

Hughes Behavioral Mental Health Services Annual Refresher

Infection Control and Bloodborne Pathogens

Driving Safety

Community-Based Services Safety Manual

Core Competency Refresher

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Employee handbook



Infection Control and Bloodborne Pathogens

**Infection Control/Bloodborne Pathogens In Human
Service Organizations**

Infection Control — A Review

The Spread of Infections:

The spread of a communicable disease or infection involves the following components:

- ❖ *A susceptible host*
- ❖ *A biological agent sufficient to cause disease*
- ❖ *A mode of transmission*

All three of the above must be present for an infection to spread from one person to another. This is called the “chain of infection”. An organism may have a single route of transmission, or it may be transmitted by two or more routes. If the chain is broken, the potential for infection is eliminated.

Modes of Transmission:

Knowing the way by which a disease or infection is transmitted is important in infection control. The most common modes of transmission are through the following:

Contact. In contact spread, the susceptible person has contact with the infected source and the contact is either direct, indirect, or by droplets.

Direct Contact: This is where there is actual physical contact between the source and the susceptible person. The exposure is the result of close contact to skin and body secretion/fluids. Organisms can be transmitted from one part of the person’s body (such as their skin), to another part of their own body or another person (such as touching an open wound).

Indirect Contact: This occurs when organisms from an infected host are transmitted to a susceptible host via an inanimate object. These sources can include medical equipment, clothing, toys, dressings, sinks, and so on.

Droplet Transmission: Infectious agents in droplets are expelled from respiratory secretions by coughing, sneezing, or talking. Droplets are large particles that rapidly settle on a surface or are deposited on a susceptible person’s nasal membranes or mouth. They can not be transmitted beyond a radius of several feet from the source and require close contact with another person for transmission.

Airborne Spread: Airborne describes organisms that have a true airborne phase in their route of transmission. This usually results in a distance of more than several feet between the source and the receiver. Pathogens such as the chickenpox, and tuberculosis are transmitted in this way. This method of transmission may not require close contact with the infectious person.

Host: Whether or not the micro-organism infects a person depends on the ability of the organism to cause disease and the ability of the body to resist it. Previous exposure and immune response will also play a role. Disease does not always follow the transmission of infectious agents to the host.

Bloodborne Pathogens — A Review

Hazards that lurk in your workplace are so small, hundreds of thousands could gather on the head of a pin. They're called bloodborne pathogens, or BBPs, and are micro-organisms in your blood that can cause diseases like hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). People can carry these viruses for years while looking and feeling quite healthy. But, they are still contagious and could infect you or a co-worker.

Bloodborne Diseases:

Hepatitis B

- ❖ is a serious liver disease
- ❖ is caused by a virus (HBV)
- ❖ Symptoms may include: jaundice, nausea, weakness, abdominal pain, and other mild conditions
- ❖ Others may show no symptoms, but may still be contagious
- ❖ Untreated, HBV becomes chronic and may cause: cirrhosis of the liver, liver cancer, liver failure, or death.
- ❖ HBV is preventable as there is a vaccine.

Hepatitis C

- ❖ Can cause liver disease
- ❖ Is caused by a virus (HCV)
- ❖ Symptoms may include: fatigue, dark urine, abdominal pain, loss of appetite, nausea
- ❖ Hepatitis C is often called the "silent epidemic" because symptoms are absent or hard to treat
- ❖ There is no vaccine

Human Immunodeficiency Virus (HIV)

- ❖ HIV is the virus that causes AIDS
- ❖ Destroys white blood cells that fight disease
- ❖ The virus converts to AIDS when it destroys the immune system

How Do You Get a Bloodborne Disease:

Most HIV and hepatitis infections are caused by high risk sexual contact with an infected person, blood transfusions, or intravenous drug use. You get infected when you contact blood or bodily fluids of an infected person. Bloodborne diseases are spread by three types of bodily fluids: blood, vaginal secretions, and semen. Vomit and feces contaminated with blood are potential carriers. Blood or other bodily fluids containing HBV, HCV, or HIV must get into your bloodstream through a break in skin or through mucous membranes to potentially cause the disease.

You cannot get infected with HIV or hepatitis from:

- ❖ Sharing a drink
- ❖ Sharing a toilet seat or phone
- ❖ Bug bites
- ❖ Using the same equipment or eating utensils

Transmission of Bloodborne Pathogens in the Workplace:

To get infected with HIV, HCV, or HBV in the workplace:

- ❖ Your broken skin or mucous membranes must contact someone's infected blood.
- ❖ Broken skin includes skin cuts, abrasions, or acne. Cuts or breaks in skin are doorways for the viruses to enter your body.
- ❖ You could come in contact with a piece of glass or equipment with contaminated blood.

Responding to Emergencies in the Workplace:

If someone is hurt on the job:

- ❖ First, assess the situation. If the individual can stop the bleeding without your help, that is always best.
- ❖ Use a barrier to avoid direct contact with blood
- ❖ Apply pressure to any wound
- ❖ Avoid letting blood or bodily fluids contact your skin, eyes, nose, mouth, or clothing
- ❖ Use single-use or other leak proof gloves
- ❖ Call for help
- ❖ Apply first-aid as trained/certified

After the incident.

- ❖ Wash any exposed areas with warm water and soap
- ❖ If you get blood or bodily fluids in eyes, immediately flush eyes with running water
- ❖ If you get blood or bodily fluids on clothes or shoes, remove them and place in a sealed plastic bag
- ❖ Contact your supervisor

Preventing the Spread of Infection – An Overview

To prevent the spread of infection it is necessary to eliminate at least one of the three chains of infection (susceptible host, biological agent sufficient to cause disease, mode of transmission). When working in a human service environment, taking the necessary precautions is the first step in preventing the spread of infection. Common prevention strategies include:

Handwashing: Handwashing is the number one method of infection control. You should wash your hands: if you contact blood or bodily fluids, before starting work, throughout your shift, before going home, before eating, drinking, handling contact lenses, or applying makeup or lip balm. The steps of handwashing include: wetting hands, applying a non-abrasive soap, washing for 15 seconds, rinsing hands in a downward position, drying hands with clean paper towel, discarding towel, and turning off faucet with a clean paper towel. If handwashing facilities are not available you can use a waterless alcohol-based hand rub. To do so, you should: apply the product to the palm of one hand, rub hands together, cover all surfaces of hands and fingers until dry, and wash with soap and water as soon as possible. It is also important to remember to cover any cuts you might have with bandages and to not share items that might have blood on them (razors, toothbrushes, etc.).

Facility Cleanliness: Special care should be given to facility cleanliness. Bathrooms, lavatories, examination areas, work areas, and eating areas should be disinfected regularly with a fresh solution of one part household bleach to ten (10) parts water, or a commercial cleaning spray that is known to be a proven disinfectant. Employees in work areas with desks can easily be supplied with a commercial disinfectant cleaning spray and a roll of paper towels.

Spills: All body fluid spills (regurgitation, diarrhea, urination, bleeding, sputum, etc.) should be cleaned promptly and the contaminated area disinfected. The area should be cleaned with a fresh solution of one (1) part bleach to ten (10) parts water.

Waste Disposal: All items that contain semi-liquid blood or other bodily fluids, or items that would release blood or other infectious material if compressed (cleaning rags, tissues, dressings, gloves, gowns, masks, etc.) should be discarded in labeled biohazard red bags. These bags should be closed to prevent spillage or protrusion of contents during handling, transport, or shipping. In some instances, double bagging may be necessary. These bags should be coded with the regulated waste insignia and taken to a local hospital for appropriate disposal or removed from the premises by a contract waste disposal provider.

Barrier Protection: Gloves should be worn by any worker required to touch, or is susceptible to contact with blood and body fluids, mucous membranes, or nonintact skin. Gloves should be for single use only. Hands should be immediately washed after

the gloves are removed.

General Rules: Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses should not take place in areas where there is a reasonable likelihood of exposure to potentially infectious materials. Do not share glasses, cigarettes, or other items that could spread germs upon direct contact. If possible, avoid small, enclosed areas where close continual contact with others occurs. When not possible, be observant of persons in a small enclosure who may be coughing or display symptoms of airborne infections. Cover mouth when sneezing or coughing.



Driving Safety Training

Driving Can Seem Routine, but the Roads are Hazardous

As part of the “daily grind”, driving can become routine. But the roads can be very dangerous. More than 30,000 people are killed and over a million are injured in traffic accidents each year. Traffic accidents are the number one cause of death on the job.

Fortunately, most traffic accidents can be prevented by :

- Maintaining a proper attitude
- Learning safe driving skills
- Having a well-maintained vehicle

Safety Begins Before you Get Behind the Wheel

It is important to remember that driving safety begins before you get behind the wheel. Inspecting your vehicle before you start out can prevent serious trouble later.

Your vehicle’s tires should be one of the first items that you check. Make sure that they are properly inflated.

Tires should also have plenty of tread. One way to check is to use a penny. Insert it into the tread “head first”. If you can see the top of Abe Lincoln’s head, the tread is too low...and your tires should be replaced.

When you set out on any trip, even if it is just down the street to the store, be prepared for potential emergencies. All vehicles should carry some basic emergency equipment, including:

- Spare tire
- Tire iron
- Jack
- Jumper cables
- Flashlight

Adjust your Vehicle for Both Safety and Comfort

Before hitting the road, it is also important to adjust your vehicle to suit your body...for both comfort and safety.

Position the seat so your back is comfortable and your feet can easily reach the pedals. Also, check both the side and rearview mirrors to minimize “blind spots”. These are areas around your vehicle that you can’t see without turning your head.

Wearing a seatbelt will double your chances of surviving an accident. So always wear your seatbelt, even on short trips.

Test-Drive a New Vehicle Before Entering Traffic

Before entering traffic, take the time to become familiar with a new vehicle. An easy way to do this is to find an empty area, such as a parking lot, and “test drive” the vehicle.

There are several things you need to be aware of and test before driving on the roads, but especially prior to transporting someone else:

- Blinds spots in your field of vision
- Steering characteristics of your new vehicle
- Braking behavior. Test the brakes to know how long it takes to come to a complete stop.
- Other basic operations (lights, windshield wipers, etc).

Being Mentally Prepared is the Key to Driving Safely (No Distractions)

Having the proper “mindset” is an important part of driving safely. Fatigue and frustration are major causes of traffic accidents. If you are upset, pull over and count to ten. If you are tired, open the windows for some fresh air or turn on the radio. If these things don’t work, take a break to rest and regroup. *For **Hughes BMHS** employees, it is possible for clients they are working with to become upset, agitated, or demonstrate unsafe behaviors while riding in vehicles. This type of situation should also be considered a “distraction”. Employees should pull over to a safe location, until client has calmed down before resuming driving.*

You’ve heard it before, but drinking and driving do not mix! Even one drink can slow reflexes and impair judgement. And many medications can cause drowsiness. If you

do drink, plan to take public transportation. Read the side effects of all medications carefully. You don't want to fall asleep at the wheel. *Of course, any use of substances that impairs driving during work hours with **Hughes BMHS** is strictly prohibited.*



Another cause of crashes is distraction. We need to stay focused when we are behind the wheel. Learn to concentrate. Avoid activities that pull your eyes away from the road. Pull over to a safe spot to eat, look at a map, or talk on the phone. Do NOT text and drive. **Hughes BMHS** has policies against the use of cell phones while driving to ensure staff and client safety.

Be mindful of and obey all posted speed limits. Excessive speed is also a deadly part of traffic accidents. Higher speeds result in reduced "reaction time" and increased "stopping distance". A crash at 78 mph is twice as violent as one at 55 mph.

