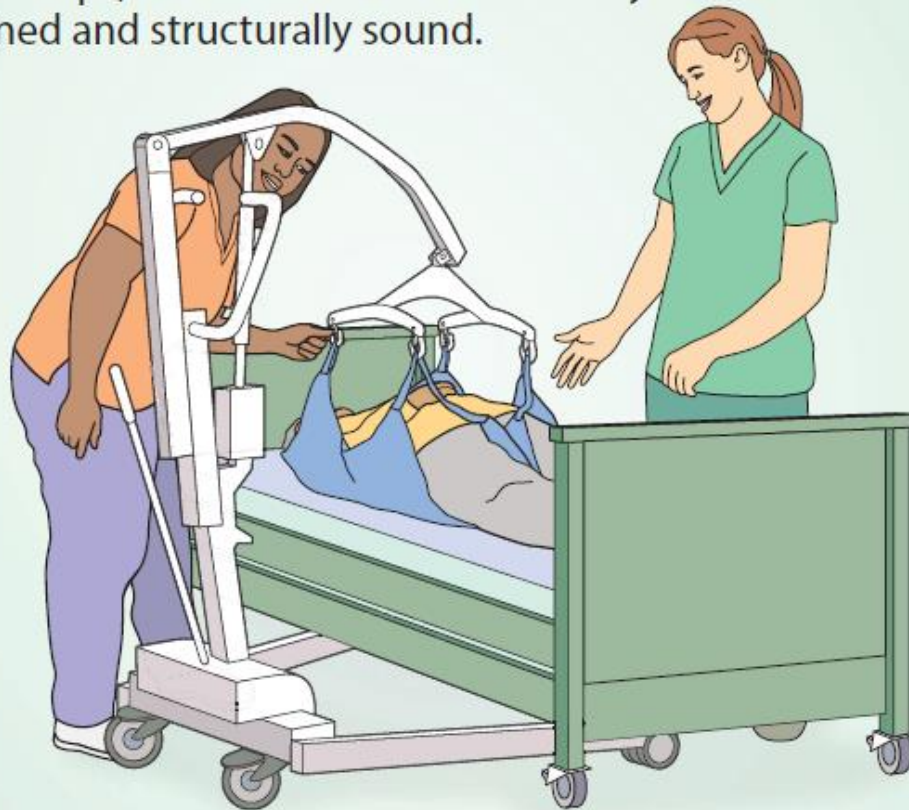


9

# Perform Safety Check

Before lifting the patient, perform safety check:

- ✓ Examine all hooks and fasteners to ensure they will not unhook during use.
- ✓ Double-check position and stability of straps and other equipment before lifting patient.
- ✓ Ensure clips, latches and bars are securely fastened and structurally sound.



For electric lifts, make sure batteries are always charged.

# Lift the Patient

10

**! Do not leave patient unattended while in lift. Never keep patient suspended in sling for more than a few minutes.**

**1** Lift patient two inches off the surface to make sure patient is secure. Check the following:

- ✓ Sling straps are confined by guard on sling bar and will not disengage.
- ✓ Weight is spread evenly between straps.
- ✓ Patient will not slide out of sling or tip backward or forward.

**2** Check patient's comfort:

- ✓ Make sure sling does not pinch or pull patient's skin.
- ✓ Ask if patient is comfortable.
- ✓ Look for non-verbal signs of discomfort.

**3** Slowly lift patient, only as high as necessary to complete transfer. Check the following:

- ✓ Patient is still comfortable.
- ✓ Sling will not hurt patient's skin.



**11**

# Lower the Patient

- 1** Use gentle hands-on pressure to guide patient as you slowly move lift toward receiving surface.