Maintain a Good "Safety Cushion" When in Traffic

An important aspect of defensive driving is to watch for trouble in all directions. Early warning of changes in traffic patterns will allow you to maneuver and/or brake sooner to avoid accidents. Some examples of defensive driving include

- Look for brake lights several cars ahead.
- Create a "safety cushion" around your vehicle. Empty space gives you enough room to maneuver in an emergency
- Maintain a safe "following distance" between you and the car in front you. To make sure you have enough space, when a vehicle ahead of you passes a landmark count how many seconds it takes for you to reach that same point. If it is less than four seconds, slow down and back off.
- Periodically glance in the mirrors to keep tabs on the traffic behind you.
- If someone is tailgating, slowly reduce speed and let them pass.

Passing Another Vehicle Requires Extra Caution

Passing another vehicle on the road requires extra caution. Remember, you need to see well ahead of the vehicle you are passing, so you know that there is enough distance to safely make a move.

When you want to pass another vehicle, make sure that you first look at the lines in the center of the road. An unbroken line means "Do Not Pass", and tells you that you shouldn't pass under any conditions...even if you feel you can see far enough down the road.

A broken line means “Pass With Care”. This doesn’t mean you can pass whenever you like. You still need to be able to see your way clear.

Once you see that it is safe to pass, signal your intention before pulling out. Look both ahead and behind you. Pass quickly and do not lag in the other vehicle’s blind spot.

Also, do not cut off the vehicle you are passing by moving back into their lane too soon. Wait until both headlights of the vehicle appear in your rearview mirror.

Trucks Can Present Special Safety Problems on the Road

Pay extra attention when you are sharing the road with trucks. They are larger, wider, and heavier than cars and have different handling characteristics

- Trucks can take longer to stop
- More open road is needed to pass a truck. Trucks have larger blind spots than cars. So you don’t want to ride beside them long.
- Never follow a truck too closely. They are difficult to see around. Adjust your “following distance”.

Visibility Means Being Able To See and Be Seen

Visibility is especially important when driving at night or in bad weather. More than half of all accidents occur at night, even though there are fewer vehicles on the road.

The most dangerous times to drive are at dawn and dusk. Always turn your headlights on during these periods, so that other people will be able to see you.

Slow down at night. Use the high beams as much as possible. Remember to switch to low beams when you are behind other vehicles, facing oncoming traffic, or driving in snow or fog.

Bad weather can turn normally safe roads treacherous. Before heading out, listen to the radio for weather forecasts and road conditions.

Always allow extra time and plan to use alternate routes if necessary. If snow or ice accumulates on your vehicle, clear off your windshield, headlights, taillights, and turn signals so that you can see and be seen.

Friction Keeps Your Vehicle's Tires in Contact with the Road

Friction is a force created between a vehicle's tires and the road surface. Without it, you would lose control.

Skidding occurs when one or more wheels lose friction with the road. Slippery roads can create especially hazardous conditions. Rain, ice, snow, etc can create slick conditions and the following precautions should be taken:

- Increase your "following distance"
- Apply brakes sooner when approaching a stop and slow down gradually
- Brake before turns and curves, not when you are in them



When a dangerous skid happens, don't slam on the brakes. Instead:

- Ease off the gas pedal
- Steer in the direction of the skid (if the back of the vehicles skids left, steer left)

Hydroplaning can also occur due to a loss of friction. Hydroplaning is when water lifts the tires completely off the road's surface, causing your vehicle to go out of control. If hydroplaning occurs:

- Never hit the brakes
- Ease off the gas pedal and slow down until the tires reconnect with the road.

A blow-out is an example of what too much friction can do. A blow-out will result in the vehicle suddenly "pulling" to the side of the flat tire. To combat this, you should:

- Accelerate briefly for more control
- Keep a firm grip on the wheel
- Slow down but don't not brake firmly. Let the car slow down on its own as much as possible
- When you have regained control, turn on flasher, pull over, and fix the tire.

Accidents Can Happen to Even the Safest Drivers

Driving safely can significantly reduce your chances of an accident. However if you are involved in an accident, remember to:

- Stay calm
- Turn off the engine and turn on the hazard flashers
- Don't move the vehicle unless it creates a hazardous situation.
- Check for injuries, don't move anyone who may have been hurt. Unless the victim is in immediate danger, such as fire or an approaching train, wait for qualified medical help to arrive.
- Never leave the scene of an accident
- Call the police from a cell phone or have a passerby assist by calling.
- When police arrive, provide them with driver's license, registration, insurance card.
- Make arrangements to get a copy of the police report.
- *When working, **Hughes BMHS** employees, should notify their direct supervisor as soon as possible.*

Remember...

- Vehicle accidents are the number one cause of death on the job, so driving safely is not just for professionals.
- Stay focused, alert, and sober when behind the wheel.
- Take the time to inspect your vehicle before you get on the road
- Learn how your vehicle handles before entering traffic
- Always wear your seatbelt! It can double your chance of surviving an accident
- Obey speed limits, signs, signals, and make allowances for poor road or weather conditions.
- Learn how to handle your vehicle in an emergency. If you do have an accident, never leave the scene.

*In addition to adopting a "defensive driving" attitude, **Hughes BMHS** employees should have the following in their vehicles at all times:*

- *Emergency Contact Numbers*
- *Fire Extinguisher*
- *CPR Face Shield*
- *First Aid Kit*



Hughes Behavioral and MH Services Inc.

Moving In the Right Direction

**COMMUNITY-BASED
SERVICES
SAFETY MANUAL**

Introduction

Your safety is of the utmost importance to Hughes BMHS. It is important to do what we can to minimize risks to our consumers as well as ourselves. Over the years we've become more aware of on-the-job risks to ourselves and the day-to-day living risks to our consumers. We've also become aware of risks to us involved in getting our consumers to and from homes and locations within our community. This manual is an overview of safety/risk issues. It is a response to the broadest range of risks that we could encounter. Some are very unlikely to occur, yet we have included some unlikely items because they have been known to occur and we want you to be prepared.

Please read this safety manual and, as you are reading it, remember that our employees are not expected to take undue risks. If the risk to you appears to be high, it is a good idea to consult with your supervisor and do whatever you need to do in order to maintain your safety. It is always important to trust your instinct. If you have a "feeling" that something isn't right, act on your instinct and maintain a cautious and conservative approach to the situation.

This manual is intended to be a resource for maintaining your safety in community-based care. Please read it carefully and always make safety a priority in your daily activities.

APPROACHING THE HOME

1. As you approach the home, note:
 - Location of doors and windows
 - Are any neighbors around?
2. Listen before you knock or ring doorbell.
3. Adapt your eyes to light conditions inside the home.
4. Stand to the side of the door in case someone comes out quickly.
5. Wait for someone to come to the door to invite you in.
6. Don't walk in if the door is open.
7. Don't walk in if a voice calls out "come in" and you can't see anyone.

ENTERING THE HOME

1. Choose a “safe place” to sit.
2. Leave yourself an exit
3. Living rooms are the safest places to meet.
4. Bedrooms are where most guns are kept.
5. Kitchens are full of all kinds of potential weapons.
6. When meeting in inside rooms, it is especially important to leave the door open.

WHEN IN THE FAMILY’S HOME

1. Notice exits.
2. Sit nearest the door, if possible.
3. If you feel unsafe, be alert for physical cues signaling danger.
4. At all costs, avoid confrontations:
 - a. Be respectful, calm, and agreeable.
 - b. Leave or change directions in the conversation.
 - c. Go to a safety spot (car, room with other family member, outside, neighbors).
 - d. Call supervisor and/or police if situation warrants and allows.
 - e. Have the address of consumer’s home available or memorized.
5. Carry an I.D. at all times on your person.
6. If police raid the consumer’s home while you are there:
 - a. Stay as calm as possible.
 - b. Do exactly what the police say.
 - c. Don’t reach in pockets/purse/or briefcase for I.D.
 - d. Establish who you are later, when things are calm.

IN YOUR CAR

1. Keep your car mechanically maintained.
2. Know how to change a tire.
3. Carry a can of tire sealant
4. Make sure your spare tire is full
5. Make sure your trunk is equipped with a flashlight, blanket, city map, and jumper cables.
6. Make sure your gas tank is not low.
7. Lock car doors when in car.
8. Stay on main roads in urban areas-especially in poor weather, late at night, or when having car trouble.
9. In rural areas, choose roads you think will maximize the chance you will be helped if your car breaks down.
10. Keep quarters in you car for phone calls or carry a cellular phone.
11. Know where you are going.
12. Take care of personal needs (going to the bathroom) before leaving.
13. Have the number of emergency road service in your car.

TO AND FROM YOUR CAR

1. Park your car under a light.
2. Do a “360” look around, to and from your car.
3. Have car keys in hand/available.
4. Leave thoughts of the consumer/family in the car-once you leave the car, focus all of your attention on the surroundings and be alert.

5. Because driving while preoccupied can be dangerous, after an upsetting and/or difficult situation, find a safe spot and call to debrief with your supervisor prior to driving home.
6. If the consumer/family is not at home, assess the risk of waiting in your car versus going to a safe spot to wait and call the consumer/family.
7. Ask family members to watch you as you go to your car after dark.
8. Don't go to your car if someone is hanging around it- seek assistance or someone to accompany you.
9. If you suspect you are being followed, drive to the nearest safety spot to get help- don't drive home and possibly provide your home address to someone following you.
10. If being followed:
 - a. Take the time to observe the vehicle and occupants for descriptions. Stay calm.
 - b. Note the direction the vehicle travels when you reach a safety spot to call for help.
11. Look in you back seat before getting in you car (even if you locked it!).
12. If your car dies, breaks down, or you are in an accident:
 - a. Pull to the right side of the road, if possible.
 - b. Put flashers on.
 - c. Open hood.
 - d. Get back in the car, lock doors.
 - e. Call for assistance, if you have a cellular phone, ask someone to call a wrecker, spouse, or a friend if you don't.
 - f. While waiting for assistance, review self-protection strategies.
 - g. Talk through the open window only.
 - h. Don't accept rides without considering the risks to you personal safety.
 - i. If you leave your car for assistance, leave the car door unlocked so you can re-enter quickly, if needed.

- j. Observe the person offering assistance (smell of alcohol, other cues you may be unsafe?).
 - k. Check out the person's car who is offering assistance. Is there more than one occupant in the car? Is anyone in the back seat? Are the car handles present on the inside of the door? Trust your gut feelings to turn down a ride. Embarrassment has no place when considering your safety.
13. Don't ask a group of people on the street for directions.

WHEN WALKING

1. Walk fast.
2. Stay on main streets.
3. Face traffic.
4. Don't carry a purse, if possible, or carry it close to your body.
5. Don't carry charge cards.
6. Carry quarters if you don't have a cellular phone.
7. Note safety spots along the way.
8. Be alert, look around, and keep head up while walking.
9. If you sense danger and/or feel unsafe, leave immediately, change directions, get to a safe spot and/or your car.
 - a. Don't ask groups of people for help or directions.

YOUR CONSUMER LIVES IN AN UNSAFE NEIGHBORHOOD

1. Discuss with your consumer the safest time to meet.
 - a. Consider meeting in a safer location.
 - b. Ask if they will watch the street for your arrival.

- c. Meet during the daylight hours, especially during initial visits.
2. Let your supervisor know your route and destination address and when you anticipate your return home.
3. On the way, get your bearings or locate aids/safety spots.
4. Travel main streets as much as possible.
5. Leave the area immediately if it appears too dangerous; call your supervisor from a safe phone or cell phone.
6. Park close to the consumer's home, ensuring easy access to the car and an easy drive out.
7. Keep alert and on the lookout when walking to and from the home.
 - a. Leave your purse and jewelry in the trunk or at home.
 - b. Have the car door key in your grasp.
 - c. Walk erect and briskly.
 - d. When leaving the home, ask someone to walk you to the car or to watch while you get into your car.
1. Take a cellular phone, if available. Try not to use it in a dangerous neighborhood in order to decrease the possibility that observers misunderstand your job or so observers won't decide they want the phone.

**WHILE AT A CONSUMER' S HOME, PHYSICAL VIOLENCE IS
THREATENED TOWARD A FAMILY MEMBER**

1. When violence is threatened during your visit, stop what you have been doing and go into active listening mode. Now is not a time for problem solving, reframing, or pointing out irrational thinking.
2. Use "I" messages regarding your concern about the potential for someone getting hurt.
3. Use their names when talking or reflecting.
4. Model calmness in your voice and movements-deep breathe if you are becoming anxious.

5. Think out loud: “It seems like everyone needs some space right now. Maybe we could all use a time out.”
6. Attempt to distract the individual:
 - e. Stand up and say the individual’s name in a loud voice.
 - f. Consider if it might be helpful to make a distracting noise-drop books, make a beeper go off.
 - g. Send a family member into the kitchen for a glass of water for you.
 - h. Ask if they could separate while you consult with your supervisor on the phone.
 - i. Tell them that what they are saying is so important that you want to write down a list of their issues.
8. Talk to the most upset person first-consider taking them for a walk to a neutral location if they are willing and if you think it would be safe.
9. Take the other family member(s) away from the situation if the family member(s) think it’s safe to leave the individual.
10. If possible, help the person structure the interim time to facilitate calming.
11. Leave if a family member is telling you to.
12. Arrange a time you will make a check-in call, if appropriate.

If you fear that the parent will subsequently harm the child/family member after you leave:

1. Call your supervisor as soon as possible from a phone in a safe location.
2. If you believe a family member is in immediate physical danger and you are unable to separate family members, leave the home and call the police before calling your supervisor. Use an “T” message to tell the family of your need to call the police only if you think it would not escalate matters to say so.

If a weapon is involved:

1. Try to get the person to voluntarily put the weapon down-preferably put away in another room or locked in the trunk of a car.
2. Do not try to physically take the weapon from the person.

3. If the person refuses to put down the weapon, request to leave, to call your supervisor if you are not permitted to leave, or to take the person for a drink/coffee if all attempts to leave fail.
4. If the person refuses to put down the weapon but allows you to leave, call police from the nearest phone before calling your supervisor.
5. Use “I” messages to present alternative behaviors.
6. Try to eliminate challenges or control issues.
7. Model and/or suggest peaceful alternatives and reinforced family members doing the same.
8. Use “I” messages to propose consequences of someone getting hurt.
9. If the weapon is locked away and is no longer an issue, follow other guidelines for threat of physical violence against family members.
10. Debrief incident with supervisor from the nearest phone in a safe location after leaving family.
11. Debrief the incident with team members in the next staff meeting or case consultation.

ANGRY PARENT THAT HAS JUST HURT THEIR CHILD OR FAMILY MEMBER

1. If the injuries need medical attention, call 911.
2. Use lots of active listening.
3. If you think it is safe for the child/family member and yourself, use an “I” message to state your obligation to contact authorities and give the parent the opportunity to report first.
4. If you do not think it is safe to discuss the filing of a report in the presence of the parent, call your supervisor from a phone in a safe location.
5. Before leaving the home, help the individual parent or child reduce the likelihood of conflict by:
 - a. Structuring activities such as suggesting the child staying overnight with a friend (or in receiving home care), the parent engaging in a leisure activity, etc.

6. If you do not think it is safe to leave the home with the child still there:
 - a. Call the police (911) from the nearest phone to express your concerns.
 - b. Call your supervisor as soon as possible.

<p style="text-align: center;">UNKNOWN PEOPLE IN AND OUT, DRUG USE IS SUSPECTED AND WEAPONS MAY BE PRESENT</p>

1. Using “I” messages, discuss concerns with the family: “I am concerned that so many interruptions may not be helpful to our work together. I don’t feel comfortable with people coming and going. I will come back at another time.”
2. If the situation appears to be escalating, either because of your concerns of some external element in the home, LEAVE. If children/family members are present, request permission to take the child/consumer with you so you can remove them from danger.
 - a. From a safe phone, consult with your supervisor.

<p style="text-align: center;">YOU FIND CONSUMER MEMBER HOME, BUT NO PARENT/GUARDIAN</p>

1. Do not enter home even if you are invited in, unless you fear for their safety if left unattended.
2. Inquire as to whether the parent/guardian had left a message for you, e.g., they called and said they would be ten minutes late or they just stepped out for a couple of errands.
3. Inquire as to how long parent/guardian have been gone and consumer has been alone.
4. Attempt to contact family members or emergency contacts.
5. Assuming the individual can stay safely in the home, wait in the car 30 minutes for the parent/guardian to arrive. If no show, call and inform your supervisor.
6. If no one can supervise the consumer and there’s no indication of when the parent/guardian will return, call your supervisor for further guidance.

IMMEDIATE RISK OF SUICIDE

1. Stay calm/assess your own safety.
2. Use “I” messages: I’m concerned, I care, I’m taking this seriously.
3. Talk to the person about his/her thoughts/plans.
4. Unless you feel your own safety is in jeopardy, stay with the suicidal person as much as possible.
5. Get help from family members to structure environment (hide car keys, knives, pills, weapons).
6. Continue to talk, show interest and support.
7. Reflect feelings, discuss and emphasize the consumer’s cognitive inhibitors that decrease the risk of suicidal behaviors (Against religious beliefs, etc...).
8. Call someone the consumer feels is a support like immediate family members or clergy.
9. Consult with your supervisor.
10. If the consumer refused all help, call the agency responsible for emergency hospitalization in your area for next steps. If you can’t get advice from this agency, call 911.

Warning signs:

1. Suicide threats.
2. Statements revealing a desire to die.
3. Previous suicide attempts.
4. Sudden changes in behavior (withdrawal, apathy, moodiness).
5. Depression (crying, sleeplessness, loss of appetite, hopelessness).
6. Final arrangements (giving away personal possessions).

Myths:

1. People who talk about suicide don’t really do it.

2. Talking about suicide encourages it.
3. Only a certain type of person commits suicide.
4. Suicide is a lower class phenomenon or occurs in only certain ethnic groups.
5. Suicide is inherited and runs in certain families.
6. Suicidal people are mentally ill.
7. People under a psychiatrist's care rarely commit suicide.
8. An unsuccessful attempt at suicide is not to be taken seriously.
9. When an adolescent attempts suicide or commits suicide, it usually is an impulsive act.
10. If an adolescent has been depressed and the depression starts to lift, he/she is finally out of danger.

SAFETY PHRASE

1. If you are in a potentially dangerous situation and you need to alert your supervisor, but can not speak freely, call your supervisor and say the phrase "I need to reschedule my PICK training." This will alert your supervisor and he/she will take all necessary steps to assure your safety.

TORNADO SAFETY

What You Can Do

When preparing for tornadoes, the most important step is to find safe shelter. The general rule for tornado safety is to "go low and get low". In other words, you should go to the lowest level of the structure your are in, away from windows; crouch in a low position, protecting your head. This same approach applies even if you are not in a building or cannot get to one. For instance, if you are in a mobile home, a car or outside, try to get to a sturdy building for shelter. If this is impossible, lie flat in a low area with your hands covering the back of your head and neck.

Watches and Warnings

1. When severe thunderstorms threaten, people should watch the sky and pay close attention to weather advisories. Environmental clues that may indicate an approaching tornado include a dark, often greenish sky, large hail and a loud roar similar to a freight train. To alert the public of tornadoes, the National Weather Service issues tornado watches and warnings.
2. A tornado **watch** means that weather conditions are favorable for the development of tornadoes. If a tornado **watch** is broadcasted, stay tuned for further advisories and be prepared to take cover/shelter.
3. If a tornado **warning** is issued, it means a tornado has actually been sighted. **Warnings** are issued for individual counties and include the tornado's location and its direction and speed. If you are in or near its path, seek shelter immediately. Do not attempt to look for the tornado. Many tornadoes are obscured by rain and are not visible at all or are not visible until it is too late.

Safety Tips

4. The best shelter from a tornado is a basement. If you do not have a basement, go to an inside room without windows on the lowest level of the house (a closet, bathroom or interior hall). Protect your body from flying debris with a heavy blanket or sleeping bag.
5. Avoid windows. Opening windows to equalize pressure is ineffective in reducing damage during a tornado. Don't worry about the windows; worry about finding shelter and protecting yourself.
6. Mobile homes are extremely unsafe during tornadoes. Seek shelter elsewhere.
7. If you are caught in an open building like a shopping mall, gymnasium or civic center, get into the restroom, if possible. In larger buildings, restrooms are usually made of concrete block and will offer more protection.
8. If there is no time to go anywhere else, seek shelter right where you are. Try to get up against something that will support or deflect falling debris. Protect your head by covering it with your arms.
9. If you are outside when a tornado strikes, try to find shelter immediately in the nearest substantial building. If no buildings are close, take cover by lying down flat in a ditch or depression.
10. If you are in your car, get out of your vehicle and try to find shelter. A culvert or ditch can provide shelter if a substantial building is not nearby.

11. Know the names of the counties, cities and towns that are near you, especially those to the west and south. You will be better able to track the tornado's direction if you are familiar with the geography of your area.

THUNDERSTORM SAFETY

Terms to Know

Severe Thunderstorm Watch: issued when severe thunderstorms are possible in and close to the watch area. The watch is issued to alert you to the possibility that thunderstorms with damaging winds and large hail may develop. Listen to NOAA Weather Radio and your local media weather updates and stay informed!

Severe Thunderstorm Warning: issued when a severe thunderstorm has been spotted and is going to move through your county soon. The key is to remain CALM, but take precautionary action IMMEDIATELY to protect your life and property.

Before the Storm

1. Check the weather forecast before leaving for extended periods outdoors.
2. Watch for signs of approaching storms.
3. If a storm is approaching, keep a NOAA Weather Radio or AM/FM radio with you.
4. Postpone outdoor activities if storms are imminent.

During the Storm

1. Remember: If you can hear thunder, you are close enough to the storm to be struck by lightning. Go to safe shelter immediately.
2. Move to a sturdy building or car. Do not take shelter in small sheds, under isolated trees, or in convertible automobiles.
3. If lightning occurs and sturdy shelter is not available, get inside a hard top automobile and keep the windows up.
4. Get out of boats and away from water.

5. Telephone lines and metal pipes can conduct electricity. Unplug appliances not necessary for obtaining weather information. Avoid using the telephone or any electrical appliances. Use phones only in an emergency.
6. Do not take a bath or shower.
7. Get to higher ground if flash flooding or flooding is possible. Do Not attempt to drive to safety. Most flash flooding deaths occur in automobiles.

If you are caught outdoors and no shelter is nearby:

1. Find a low spot away from trees, fences, and poles. Make sure the place you pick is not subject to flooding.
2. If you are in the woods, take shelter under the shorter trees.
3. If you feel your skin tingle or your hair stand on end, squat low to the ground on the balls of your feet. Place your hands on your knees with your head between them. Make yourself the smallest target possible; minimize your contact with the ground.

After the Storm

1. Avoid all downed power lines. Assume that all have live electricity.
2. Continue to monitor NOAA Weather Radio and your local media for latest weather updates.

FIRE SAFETY

Be Ready

1. Make an escape plan. Work with the consumer's family to plan how to get out of the home if there is a fire.
2. Plan two ways out of every room. The first way out should be a door.
3. Choose a meeting place. Pick a safe and easy-to-remember spot outside the home where you will meet after you get out.
4. Practice. Every escape path needs to be planned and practiced.
5. Encourage others to test smoke alarms regularly.

If There Is a Fire

1. Get out fast. When you hear the loud beep of the smoke alarm, get out of the house. Never hide or take time to grab your belongings or pets.
2. Follow the escape plan.
3. Feel a door before you open it. If it is hot, there may be fire on the other side. Try to get out another way.
4. Stay low to the floor. Since smoke rises, the safest air for breathing is down low.
5. Call 9-1-1. Be sure to do this after you get out of the house.
6. Stay out. Once you're out, stay out. Don't go back for anything

And Remember

Stop, Drop, and Roll. If your clothing catches fire, remember to stop where you are and drop to the ground. Cover your face and mouth with your hands, and roll over and over until the flames are out.