**! Holding or supporting patient's weight while in sling may cause straps or hooks to detach from lift.**

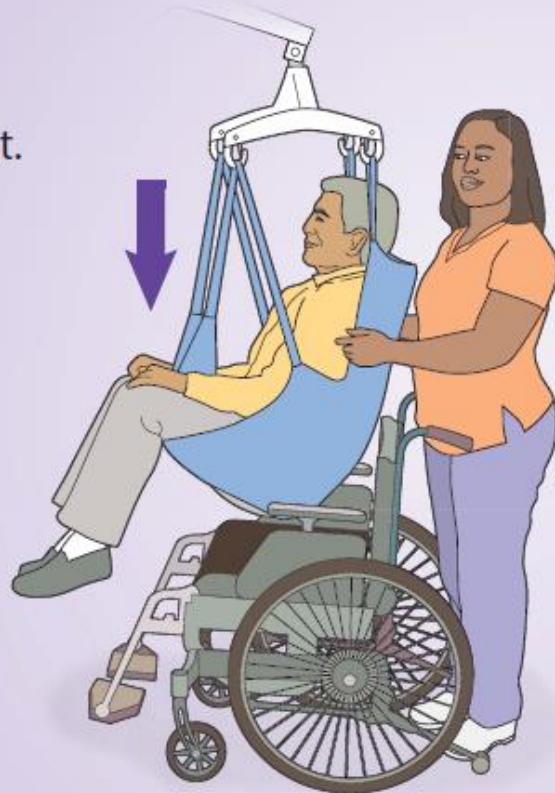
- 2** Slowly lower patient toward receiving surface. Move patient's body into correct position on receiving surface before releasing patient's weight.

- 3** Release patient's weight.  
Do not let sling bar hit patient.

- 4** Detach sling from lift using manufacturer's instructions.

- 5** Carefully remove sling from patient's body, if necessary.

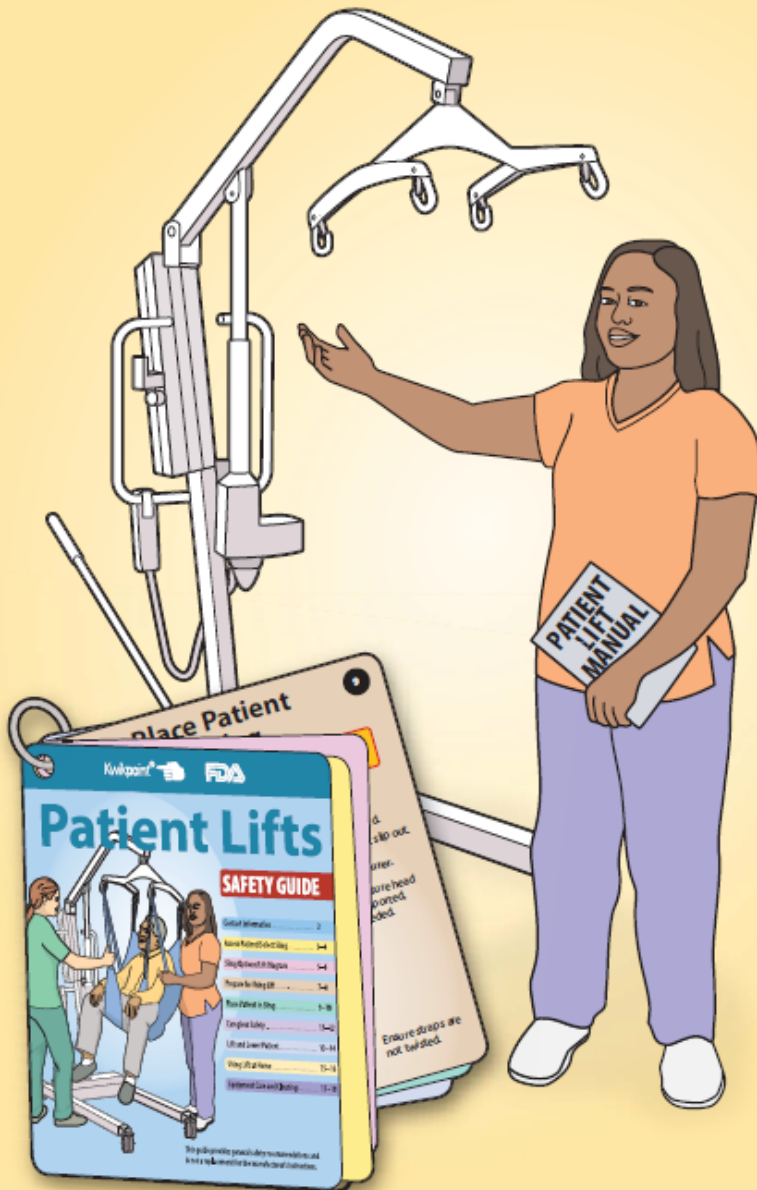
- ✓ Be careful not to hurt patient's skin.
- ✓ Ensure that seated patients do not fall forward as sling is removed.



**If power fails, use the emergency release to lower patient manually.**

# Patient Lifts at Home

12



- ✓ Get training from a qualified medical professional before operating a patient lift at home.
- ✓ Keep manufacturer's instructions close to your lift and always follow them.
- ✓ Have a back-up plan in case your lift stops working properly.
- ✓ When selecting a lift for home use, ensure you have the required number of caregivers needed to operate the lift.