FIRE EXTINGUISHER SAFETY

Before using your fire extinguisher, be sure to read the instructions before it's too late. Although there are many different types of fire extinguishers, all of them operate in a similar manner.

Use the acronym as a quick reference

PASS

Pull the Pin at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

Aim at the base of the fire, not the flames. This is important- in order to put out the fire, you must extinguish the fuel.

Squeeze the lever slowly. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.

Sweep from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your

fire extinguisher – different fire extinguishers recommend operating them from different distances. Remember: Aim at the base of the fire, not at the flames!

A typical fire extinguisher contains 10 seconds of extinguishing power. This could be less if it has already been partially discharged. Always read the instructions that come with the fire extinguisher beforehand and become familiarized with its parts. It is highly recommended by fire prevention experts that you get hands-on training before operating a fire extinguisher. Most local fire departments offer this service. Check expiration dates regularly to prevent them from expiring.

Once a fire is out, don't walk away! Watch the area for a few minutes in case it reignites. Recharge the extinguisher immediately after use.

BACK SAFETY/LIFTING

Preventing Back Injury

When you lift or transfer a client, the risk of injury to your body is caused by:

- The mechanical stress of the lift
- The awkward position of your trunk
- The unpredictable movements of the patient
- An awkward or crowded space

The repeated lifting and transferring of clients can result in injury along the length of the spine, in the neck, the shoulders and the lower back.

You can protect your back by following some simple safety principles and by using common sense:

Remember to:

- Maintain good body posture
- Use safe body mechanics
- Use protective lifting devices
- Act safely during the lift and transfer
- Keep physically fit

Safe Body Mechanics

Keep a safe and neutral position during work.

- Bend at your hips and knees, not at your waist
- Keep loads close to your body
- During the lift, contract your stomach muscles to protect your back. Use the force of your leg muscles to do the work

- Avoid twisting motions
- Avoid overreaching, whether up, down, or across. Use a step stool to reach something high.
- Don't lift objects placed above shoulder height or below the waist
- Always keep your working surfaces slightly higher than waist level to avoid back strain.
- Don't lift a load that is too heavy for you by yourself.

Safe Lifting and Transferring

Assess the situation for hazards before you begin:

- Identify hazards like crowded areas, very heavy tools, and situations where special lifting assists are needed.
- Observe the client's size, health condition, hearing or visual limitations and his or her ability to help.
- Talk the client through all lifts and transfers. This makes the client feel less anxious and more likely to cooperate with you.
- Make sure the bed and chairs are stable before you begin lifting so that you avoid unpredictable movement.

Transferring the client:

- Tell the client what you plan to do.
- When necessary, move the client to the head of the bed for easier access and to align their weight
- Elevate the head of the bed to help you move the client from a reclining to a sitting position.
- Secure transfer belt onto client (if available)
- Put slip resistant footwear on the client
- Place the transfer chair close to the bed or client
- If a wheelchair is used, remove the armrest nearest the patient and remove both footrests so they won't trip you.
- Lock all wheels to control movement
- Move client to the edge of the bed, couch or chair first to avoid unnecessary bending and awkward postures. Move one part of the client's body at a time. First move the head and shoulders, then the buttocks and finally the legs and feet.
- Keep your knees and hips slightly bent, your head up, back aligned and your stomach muscles contracted.
- Get in close to the client and keep the client stabilized at all times
- On signal, move the client to a standing position
- With client standing, pivot toward the chair by taking small steps and staying close to the client. Don't twist.
- Lower the client into the chair by bending your knees.
- Use smooth movements, not rough, jerky motions.

Protect Yourself for Hazards

You can protect both yourself and your client by evaluating the client's home for hazards, assessing the client's specific handling needs and developing a plan to safely handle that client. Don't lift anything too heavy by yourself. If you can't lighten the load, arrange for a partner to help you.

Remember:

Clients can fall unexpectedly for any number of reasons. If client starts to fall, don't try to stop the fall. Grasp the client and, getting as close as you can, guide the client gently to the floor by bending your hips and knees. If necessary, get help to lift the client from the floor.

HOME SAFETY

Walking Surfaces

1. All walking surfaces are free of electric cords, boxes, furniture, appliances, and other objects that could pose a tripping hazard.
2. All flooring is in good condition, is flat and uniform, and is slip-resistant or is covered with slip-resistant carpeting, rugs, and mats, or similar material.
3. All steps are in good condition, have flat, even surfaces and are free of objects that could pose a tripping hazard.
4. All stair treads are in good condition, and have slip-resistant surfaces such as dense, low-pile carpeting or slip-resistant strips that are securely attached to the steps
5. All stairs have solidly mounted hand-rails that run continuously along the full length of the stairs on both sides.

Kitchen/Safety

1. A fire extinguisher is in the kitchen in case of a fire.
2. Kitchen ventilation system or range exhausts are functioning properly
3. Electrical appliance and extension cords are away from the sink and other water sources and are away from hot surfaces such as the range.
4. Kitchen lighting is bright and even, especially near the stove, sink and countertop work areas.

Living/Family Room Safety

1. All portable space heaters and wood-burning heating equipment are at least 3 feet from walls, furniture, curtains, rugs, newspapers, and other flammable or combustible materials.
2. All portable space heaters are stable and located from walkways
3. Candles, smoking materials, and other potential fire sources are located away from curtains, furniture, and other flammable or combustible objects and are never left out unattended.

Bathroom Safety

1. All medications are stored in child-resistant enclosures and are clearly marked.
2. The bathroom floor is slip-resistant or is covered with secure slip-resistant materials.
3. All hair dryers, shavers, curling irons, and other small electrical appliances not currently in use are unplugged
4. All small electrical appliances are away from sinks, tubs, and other sources of water.

Bedroom Safety

1. Ashtrays, smoking materials, candles, hot plates, and other potential fire sources are located away from curtains, furniture, beds and bedding.
2. A flashlight is within reach of the bed in case of a power outage
3. A telephone is within reach of the bed in case of an emergency
4. Electrical blankets are not folded, covered by other objects, or “tucked in” when in use.
5. Smoke alarms are placed inside and just outside bedrooms and they have been tested within the last month and are working. Batteries need to be replaced yearly.

Basement, Garage, Workshop, and Storage Area Safety

1. Water heater is set to no more than 120 degrees Fahrenheit.

2. Work areas are well lit.
3. Flammable and combustible liquids are stored outside the house.

INTERNET SAFETY

To protect one's self and the individual's they work with, it is important to be cautious when utilizing the internet, especially social media.

1. Do not reveal locations or other personal information via social media.
2. Do not provide any identifiable information (including pictures) that would violate the privacy or confidentiality of person's served.



CORE COMPETENCY REFRESHER

Core Values

Person Centered Planning

Legal Terms and Concepts in Client Rights

Reporting and Documenting Incidents

Documentation Standards

Core Values

The Core Values are a set of ideas and norms that have been established to express the foundation in which services are to be created, implemented and delivered. With the implementation of innovative services to waiver participants and loyal partners these Core Values have been formed. The **Core Values** are:

- ❖ Empowerment
- ❖ Community
- ❖ Partnership
- ❖ Integrity
- ❖ Commitment
- ❖ Quality
- ❖

Empowerment: Empowerment is a process that challenges our assumptions about the way things are and can be. Individuals should be empowered to make informed decisions about their lives, the services that they receive, the person's that serve them and how they are served. Empowerment allows one to gain the knowledge, skill-sets and attitude needed to cope up with the changing world and the circumstances in which one lives.

Community: A group of interacting individuals sharing an environment, an interacting population of various kinds of individuals, individuals who share characteristics, regardless of their location or type of interaction.

Partnership: A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal.

Integrity: It is the concept of basing one's actions on an internally consistent framework of principles. Integrity can be expressed as personal honesty: acting according to one's beliefs and values at all times. It is honoring and respecting ones beliefs, wishes, wants, needs, desires, aspirations, and dreams in a respectful and in a meaningful manner.

Commitment: A duty or pledge to something or someone, the state of being bound emotionally or intellectually to a course of action or to another person or persons. We use this word "commitment" or "committed" to express why we do what we do. We must realize that commitment is not just a word but it is an action.

Quality: The totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs. Monitoring the provision of services is one method of determining the quality of services. Reported satisfaction with services is one way to determine if the services we provide meet the needs of the participant and also help in determining quality.

Person Centered Planning

Person Centered Planning is a model that centers on the person, or individual receiving services and is an approach used to develop the individual service plan or ISP.

The focus of Person Centered Planning is to ensure respect for the individual, his or her needs, wants and preferences.

Person Centered Planning recognizes that the person (as well as friends and family) are the driving force behind how and what types of supports are provided.

Person Centered Planning is based on a set of values or beliefs, which include the following:

- ❖ The focus of the plan is the person, and the authorities on the plan are the person and those closest to him or her.
- ❖ Demonstrates respect and dignity for the wholeness of the person, and strives to create changes so that people are not segregated from the larger society.
- ❖ Requires those involved in the planning process to continuously assist the individual in dealing with barriers and conflicting demands.

The goals of **Person Centered Planning** include:

- ❖ Understanding an individual's needs and preferences through their feedback of new life experiences
- ❖ Supporting each individual in becoming a valued member of the community, this includes their being involved with others in the community who do not have recognized disabilities.

Person First Language

A central point in Person Centered Planning is on how we use language when describing others. Let's consider the language we use every day as we interact with others at home, work, and in the general community. Language is a reflection of how people see each other, and is a powerful tool in expressing respect, or the lack of, to people we interact with.

Person First Language looks at the person first, and any disabilities second. It avoids language that groups people by labels and avoids words with obvious negative implications.

With Person First Language, we try to use plain and simple language; avoiding language typically used by medical or human service professionals. For example, it is more respectful to

say "Jeff gets loud when he is mad," instead of saying "Jeff is verbally aggressive."

In Person First Language, we focus on the person, and not their reputations or clinical labels. For example, it is more respectful to say that "Jennie walks," instead of "Jennie ambulates," or "Kyle is a man with mental retardation," rather than "Kyle is a mentally retarded man."

Rephrase statements so that they are more respectful. Some additional examples:

Mary is a retarded girl	Mary has retardation
Joe is a cripple, confined to a wheelchair	Joe uses a wheelchair
Mike is noncompliant with washing the dishes	Mike does not want to wash the dishes

Using language to communicate respect also means that we do not use words implying control over the person we support. For example, we do not use words like "let," "allow," or "comply." Our words should always communicate our support of the individual and his or her choices. Person Centered Language is language that communicates that the person is in control, even if the person needs total assistance to get through the day.

The Traditional Model vs. Person Centered Planning

In Traditional Models, individuals were viewed as sick and having little value to society. They were assessed, diagnosed, and then treated by professionals in hospitals or institutions. The attention was on finding and fixing deficiencies and operated to a set of beliefs that assumed full control of a person's life.

Person Centered Planning focuses on the individual and respects their wishes of preferred supports and the manner they are delivered.

Traditional Model

Planning for the individual
Doing things to the person
Focusing on what is wrong with the person
Talking about the person
Having professionals in control

Person Centered Planning Model

Planning with the individual
Doing things with the person
Focusing on what is important to the person
Talking with the person
Sharing control with the person

Care Provider Role in Person Centered Planning:

As care providers, we have a number of significant roles to play in the Person Centered Planning process. One of the most significant of these is to get to know the individual well enough to contribute to their Person Centered Plan. We get to know people by asking questions- asking about their past, preferences, and dreams. We observe them-observe their interactions with others, the activities they choose, and their methods of communicating.

We must take time to listen to the family members' input, and work to implement their suggestions regardless of whether their beliefs conflict with our own. Some questions to ask the individual's family members include:

- ❖ What does the person enjoy doing?
- ❖ What things does the person dislike?
- ❖ What are the person's routines?
- ❖ What are the person's dreams for the future?
- ❖ What is the person's preferred religion?

The team's participation in implementing the goals and activities in the Person Centered Plan is based on several principles including:

- ❖ The focus is on what is important to the person - not what is wrong with him or her.
- ❖ A person's routine, or way of doing things is only changed based on the person's wishes and not for others' conveniences.
- ❖ A person has the right to refuse to participate in activities or objectives.
- ❖ When a person is having difficulty, we ask permission to share in doing the activity with him or her.

The implementation of a Person Centered Plan involves stopping and assessing how things are going. If the plan is not working, we need to ensure that we have really understood the person's wishes, and if we have not, we must make any necessary changes.

It is important to remember that all individuals have the right to attempt and fail at things. When failure occurs, however, we need to ensure new ways are developed for the person to attempt to reach their goals.

We also need to stop and review any changes in a person's life that have occurred since the plan was developed. These changes provide information to help us better understand how to support the individual, and therefore, what changes to make in the plan.

The Person Centered Plan represents a living document that will change over time.

Legal Terms and Concepts in Client Rights

There are several terms and concepts in the appropriate exercise of Client Rights: Civil Rights, HIPPA, The North Carolina Statutes, Guardianship (the person who represent the individual consumer), and the Human Rights Committee. These four areas are laws, regulations, and a global effort to ensure that consumers of the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse system are protected in every way possible.

Civil Rights and Civil Remedies

The constitution of the United States guarantees certain rights to each citizen. These rights are generally referred to as civil rights. These basic civil rights are the foundation of client rights. Basic civil rights include:

RIGHT TO VOTE: Although some states have laws preventing individuals who have a guardian from voting, North Carolina does not. An individual who cannot vote without assistance still has the right to vote and any necessary assistance must be provided.

FREEDOM OF SPEECH AND EXPRESSION: This right has not historically been an issue for individuals receiving services, but it is important to note, because many individuals are becoming more involved in self-advocacy activities. Advocating for one's wishes and choices is included within the right to freedom of speech and expression.

FREEDOM OF RELIGIOUS EXPRESSION: This right guarantees an individual the opportunity to profess and practice the religion of their choosing. Religion is a private matter, and no individual has the right to force his or her beliefs on others. Freedom of religious expression guarantees the individual the right to exercise their beliefs without coercion or force of these chosen beliefs from others.

PRIVACY: All people receiving services, even if they live in a facility or group home, have a right to privacy. It is essential to ensure that every individual has the space and time to have privacy to the extent to which they desire. Remember that regardless of the disability, a person still has a sense of dignity and self-respect.

FREEDOM OF ASSOCIATION: People receiving services retain the right to associate with whom they choose. Even if the individual has a guardian, they still have the right to choose their friends and associates.

RIGHT TO MARRY: The right to marry is a guaranteed civil right, and therefore, regardless of an individual's disability, the right to marry cannot be revoked. Here again, even if the individual has a guardian, they retain the right to marry the person of their choosing.

Guardianship

Guardianship is a legal relationship in which an individual, the guardian, is authorized to be a substitute decision maker for the consumer. The decision to appoint a guardian is based on a legal hearing in which it must be determined that an individual is unable to manage their own affairs or is unable to make or communicate important decisions. The inability for one to make sound decisions for themselves is termed "incompetent."

Although an individual is deemed incompetent by the courts, it is important to remember that their wishes, preferences, and desires must still be considered during any decision making for the course of their life.

There are three basic types of guardianship:

1. ***Guardian of the Person:*** In general, has authority over most areas of the individual's life. Examples of this type of guardianship include; deciding where the person will live, providing consent for needed services (psychological, medical, legal), and ensuring the individual receives quality care.
2. ***Guardian of the Estate:*** This type of guardianship has authority to manage the individual's income and property, maintaining records and providing reports to the court about the person's estate and expenses.
3. ***General:*** This type of guardianship has the power and duties of both a Guardian of the Person and a Guardian of the Estate. This type of guardian assumes the greatest responsibilities of the individual, as both person and estate are involved.

Every guardian, regardless of type, has the duty to make the best decisions they can for the person, while always taking into account the person's wishes and desires.

Independent Advocacy Groups

One of the safeguards to ensure individuals' rights are respected are client rights and the ***Human Rights Committee (HRC)***. These committees are made up of an impartial collection of people who oversee service providers' treatment of individuals. The HRC is usually made up of consumers, consumer family members, guardians, members of the community, and professionals who do not work for the agency provider or facility overseen by the committee. The HRC protects individuals' rights by serving as the group who can:

- ❖ Review any rights restrictions
- ❖ Monitor cases of injury or harm
- ❖ Review all incidents of abuse, neglect or exploitation to ensure appropriate measures were taken after the incident occurred

A **restriction** is the limiting of or removal of a (civil) right from a consumer. Examples of restrictions include limiting the number of cigarettes allowed the individual, refusing them access to certain foods, or locking cupboards in their home without allowing them access to the keys. The term “restriction” is applied because we have restricted the decision from the consumer. The restriction of a consumer's rights would be a violation of their civil rights, were it not for due process.

Due process specifies standards and procedures for implementing a restriction. Due process requires a solid rationale for the restriction, such as safety or health related. In addition, due process requires a plan of action intended to lift the restriction.

Individuals who feel their rights have been violated, or have other grievances with service providers may also contact the **Disability Rights North Carolina (DRNC)**. The DRNC provides advocacy services to any citizen of North Carolina who has a disability, and may also provide legal representation should it be needed.

North Carolina General Statutes

The North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Laws are a group of laws designed for the protection of the well-being of consumers of the health system. Termed the General Statutes, several of these laws focus specifically on the rights of individuals with disabilities. Each statute is described below:

NORTH CAROLINA GENERAL STATUTE 122C-58: This law guarantees individuals, whose civil rights have not been precluded by an adjudication of incompetence, the right to: Dispose of property, enter into contractual relationships, bring civil law suits, and get a divorce.

NORTH CAROLINA GENERAL STATUTE 122C-51: This law guarantees basic human rights to each client residing in a treatment facility. These rights include:

- ❖ Right to Dignity
- ❖ Right to Privacy
- ❖ Right to Human Care
- ❖ Right to be free from abuse, neglect, and exploitation
- ❖ Right to live as normally as possible
- ❖ Right to treatment, including medical care and habilitation
- ❖ Right to an individualized or habilitation plan designed to restore their capabilities

NORTH CAROLINA GENERAL STATUTE 122C-57: Under this statute,

- ❖ Individuals have the right to receive age-appropriate treatment as described in an individualized treatment or habilitation plan.
- ❖ Individuals also have the right to be free from unnecessary and excessive medication and all medications can only be given upon the order of a physician.
- ❖ Before implementing a treatment plan, the individual or their legally responsible person must be informed of the potential risks and benefits of treatment and must give consent or approval for treatment.
- ❖ The individual or their guardian may refuse to give their consent for treatment.
- ❖ If, and only if, there is no other treatment options available, the facility or agency providing the services may then choose to discharge the person.

NORTH CAROLINA GENERAL STATUTE 122C-61: This law is specific to individuals living in a 24-hour facility, such as a group home or AFL (Assisted Family Living). These include the right to:

- ❖ Receive treatment for physical ailments
- ❖ Have a discharge plan should the person live the facility
- ❖ Send and receive mail, and to have access to writing materials and postage
- ❖ Have private legal counsel (at their own expense)
- ❖ Contact and consult with a client advocate
- ❖ Make and receive confidential phone calls
- ❖ Have visitors of their choice within specified time frames
- ❖ Have visits away from the facility
- ❖ Be outdoors daily, and have the opportunity for physical activity
- ❖ Keep their own clothing and possessions in a preferred place in their home
- ❖ Participate in religious worship
- ❖ Keep and spend their own money
- ❖ Have a driver's license

NORTH CAROLINA GENERAL STATUTE 122C-63: This law addresses continuity of care, and states that the individual receiving services has the right to have another place of care or treatment facility to go to should they be discharged or choose to leave the present provider. If a provider intends to discharge an individual, they must give a sixty day notice, during which they must continue to provide services, unless one of the following is true:

- ❖ The individual is determined not to need continuing care
- ❖ The individual is moved to an alternative placement
- ❖ Due to safety concerns, the person is admitted to a more secure facility

- ❖ An alternative placement is found, but declined by the individual or guardian

NORTH CAROLINA GENERAL STATUTE 122C-52–CONFIDENTIALITY: This law concerns the right to confidentiality. The right to confidentiality assures that the individual's confidential information may not, except under very specific circumstances, be made public. Confidential information refers to any information, whether recorded or not, relating to any individual served by a facility that was received in connection with the performance of any function of the facility.

NORTH CAROLINA GENERAL STATUTE 122C-52-CONFIDENTIALITY: RELEASE AND DISCLOSURE: Releasing and disclosing information are two different things, although both apply to the right of confidentiality. Both the release and disclosure of information require the consent of the individual or his or her guardian.

- ❖ Release of information is when the actual documentation is given to another party not directly responsible for the development of the document.
- ❖ Disclosure of information is when confidential information is revealed, verbally, to a party not directly responsible for the development of the document.

The consequences for releasing and disclosing confidential information without consent is severe, and renders legal ramifications. An individual who releases or discloses confidential information without a valid consent can be charged with a Class 3 misdemeanor, and fined up to five-hundred dollars. Termination from their place of employment is also likely.

NORTH CAROLINA GENERAL STATUTE 122C-66- ABUSE, NEGLECT, AND EXPLOITATIONS: This is a statute protected not only by the state of North Carolina, but also enforced by the legal system. Because of the greater vulnerability to abuse, neglect, and exploitation, people with disabilities are afforded this protection with strict scrutiny. Abuse, Neglect, and Exploitation are each defined separately, are distinct in their effects, and have differing consequences by the legal system.

- ❖ Abuse is defined as the willful infliction of physical or mental pain or injury, unreasonable confinement, or deprivation by an employee of services which are necessary to maintain mental or physical health. Examples of abuse include hitting, slapping, or punching an individual
- ❖ Neglect is defined as the failure of the caretaker to provide care or services necessary to maintain the mental and physical health of an individual. Examples of neglect include failure to provide medical attention, food, water, or failure to intervene on the behalf of an individual who is being abused.
- ❖ Exploitation is defined as the use of an individual or the use of his or her resources for another's profit or advantage. Examples of exploitation include convincing an individual

to give you money, or purchasing items from individual receiving services for less than the item is worth.

This statute requires that anyone with knowledge of abuse, neglect, or exploitation of a consumer to report this information to authorized personnel designated by the agency or facility. The local department of social services must also be informed – this report may be made anonymously through writing or by telephone. To make a report, the following information is required: the name of individual abused, neglected, or exploited, the name of the perpetrator, the address where the individual lives, and the nature and extent of the incident. No individual making a report in good faith may be threatened or harassed on account of the report. Failure to report abuse, neglect, or exploitation is a Class 3 Misdemeanor, punishable by a fine of up to five-hundred dollars, while the perpetrator is guilty of a Class 1 Misdemeanor,

HIPAA

HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. HIPAA seeks to establish standardized mechanisms for electronic data interchange, security, and confidentiality of all healthcare-related data. The Act mandates: standardized formats for all patient health, administrative, and financial data, unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plans and health care providers; and security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

Choices and Decision Making

The fact that a person has a disability does not change the fact that they have the right to make choices and decisions about their lives. Choice is important to each of us. The choices we make help to define the kind of person we are, want to be, and the types of lives we lead. Choices include everything from what to wear or eat, to where to live and work.

Although people with disabilities have had their choices limited in the past, today we are committed to empowering people to make their own choices and follow their own dreams. The right to exercise independent choice and decision making is empowering to an individual, and allows for growth and development.