13

# Patient Lifts at Home

**! Never operate a lift by yourself if the lift requires more than one person for operation.**

- ✓ Keep children and pets away from lift.



- ✓ Make sure you recognize and understand the alarms and error messages. Always follow through when you hear an alarm.
- ✓ Call your supplier or manufacturer if you need help or have a problem with the device.

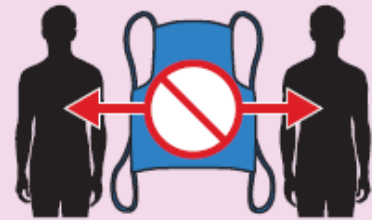


# Sling Care

14

Do not share slings between patients unless slings are properly washed and disinfected.

**! Disinfect slings after every use.**



Follow manufacturer sanitation and wash instructions. Remove metal or plastic reinforcements if required.



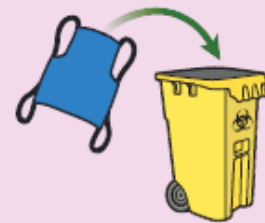
Disinfect and scrub areas that contact patient's skin.



Air dry only.  
Do not machine dry.



Do not bleach.  
Do not iron.



Throw away used disposable slings.

**! Do not use slings that are frayed, ripped or have holes.  
! If sling shows signs of wear, replace it immediately.**

15

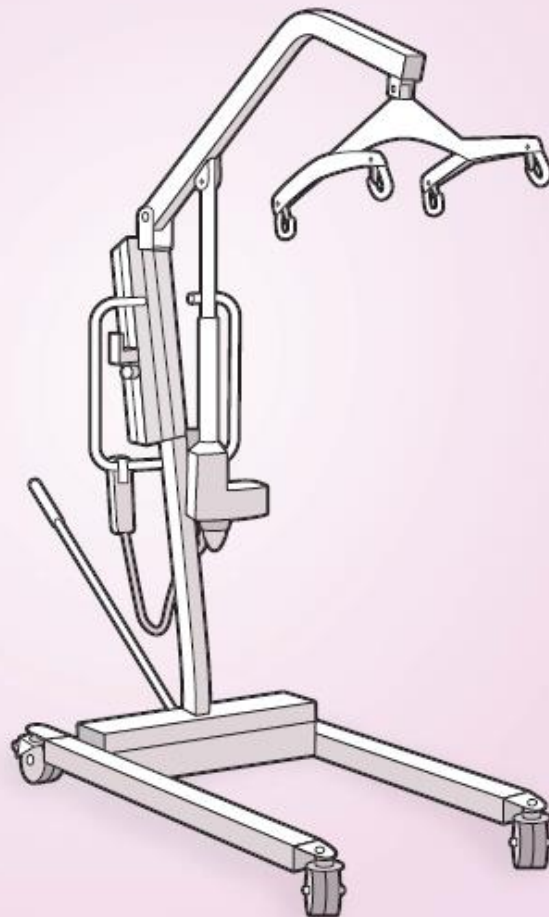
# Patient Lift Care

Follow manufacturer instructions to clean and disinfect lift.  
Always clean lift before and after each patient use.

- ✓ Disinfect all lift surfaces.



- ✓ Wipe off traces of disinfectant.



- ✓ Clean motor casings and ceiling tracks if using an overhead lift.

# Contact Information

16

## CARE PROVIDER

Name:

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Phone:

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## LIFT MANUFACTURER

Name:

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Phone:

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Web Site:

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---

## SUPPLIER

Name:

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Phone:

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Web Site:

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**If you have problems operating your lift, contact the manufacturer or supplier.**

If you experience an injury, quality problem, or use error when using a patient lift, we encourage you to file a voluntary report at **1-800-FDA-1088** or online through MedWatch, the FDA Safety Information and Adverse Event Reporting program at [www.fda.gov/Safety/MedWatch](http://www.fda.gov/Safety/MedWatch).

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# TAKING CARE OF THE CAREGIVER

## **Taking Care of the Caregiver**

Caregivers are encouraged to take care of themselves through exercise, proper diet, taking breaks and adequate sleep. Caregivers can benefit by following these suggestions for both self-care and caregiving.