With choice often comes responsibility and risk. To ensure risks are minimized, every choice should be an informed choice. An informed choice is a voluntary decision by a person that occurs after becoming familiarized with the alternatives from which they choose. An informed choice involves becoming aware of the possible benefits and risks of choosing each of these alternatives. Some individuals may be able to understand the consequences of their choices by simply discussing these with other people. In other cases, the person may need to experience, in a support manner, the consequences created by their possible choices. For example, a person who chooses to move from one group home to another should have the opportunity to visit the other home to help them better understand how this choice will affect their life.

Reporting and Documenting Incidents and Accidents

There are many different types of Incidents and Accidents that can include things like medication errors, use of a restrictive intervention, consumer injury, consumer behavior, allegations of abuse, neglect, or exploitation, consumer death, and other types of incidents and accidents.

The timeliness and accuracy of reporting and documenting Incidents and Accidents is crucial. Since Incident Reports are submitted electronically by Hughes BMHS supervising QPs, all incidents, despite level of severity, should be immediately reported to your supervisor within 24 hours of occurrence. If the incident or accident requires immediate medical emergency personnel or law enforcement/officials, follow appropriate emergency protocols and then notify your supervisor regarding the incident or accident.

Incidents and Accidents fall under one of three levels of Severity (Level I, Level II, or Level III). Regardless of level, employees of Hughes BMHS are to:

- ❖ Notify your supervising QP or if unavailable, another QP from Hughes BMHS immediately and within 24 hours of the occurrence. Again, if it is a true emergency that requires medical attention and/or law enforcement, follow appropriate emergency protocols and then notify your QP.
- ❖ WHO, WHAT, WHEN, WHERE, and HOW: To assist your QP in being able to accurately document the Incident or Accident, gather information and make note of the location, date, time, others involved, persons notified. If medical personnel or law enforcement are involved, be sure to note the agencies they work with, names, etc. Provide a detailed description of what was happening prior to, during, and immediately after incident. Also, be sure to note and report to your QP any follow up/interactions with client and family or other personnel related to the Incident or Accident.

Level of Severity of an Incident and/or Accident is to be determined by your QP with the assistance of an on-line reporting system used by the state of North Carolina called IRIS (Incident Response Improvement System). Below is a general description of each level of severity:

SEVERITY	DESCRIPTION
Level I	Generally: <ul style="list-style-type: none"> ❖ Does not threaten the health and safety of the consumer as determined by a medical professional. ❖ Does not involve law officials or complaints to an oversight committee ❖ Does not violate interventions approved in the consumer's treatment plan ❖ Can involve a violation of the consumer's rights, such as search and seizure or a confidentiality breach.
Level II	<ul style="list-style-type: none"> ❖ Are those that threaten the health and safety of a consumer as determined by a medical professional (doctor or pharmacist) ❖ Involves law enforcement or oversight agency ❖ Violates interventions approved in a consumer's treatment plan ❖ Allegations of abuse, neglect, or exploitation
Level III	Considered the most serious and reports must be immediately forwarded to the MCO and: <ul style="list-style-type: none"> ❖ Involves the death of a consumer ❖ Permanent physical or psychological impairment of a consumer ❖ Allegations of abuse, neglect, or exploitation, or public scrutiny

What happens after an Incident or Accident? Hughes BMHS supervising QP will provide follow up with consumer, family, and staff involved. QP will evaluate any changes needed to reduce the likelihood of a similar incident or accident in the future. QP will also review the incident with Hughes BMHS Management Team for any additional recommendations at their monthly meeting.

Documentation

The state of North Carolina provides instructions on standard documentation requirements for all agencies' providing services to consumers of mental health and developmental disability needs in the state of North Carolina. There are several regulations, various types of documentation required at all levels, and at all organizations operating under the North Carolina Department of Health and Human Services.

Clinical documentation (the notes that you create and sign in On Target) create proof that a service has been provided. It is necessary to track the progression or regression of an individual's goals.

A second function of documentation is financial reimbursement. Once services are delivered and documented, additional documentation is submitted for payment or reimbursement of the provided service. A note entered later than 7 days cannot be submitted for financial reimbursement.

The North Carolina Services Records Manual outlines what a note should contain for different services. Below are the primary documentation requirements for services provided by Hughes BMHS. Items should be recognizable as components of the notes that are completed in On Target:

- ❖ Full date of service provided (month/day/year)
- ❖ Duration of services (in On Target this calculated from start and end times entered)
- ❖ Purpose of the contact (Goals/Outcomes)
- ❖ Description of the intervention/activity (I, V, G P, R, or NA columns)
- ❖ Assessment of consumer's progress toward goals (Y or N columns)
- ❖ For paraprofessionals, signature and position of the individual (electronically signature is assigned to each note with title when signed with individual staff passwords)
- ❖ For professionals, signature, credentials, degree/licensure (electronic signature for the QP with their credentials is assigned to the note in On Target when the QP approves the note)
- ❖ Section that allows for other information as needed (Comments)

It is the policy of Hughes BMHS that all documentation will adhere to state standards and MCO requirements and the falsifying of documentation will result in immediate termination from employment.

Notes are to be entered within 24 hours. Notes entered after 24 hours are considered late. North

Carolina requires late entries to be marked as a “late entry” and dated accordingly (Example: Late Entry on 4/3/2016 for service provided on 3/31/2016). On Target addresses this issue by electronically stamping the date of when staff sign the note in the system.

DO NOT confuse “late entries” with Hughes BMHS LATE NOTES. “Late entries” can still be signed up to 7 days from date of service. “Late entries” can still be billed to Medicaid for reimbursement. Typically, “late entries” will not lead to disciplinary action and are not considered to be a failure to meet job duties. Hughes BMHS LATE NOTES, on the other hand, are a failure to adhere to state standards for documentation and do not meet basic job duties. These are the notes entered after 7 days that cannot be signed and are paid to employees at a lower rate. These notes can result in disciplinary action.



Summary of Policies for Hughes BMHS Annual Refresher

Fire

Severe Weather/Natural Disaster

Workplace Violence

Power Failures

Bomb Threats

Medical Emergencies

Corporate Compliance

Code of Conduct/Ethics/Personal Conduct

Cultural Competency

Fire

Procedures:

1. Evacuate all individuals from the immediate area
2. Close all doors to contain the fire
3. IF THE FIRE IS SMALL, attempt to contain the fire by using a fire extinguisher
4. Announce that there is a fire and the need to immediately evacuate
5. Call 911 to report fire, providing name and address of site
6. Assist with the evacuation and account for all persons
7. Assemble at a location that is pre-determined as the evacuation assembly area
8. Inform any information to arriving emergency personnel and relinquish control of the situation to the local authorities
9. The fire department will be the final authority in determining building re-entry.
10. If the facility cannot be re-occupied, the designated employee will contact their QP to determine the continuation of essential services.
11. QP will be notified as soon as possible of the incident and an incident report will be completed and processed.

Severe Weather and Natural Disaster

Severe Weather and Natural Disaster: Any weather condition or natural event that has the potential to cause physical harm and/or property destruction (Thunderstorms, tornados, and flash floods).

Procedures:

1. Access radio or television reporting that provides information from the National Weather Service if a severe weather or tornado watch is issued.
2. Educate those involved of procedures to be taken in the event a “warning” is declared.
3. Limit trips and transportation.
4. All persons will immediately move to the designated areas in the interior of the building that are designated on the posted evacuation route in the event of a severe weather or tornado warning.
5. Assist others to arrive at the designated safety locations, close all windows, doors and blinds.
6. Secure first aid kit, flashlights, weather radio, and maintain them in the area being used for shelter.
7. Conduct a head count once in designated safety location.
8. Monitor national weather service and remain in designated location until the warning in no longer in effect.
9. Contact any emergency entity that may be needed due to injuries or events such as power loss and/or broken utility lines.

Workplace Violence

Workplace Violence: Any situation in which there is a perceived threat of violence, or a situation where violence is or has occurred. If staff are in a potentially dangerous situation and need to alert their supervisor/others, but cannot speak freely, they should call their supervisor and say the phrase “I need to reschedule my PICK training”. This will alert the supervisor/others and they will take necessary steps to assure safety.

Procedures:

1. Use common sense- if a situation involves a weapon do not attempt to remove the weapon from the individual.
2. Remove yourself and/or persons served from the situation, call for help (vocally or by phone), and/or notify someone to summon the police by calling 911
3. Do not attempt to engage in any type of physical restraint with a person who is threatening violence, unless your life is in imminent danger
4. If you cannot remove yourself from the situation, use de-escalation techniques learned through NCI training for dealing with such situations
5. If you are not directly involved in the situation, seek to assist in the evacuation from the building. (Assist with the evacuation and account for all persons, and assemble at a location that is pre-determined as the evacuation assembly area)
6. At no time should any staff member put themselves at harm in an attempt to diffuse a situation. Always attempt to remove yourself and see local law enforcement assistance.

Power Failure

Power Failures: A full or partial power outage that affects the ability of the organization to provide a normal range of services and operations and may compromise the safety of occupants of the facility.

Procedures:

1. Remain calm, use a flashlight for safe egress to evacuate yourself and assist persons served if necessary.
2. Turn off TVs, computers, etc. to prevent damage due to power surges
3. Check circuit breakers/main breaker panel. If the power outage is not attributed to the internal system, turn off all breaker switches and call the local utility company to report the outage.
4. If it is deemed necessary evacuate the building. (Assist with the evacuation and account for all persons, and assemble at a location that is pre-determined as the evacuation assembly area)
5. If evacuation occurs, lock the entrances to the facility to prevent re-entry.
6. Employee/Staff will determine whether the site will be shut down and determine when the building is ready for occupancy.

7. Prior to re-entry, in consultation with the utility company, Employee/Staff will ensure that the facility is ready for occupancy prior to authorizing re-entry.

Bomb Threats

Procedures:

1. Remain calm (do not alarm others)
2. Immediately contact/report situation to your supervisor
3. The supervisor will be responsible for contacting the police and activating the evacuation procedures.
4. If it is deemed necessary evacuate the building. (Assist with the evacuation and account for all persons, and assemble at a location that is pre-determined as the evacuation assembly area)
5. If the building has been evacuated, agents of the police or other authorities will assess the situation and, if the present danger is terminated, will inform staff. Only the police authority may activate the “all clear” and only then may anyone enter the building.

Bomb Threat received by phone: Obtain as much information as possible from the caller, noting details of voice, speech patterns, and any background noise. Ask where the bomb is and when it will go off, and document any information provided by the caller.

Bomb Threat received by letter of note: Do not handle the letter or note any more than necessary so evidence is not compromised.

Suspicious package, container, or briefcase: Do not touch or move it. Ask those in the area the object was discovered if they know what it is or it belongs to someone. If no one claims or identifies the object, determine if the facility should be evacuated and law enforcement authorities summoned. Evacuate the building and contact authorities if the object/package cannot be identified. Wait for law enforcement authorities outside the building and turn over management of the unidentified object to law enforcement upon their arrival. Re-enter the building and resume services only after clearance is obtained from the public officials managing the situation.

Medical Emergencies

Medical Emergencies: An incident that requires interventions beyond simple first aid available in order to stabilize a condition that may result in a serious medical outcome. Emergency contact numbers should be posted and persons served will be oriented to the location of this information.

Procedures:

1. Call 911 immediately to access the emergency personnel to assist and transport the individual to medical services.
2. Staff members who hold current certification in CPR and First Aid will implement procedures, when appropriate, to stabilize a condition prior to the arrival of external emergency personnel.

3. If the medical emergency is for the person served, the Medical Emergency Care Consent will be accessed, contact made with the emergency contact names, and pertinent information given to the transporting emergency techniques.
4. Employees will not transport individuals in their personal vehicles in emergency health care situations.
5. Following containment of the emergency, contact supervisor to report and complete an Incident Report.

Corporate Compliance

Hughes BMHS wants to ensure that we provide services that fully comply with all standards in order to provide a high quality of services. A Corporate Compliance program provides a method for employees to report any questions or concerns with compliance and have those issues appropriately addressed.

Processes for reporting suspected violations:

- ❖ Compliance forms and self-addressed stamped envelopes are available at each office location for staff to use. They can be filled out anonymously and mailed in.
- ❖ The MCO's complaint/concern line is posted in each office and made available to staff
- ❖ The Hughes BMHS website www.hbmhs.com has a tab labeled Complaints and Concerns which provides employees with a list of ways to report their concerns: including contacting our Director of Operations, Partners MCO, Disability Rights of NC, and/or completing a suggestion card or a grievance form and placing it in the suggestion box.

Code of Conduct/Ethics & Personal Conduct

It is expected that Hughes BMHS employees will perform all their duties with the highest standards of ethical behavior and their actions reflect a competent, respectful, professional approach when serving our consumer's and their families and/or representatives, working with other providers of services, and when interacting within our communities. Violations of guidelines within the Code of Code/Ethics Policy can lead to disciplinary actions, including termination of employment.

Demonstrating good personal and professional conduct includes the following guidelines:

- ❖ Respecting all rights of our consumers
- ❖ Respecting the confidentiality of our consumers
- ❖ Being fair and honest in their work. They will not mislead or exploit and will be faithful to their contractual obligations/job duties and to their consumer.
- ❖ Cooperation with other professionals (like meeting with Care Coordinators to assist in meeting service requirements for monitoring).
- ❖ Limit roles and relationships with consumers to a professional role. Maintain therapeutic boundaries. Sexual relationships between staff and person's served are never appropriate and are defined as engaging in any type of sexual activity, flirting, advances and/or

propositions of a sexual nature, comments of a sexual nature about an individual's body, clothing, or lewd sexually suggestive comments.

- ❖ Staff will not accept gifts of value from a consumer, family member, or stakeholder, and cannot accept personal favors or benefits that may reasonably be construed as influencing their conduct.

Important Note: Many studies show that “modeling”, or a person observing another person who is in a position of authority, can be one of the single most effective methods for behavioral change. For our services to be effective, it is important that our employee's conduct themselves in a professional, ethical, and moral manner and be that role model for the person being served.

Cultural Competency

Culture is defined by the Webster's Dictionary as “a particular form of civilization, especially the beliefs, customs, arts, and institutions of a society at a given time”. Culture includes folkways, mores, customs, formal and informal helping networks, dialects, traditions, and rituals. Culture may also include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, age, and social groups.

Everyone has a culture. Their culture can change over time. Our culture shapes and impacts our beliefs, thoughts, opinions, and choices. It is important to know our own culture and to learn and be open to understanding the culture of others.

Cultural Competency is the ability to incorporate one's awareness, knowledge, skills and expertise regarding an individual's culture into interactions one has with individuals and groups of differing cultures.

Staff will be encouraged to objectively identify their culture, the culture of the person being served and how it may differ from theirs and if any biases exists that may be creating any barriers within their services.



Hughes Behavioral and MH Services

Moving In the Right Direction

Employee Handbook

Mission Statement

HBMHS is committed to providing services and supports aligned with evidenced based best practices. These practices are designed to assist each consumer served in achieving individually determined goals and objectives that promote growth, life satisfaction, and significant roles and connections to the community.

Or, Put Another Way...

**HBMHS provides services that:
Research indicates are effective...
Are based on a person's preferences...And
Help people learn, be happy, and develop relationships with others in their
community.**

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Introduction

Welcome to Hughes Behavioral and Mental Health Services Inc. (HBMHS). This handbook is designed to offer some training and information that is critical to your success as an employee in our agency and as a direct service provider to people who have disabilities. Your training does not end with this handbook, in fact, your training is just beginning. There is a lot of material to cover, and if this is your first time as a direct service provider, it may seem overwhelming. A person called a Qualified Professional, who is personally devoted to your success, will assist you throughout this training program. Your “Q” is available from now until your employment ends as a guide, support, teacher, consultant, and colleague. Always ask questions and communicate openly with this valuable resource person – your success depends upon it.

Additional training includes required First Aid/CPR, NCI, and the HBMHS Core Training. According to the individual needs of consumers, your training may include seizure disorders, medication administration, and the use of restrictive interventions (called NCI - B). Specific training on each consumer includes orientation to the person’s service plan and support needs, including: (1) identified supports (family, friends, health providers, jobs, for example), (2) preferences, (3) needs, (4) medical issues and procedures, (5) safety needs (including Positive Alternatives), (6) diagnoses, (7) medications, (8) goals, (9) documentation, and (10) training/support methods.

You will also review a job description for your position, but your job description is always in two parts. One is the official definition of your job, and the second is the consumer’s service plan. You are entering into a professional and legal relationship with a consumer of services. The job description, the training you receive, and the consumer service plan describe this relationship. Your job is to perform the tasks identified generally in the job description and specifically in the service plan.

As an employee of HBMHS, you are expected to follow all policies and procedures contained in this handbook or as directed by the supervising Qualified Professional, and to

- ❖ treat each consumer and his/her family with respect and courtesy. Maintaining a person and family centered focus is critical to our success as a support provider.
- ❖ maintain a professional relationship with consumers, creating a positive connection based on the goals and strategies in the consumer’s plan.
- ❖ use positive behavioral techniques and alternatives to restraints to prevent consumers from engaging in activities that are physically dangerous to themselves or others.
- ❖ not physically restrain any consumer, except in emergency situations, unless such strategies are part of a current and duly approved treatment plan and behavior plan.
- ❖ never strike, curse, or make belittling comments about a consumer or his/her family.

- ❖ never discuss your personal life with a consumer, except in those instances when sharing personal anecdotes may promote therapeutic progress.
- ❖ cooperate with all persons supporting a consumer in order to create a cohesive team, always helping others and following administrative decisions at all times.
- ❖ not break laws, create false documentation, nor violate agency policy and procedure.
- ❖ make every effort to ensure consumer safety at all times.
- ❖ not take consumers to your home unless authorized.
- ❖ not report to work or try to fulfill any professional obligations under the influence of drug(s) or alcohol (which may result in immediate dismissal).
- ❖ not discriminate based on race, sex, religion, ethnic background, sexual orientation, or national origin.
- ❖ not report to work with a contagious disease.
- ❖ document services that are honestly delivered. False or fraudulent documentation may cause termination and legal action.
- ❖ not borrow money or solicit gifts from consumers and/or families.
- ❖ respect the privacy and personal space of consumers/families; to always ask permission before using consumer/family household items, phone, or facilities.

General Employment Practices

This Employee Handbook is not a contract for employment, express or implied. The policies in the Handbook are subject to change without prior notice to employees when such changes are deemed appropriate and/or necessary. The Employee Handbook has been deemed "official policy", therefore statements contained herein carry the same authority as policy and procedure in the official HBMHS Policy and Procedure Manual.

The management of HBMHS shall have the responsibility to employ, transfer, and dismiss all employees. Applications for employment or requests for transfer are accepted at any time and will be reviewed as vacancies occur. Current employees wishing to change consumers or work additional hours will be considered first before new employees are hired. Applicants for any position with HBMHS must meet qualifications as described by service definitions and job descriptions. Job descriptions will be given to the employee upon hiring and reviewed at regular intervals. The QP will train each employee on consumer specific duties and documentation requirements. Directions related to job performance will be provided to the employee by the QP. Job performance evaluations occur at least annually.

It is the policy of HBMHS to promote equal employment of all people without regard to race, religion, color, creed, sex, age, national origin, disability, or any other status protected by law.

North Carolina is an "at-will" employment state, meaning that employees can be separated from employment for any reason, as long as it is not a discriminatory or due to some other illegal reason.

A confidential personnel file for each employee shall be kept in the HBMHS corporate office. This file shall consist of no less than: the employee application; reference letters or comments; confidentiality statement; tax and pay information; I-9 form with appropriate back-up documentation; criminal record check; Health Care Registry check; driver's license check and verification of automobile liability insurance. In addition, a privileging file is maintained for each employee in the HBMHS office. This file contains documentation of training, education, degrees, and verification of credentials. An employee has the right to see all material in his/her file. Only dates of employment will be given to prospective employers unless the employee states, in writing, that additional information about employment at HBMHS may be shared.

Employee Classifications

Exempt employees are those positions in which the person is hired with an annual salary. These employees are exempt from overtime calculations. Their salary is based on a 40 hour work week. Exempt employees are hired as full-time employees.

Non-exempt employees are those positions in which the person is hired with an hourly wage. These employees are eligible to earn overtime at time and a half. Non-exempt employees may be hired as either full-time or part-time employees.

Full-time employees must work an average of 30 hours a week. Part-time employees average less than 30 hours a week.

Employee Background Checks and Reports

Initial and continuing employment with HBMHS is contingent upon satisfactory criminal background, Healthcare Registry, Sex Offender, and driver's license checks prior to employment. A North Carolina driver's license is required for all persons who have resided within the State for sixty (60) days or more. (Out-of-state students enrolled in a college or university who have not established a permanent residency in North Carolina are exempt from this requirement, as are employees who reside permanently in states adjoining the North Carolina border.) Criminal, Healthcare Registry, and driver's license updates may be obtained at any time during the course of employment with HBMHS. New background checks and a new I-9 are required for employees re-hired after a lapse of employment of more than six (6) months.

HBMHS will request authorization to obtain information from sources concerning qualifications or statements made on the application. False information or documentation, or failure to disclose relevant information, may result in rejection of the application, disciplinary action or dismissal if employed, and/or criminal action. Termination of employment shall be mandatory if fraudulent disclosures are made in order to meet position qualifications.

Medical Insurance

Group Medical Insurance is available to all full and part-time staff. HBMHS pays 50% of the premium for staff who work a schedule of thirty hours (30) or more hours per week, not including respite. There is a sixty (60) day waiting period from the date of employment. Dental and vision coverage are available to all staff at their expense.

Pay Periods

All employees of HBMHS will be paid two times per month based on actual hours reported. Paychecks will be mailed to staff or directly deposited into bank accounts, based on employee preference

Time Sheet Guidelines

Time sheets are legal documents stating that the employee has worked the stated number of hours with a consumer providing a specific service.

Schedule Changes/Time Off/Medical Leave/FMLA

Periodically, situations may arise that require changes in your work schedule. If you are unable to report to work, you are responsible for notifying the appropriate people. At a minimum, this includes immediately notifying the consumer and consumer's family and then your direct supervisor. If you anticipate taking an extended leave, contact your supervisor at the local office at least two weeks prior to the start of the leave. This is to give us some time to recruit a temporary replacement. You may be required to present a "return to work release" from your treating health professional if you have been out of work for a period of time due to illness or injury, or if the illness/injury may represent a safety issue if not resolved medically. HBMHS follows all aspects of the Family Medical Leave Act (and amendments); the FMLA policy is located in the full Policy & Procedure

Manual. If you need, simply request a copy of the policy from your QP or the Director of Operations.

Documentation in Medical Records

Hughes BMHS uses an electronic medical record for documenting consumer's services. Employees are trained on using the system and on how to document for services provided.

Confidentiality and HIPAA regulations apply to a consumer's electronic medical record that apply to a paper copy. Employees are required to protect their log-in information in order to maintain consumer privacy.

Dates for submission of timesheets, data, and progress notes

Notes are time sensitive and are to be submitted within 24 hours from date of service and no later than within 7 days from date of service. Hughes BMHS strongly discourages late submission of paperwork. Late notes (passed 7 days) are paid at minimum wage. On the 1st and the 16th of each month, any outstanding notes need to be completed for payroll by 5:00 pm. Corrections to notes, when requested, should occur immediately. Supervisors may require a regular schedule for documentation entry, if timely submission of paperwork becomes a performance issue.

Generally, Timesheets need to be reviewed and submitted for approval by the 5th and 20th of each month. Due to weekends, holidays, supervisor's schedules or other factors, your supervisor can request earlier submission of your timesheets at any time.