### **Here are some helpful tips from Rosalynn Carter's book, "Helping Yourself Help Others":**

- Be open to other's observations.
- Know your limits.
- Focus on strengths.
- Learn relaxation techniques.
- Take care of your health.
- Rely on your sense of humor.
- Maintain a life outside of your caregiving role. (Don't take your work home with you)
- Appreciate the benefits of leisure time.
- Seek professional help.
- Appreciate your own efforts
- Seek spiritual renewal
- Set a daily routine and schedule

## Recipe Card for Self Care: How are you doing?

- |                                  |   |   |
|----------------------------------|---|---|
| • I am feeling rested and calm.  | T | F |
| • I am getting enough sleep.     | T | F |
| • I have someone to talk to.     | T | F |
| • I am eating regularly everyday | T | F |
| • I am exercising regularly.     | T | F |

If you answered more than two false, then read the Recipe for Support below.

## Recipe for Support

- Go for a walk.
- Plan time for leisure activities.
- Treat yourself to something that makes you feel good.
- Keep a journal or express yourself through art.
- Talk with someone you feel comfortable sharing with.
- Eat regularly
- Get enough sleep
- Call your supervisor or HR staff with any questions or concerns.

## **Symptoms of Caregiver Burnout**

Being a caregiver is very rewarding, yet a demanding job. Here are a few thoughts to keep in mind during your career as a caregiver.

### **Signs of Burnout**

- Irritability
- Insomnia
- Physical complaints
- Fatigue
- Decreased motivation
- Anger
- Resentment
- Blame
- Emotional exhaustion

### **How Does Burnout Occur?**

- Lack of clear job role definition
- Poor communication
- Uncertain rewards
- High expectations
- Difficulty in saying no
- Feeling of needing to prove oneself
- Self-sacrifice
- Commitment, dedication and idealism
- Difficulty delegating
- Perfectionism
- Being a “giver” rather than “receiver”

## Steps to Getting Help

- Recognize that not all tasks are of the same importance
- List all tasks that need to get done
- Review your list of tasks with the intent of sorting
- Write down your worries
- Know what you can and cannot control
- Give yourself a pat on the back
- Asking for help is not a weakness-Ask someone to help.

## **Time for You: Relaxation Techniques**

### **Deep Breath/Tense, Exhale/Relax, Yawn**

1. Clench your fists; Breathe in deeply and hold it a moment.
2. Breathe out slowly and go limp as a rag doll.
3. Start yawning

### **Heartbeat Breathing For Relaxation**

Before you do this, if you are unsure about how to find and count your pulse rate (usually radial pulse at the wrist), ask your training coordinator to assist you.

1. Take a deep, comfortable breath.
2. Close your eyes or focus on your hands.
3. Count your radial pulse (at the wrist) for two beats.
4. Inhale while you count the next two beats.
5. Exhale while you count the next three beats.
6. Inhale and exhale in this manner several times.

**Additional points:** You can do this quickly if you are suddenly anxious or fearful. You can do this without drawing attention to yourself. The pulse (heart) rate usually slows noticeably.

### **Humor for Relaxation**

Laugh when you hurt? Hurting is rarely funny, but people who hurt sometimes find that occasional humor is one of the most effective ways to deal with pain. Why not try some of the following?

1. Watch television programs that are usually funny to you.
2. Listen to recordings by comedians that you find hysterical.
3. Read books that make you laugh.

Something funny can certainly be distracting, but its value seems to go beyond a momentary redirection of thoughts. Humor may produce relaxation.

For example, when you laugh, it is almost impossible to maintain muscle contraction.

A simple example of this is when two or more people attempt to lift a heavy object in unison. One of them may be in charge of coordinating the efforts. That person counts or gives some cue to signal everyone to lift at the same time. But if they laugh, they fail. The result is familiar: the lifters become limp, drop the object, and sometimes actually fall to the floor. Laughter causes skeletal muscle relaxation; the skeletal muscles become too limp to hold or lift an object.

### **Teaching Point: Jaw Relaxation**

1. Let your lower jaw drop slightly, as though you were starting a small yawn.
2. Keep your tongue quiet and resting in the bottom of your mouth.
3. Let your lips get soft.
4. Breathe slowly, evenly, and rhythmically; inhale, exhale, rest.
5. Allow yourself to stop forming words with your lips and stop thinking words.

**Additional points:** This technique may reduce both pain and distress you may be experiencing.

### **Progressive Muscle Relaxation**

Progressive Muscle Relaxation is a great way to reduce overall body tension. This is an easy exercise. All you need is a few minutes, a private spot, and a comfortable position either lying down or sitting up.

Start by tensing all the muscles in your face. Close your eyes as tightly as possible, clench your teeth, pucker your lips, move your ears. Inhale and count to five or eight as you hold the tensed facial position.

Exhale and relax completely-blow out all your stress. Relax and repeat. Allow the muscles you just used to completely relax. Feel the stress melt away, enjoy the feeling.

Next, completely tense your neck and shoulders, shrug your shoulders, inhaling and counting to either five or eight. Then exhale, relax and repeat.

Continue down your body, repeating the procedure with the following muscle groups: Chest, abdomen, entire right arm and left arm. (forearm and hand), buttocks, right leg and left leg (thighs, calves and foot)

A shortened version includes tensing the four main muscle groups:

Face            neck, shoulders and arms            abdomen and chest

Buttocks, legs and feet.

By focusing on each muscle group one after the other; you can relax your body in a matter of minutes.

### **For the Caregiver: Taking Care of Yourself**

**Reach out.** Reach out to your supervisor, training coordinator, HR staff, counselor or religious adviser. This helps reduce the feelings of isolation. It makes a huge difference to know you are not the only one having these feelings.

**Get some sleep.** To overcome insomnia, experts suggest everything from guided imagery and relaxation techniques to acupuncture and even warm milk. Cutting back on late afternoon caffeine and boosting your exercise may also help you sleep better. Try exercise. Sometimes it helps to write down your worries and “release” them for the day before heading to bed. If all else fails, it may be time to talk with your doctor.

**Keep up your health.** With everything they have to do in a day, caregivers often neglect health maintenance. Some simple things to keep in mind include eating regular meals that are rich in fruits and vegetables, staying hydrated and exercising, even if it's a brisk 15-minute walk each day. (Increase it to 30 to 45 minutes when you can). Keep regular appointments for dental cleanings, health screenings and annual checkups.

### **Website**

[www.caregiver.com](http://www.caregiver.com)





**Full Life**<sup>TM</sup>

## Orientation Process

WAC: Personnel, Volunteers and Contractors	Policy No. HC 304	Page 1 of 1
	Date of Origin: 06/01/2004	Revised: 12/10/15

1. Philosophy of Care/Mission Statement
2. Job Description
3. Service Plan/Service Summary
4. Time Sheet and Task Sheets
5. Homecare Assistant state mandated training (Basic Training/CE)
6. Electronic time keeping system - ClearCare
7. Policies and procedures of Full Life Care (including but not limited to the following):
  - a) Client Rights and Responsibilities
  - b) Confidentiality
  - c) Family Attestation confirmation
  - d) Meal Break Waiver
  - e) Unscheduled Absences
  - f) Mandatory Reporting
  - g) Infection Control/Universal Precautions, BBP
  - h) Emergency Procedures
  - i) Received Agency Identification Badge

I have received orientation in each of the areas listed above:

Employee's Name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation Coordinator Signature: \_\_\_\_\_



**EMPLOYEE ORIENTATION MANUAL**  
**&**  
**EMPLOYEE HANDBOOK ACKNOWLEDGEMENT/AVAILABILITY**

This confirms that I:

- Have received the Full Life Care HomeCare Orientation Manual;
- Have received the Full Life Care Employee handbook and Employee Handbook Addendum for Homecare;
- Understand its policy and procedures and all other contents;
- I have received training on the contents of both manuals and have had the opportunity to ask questions;
- Understand that the policies and procedures contained in the HomeCare Orientation Manual & Full Life Care Employee handbook and Employee Handbook Addendum for Homecare may be updated by Full Life Care as required;
- Understand that the Employee Handbook supersedes any prior handbooks or policy manuals issued by Full Life Care.
- I understand that I can access a copy of the HomeCare Orientation Manual in the HomeCare office located at 4712 35<sup>th</sup> Ave S, Seattle WA 98118.

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Signature of Employee

---

Printed Name of Employee

---

Date of Signature



***EMPLOYEE'S STATEMENT OF UNDERSTANDING –  
HEMOCARE ADDENDUM***

This confirms that I:

- Have received and read the Homecare Employee Handbook Addendum;
- Understand its contents and have had a chance to ask questions;
- Understand that the Homecare Employee Handbook Addendum is not an agreement or contract for employment and that my employment may be terminated at any time, with or without cause, by either myself or my employer;
- Understand that the policies and procedures contained in this addendum may be changed by Full Life Care from time to time.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Revision Date (located on front cover)