You may not provide respite or other hourly waiver services at the same time a consumer receives a specialized therapy such as OT, PT, or Speech Therapy. Hourly employees must "clock out" during such therapies. The employee will receive pay for this time at the minimum wage rate.

Code of Conduct

It is the policy of HBMHS that all full and part-time employees, contractors, students, volunteers (collectively referred to as "staff" are expected to perform their designated functions in a manner that reflects the highest standards of ethical behavior. HBMHS' Code of Conduct shapes the culture and norms of HBMHS' administrative operations and clinical practices, and both staff and members of the governing authority are held fully accountable to these standards. The Code of Conduct of HBMHS exists to ensure that all employees' actions reflect a competent, respectful, and professional approach when serving our consumers, their families and/or representatives, working with other providers of services, and interacting within the communities we serve. It is expected that staff will perform their duties in compliance with all federal, state, and local regulations. Violation of guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment. A review of the HBMHS' Code of Conduct is provided to you during orientation and can be found on the agency website, or you may request a copy from your QP or the Director of Operations.

Termination of Employment

Voluntary: A two-week written notice is requested from periodic staff when ending employment at HBMHS. A thirty (30) day notice is required from salaried staff.

Non-voluntary: Your employment may be terminated immediately for reasons including, but not limited to, the following:

1. Abuse, neglect, or exploitation of a consumer, either physically, verbally, or financially.
2. Falsification of any document.
3. Insubordination to supervisor.
4. Unsatisfactory work performance or attendance.
5. Reporting to work under the influence of drugs or alcohol.
6. Any dishonest act such as fraud, theft, embezzlement, etc.
7. Possession of any weapon while at work or on company premises.
8. Any threat, coercion, harassment or intimidation of a consumer, family member or other staff.
9. Immoral conduct or indecent behavior in the presence of the consumer, family member or other staff.
10. Unapproved release or disclosure of confidential information about any consumer.
11. Libelous or slanderous statements about the company, consumer, family member or other employees.
12. At the request of a consumer/guardian/legally responsible adult.

Most performance problems are not so severe that the immediate result is firing. Involuntary termination (what most people call “being fired”) due to performance problems follows a standard disciplinary progression described below. However, listening to and cooperating with your supervising QP will steer you far away from disciplinary action.

Disciplinary Procedures

First Offense: Verbal warning from supervisor or management, by phone or face-to-face.

Second Offense: Written warning, such as a note on monthly supervision, a letter from the Human Resources Director, etc; this step can include a suspension from work.

Third Offense: Termination from employment.

At any point in time during the process of progressive discipline, if further employee actions warrant immediate termination, this would override the progressive disciplinary procedure.

Worker’s Compensation

HBMHS strives to ensure the safety and well being of staff at all times. If you are hurt or sustain a potential injury during work, you must notify your supervisor immediately. If your work injury requires medical treatment, a drug screen is also required. In addition,

you will not be able to return to work with a consumer until you have a full medical release from the treating physician.

Grievance and Appeals Procedures

In a continuing effort to provide and maintain the best working conditions for all employees, we encourage the prompt, fair settlement of problems and differences through an orderly grievance and appeals procedure. Employees may freely discuss problems and grievances with a supervisor without fear of reprisal. If a staff grievance cannot be resolved informally with the supervisor, a formal complaint/grievance can be filed. Copies of the HBMHS grievance/complaint policy and related forms are available in the HBMHS suggestion box or can be downloaded from the HBMHS website (www.hbmhs.com).

Alcohol & Drug Free Workplace Policy

We are committed to providing an alcohol and drug free workplace that promotes the safest work environment for employees and consumers. The unlawful manufacture, distribution, dispensation, sale, possession, or use of controlled substances, or the possession or use of alcoholic beverages is prohibited in the workplace. Impaired behavior on the job caused by substance use or abuse is prohibited. Any employee who exhibits behavior consistent with alcohol or controlled substance-impaired behavior while on the job will also be placed under investigative suspension without pay and directed to leave the workplace. The investigation shall include, but not be limited to, meeting all parties to gather pertinent facts. Disciplinary action, up to and including termination of employment, shall be taken against any employee who is determined by administrative investigation to be involved in the manufacture, distribution, dispensing, selling, possession, or use of alcohol or drugs in the workplace and/or during work hours. Participation in a rehabilitation program may be required. Violations of criminal drug statutes occurring in the workplace will be reported to the appropriate law enforcement authority. Any employee convicted of any criminal drug statute violation occurring in the workplace must notify his/her supervisor no later than five (5) calendar days after such conviction. Failure to provide notification will result in automatic termination of employment.

If reasonable cause exists or an accident occurs, HBMHS may require drug and/or alcohol testing. All test results remain confidential. Testing shall also occur when reasonable cause indicates an employee's health or ability to perform work may be impaired. Factors which could establish reasonable cause for a drug test include, but are not limited to:

- Sudden change in work performance;
- Repeated failure to follow instructions or proper procedures;
- Involvement in an accident, or near-accident;
- Discovery or presence of alcohol or controlled substances in an employee's possession or near the employee's workplace;
- Odor of alcohol and/or residual odor similar to controlled substances;
- Unexplained, frequent, and/or patterns of absenteeism;
- Personality changes or disorientation;
- Arrest or conviction for violation of criminal drug statutes.

Any employee who receives a charge and/or ticket for Driving While Impaired (DWI) is required to report the charge to his/her supervisor within three (3) calendar days. Failure to report a DWI charge within three (3) days will be considered personal misconduct subject to disciplinary action. Following a DWI conviction and/or limitation of an employee's driving privileges, a determination of continued employment will be made according to the driving restrictions imposed and job requirements.

Tobacco Use

In keeping with HBMHS' intent to provide a safe and healthy work environment, smoking or tobacco use in the workplace is prohibited except in those locations that have been specifically designated as smoking/tobacco areas. Tobacco use in the presence of persons served is prohibited. HBMHS staff who use tobacco products will make use of regular break times for tobacco use. In situations where the preferences of tobacco users and HBMHS consumers are in direct conflict, the preferences of the consumer will prevail.

Weapons

It is the policy of HBMHS to ensure the safety of persons served, staff members, and visitors through the prohibition of weapons within any of the organization's facilities by anyone other than law enforcement acting in an official capacity. In addition, employees and consumers of HBMHS are prohibited from possessing weapons during times when services are provided.

Harassment

HBMHS shall not condone any form of harassment, including harassment based on sex, race, color, gender, age, national or ethnic origin, or age. Harassment is defined as verbal or physical conduct relating to an employee's sex, race, color, etc. that has the effect of creating an intimidating, hostile or offensive work environment, unreasonably interfering with the employee's work performance, or adversely affecting the employee's employment opportunities. Some examples of this are slurs, jokes, cartoons, stereotypes and statements based on sex, race, color, etc. In addition, sexual harassment can include, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment.
- An individual's submission to or rejection of such conduct is used as a basis for an employment decision concerning that individual.
- The purpose or effect of such conduct is to substantially interfere with the individual's work performance, or to create an intimidating, hostile or offensive work environment.

Employees have the responsibility to promptly report harassment or harassing conditions. All sexual harassment complaints shall be made immediately, in writing if possible, to the agency Director of Operations. The complaint must include the name of

the person accused of the harassment, date(s) of harassment, and any other information the employee believes relevant. An investigation into the alleged harassment will be completed within 10 working days. The investigation shall include, but not be limited to, meeting all parties to gather pertinent facts. The Director of Operations will assure that a written report is delivered to the employee within 20 days of the original report of harassment. There shall be no retaliation against a person who complains about harassment, files a charge of discrimination, or who participates in the investigation of harassment.

If the alleged harassment is substantiated, the responsible party will be terminated immediately if employed by HBMHS. If a family member of a consumer is determined to have carried out the alleged harassment, the affected employee will be given the opportunity to work with another consumer and family without reduction in pay. The case manager for the consumer will be notified and a joint decision between the case manager and HBMHS will be made as to the continuation of supports.

Medical Emergencies

A medical emergency is defined as a serious, life-threatening situation to include, but is not limited to, unconsciousness, breathing problems, diabetic emergency, severe bleeding, and/or obvious bodily trauma. In the event of a medical emergency, the employee will:

1. Dial 911 or the EMS.
2. Administer First Aid or CPR, if trained.
3. After medical personnel arrive, contact guardian or family member.
4. Contact your supervising QP.

If a consumer is sick or injured, but the situation is not life threatening, the employee should contact the guardian or family and the QP for further instructions.

Medication/Medical Procedures

In general, you will not be giving out medications of any kind. Consumers who require medication while HBMHS staff is on duty should receive the medication from a parent/guardian/legally responsible person or another approved family member. The HBMHS employee may assist the consumer to understand the purpose and side effects (as directed by the service plan). Otherwise, HBMHS employees or contractors must be certified in Medication Administration. Specialized activities of a medical nature (such as G-tube feedings, use of glucometers for people with diabetes, etc.) can be performed, but only after you have been trained (usually by the HBMHS Nurse) and after a waiver has been signed by the consumer/legally responsible adult.

Driving

Transporting consumers in your vehicle may be a required component of employment if a consumer's goals require transportation into the community. Because of this, full time staff (30 or more hours) may be reimbursed up to a maximum of 25.00 per pay period. When transportation is required, you must furnish proof of vehicle insurance coverage, including a North Carolina driver's license (after 60 days of residency in the State).

When driving a consumer, you must have a first aid kit, fire extinguisher, and emergency information/medical consent form for the consumer(s) in your vehicle.

Equipment Failures, Flat Tires, etc

1. All vehicles transporting consumers will have a functioning spare tire, jack, and appropriate tools for changing tires.
2. In event of flat tire or engine failure:
 - a. Immediately pull to a safe location on the shoulder of the road, out of traffic.
 - b. Place a triangular emergency reflector behind the vehicle to warn oncoming traffic.
 - c. Assist the consumers in moving to a safe location, if appropriate.
 - d. Make repairs as possible, or call for emergency roadside assistance.
 - e. Contact your supervisor for additional transportation for consumers if repairs are not immediately achievable.
 - f. Complete a Critical Incident Report.

Limiting Distractions

Federal safety research indicates that visual and cognitive distractions contribute to the majority of auto accidents. To reduce distractions:

1. Do not talk on cell phones while driving.
2. Resist the temptation to be distracted at the scene of accident sites.
3. Do not play radios or other audio equipment while driving.
4. Avoid staring at pedestrians or other drivers. This behavior is cited by the national transportation safety board as a significant cause of auto accidents.
5. Do not eat or drink while transporting consumers.
6. Do not read or attempt to write while driving.
7. Do not wear headphones while driving.

Disruptive / Combative Passengers

- 1.If a passenger becomes disruptive or combative, pull to the side of the road immediately.
- 2.Place the vehicle in Park, set the brake, turn-on emergency blinkers, and turn off the ignition.
- 3.Use verbal de-escalation techniques appropriate to the consumer.
- 4.Do not proceed with travel until the situation is well under control and the consumer no longer poses a threat to the safe operation of the vehicle.
- 5.If the situation escalates, dial 911 and ask for immediate assistance.
- 6.Assist emergency personnel as appropriate.
- 7.Notify your immediate supervisor as soon as the situation allows.
- 8.Complete a Critical Incident Report

Accidents without Injuries

1. Immediately check with all passengers and the occupants of any other vehicles to determine if any one is injured. If there are none reported, proceed with the following steps.

2. Notify your supervisor immediately.
3. Make no statements regarding fault for the accident.
4. Call the police and report the accident.
5. Exchange information with the driver of any other vehicle involved including name, address, phone number, driver's license number, and insurance information.
6. Collect the names and phone number's of any witnesses available.
7. Notify your supervisor when ready to proceed with the day as planned.
8. Complete a Critical Incident Report

Accidents with Injuries

Follow the directions above with the following exceptions:

1. Call 911 immediately for assistance.
2. Do not attempt to move injured individuals.
3. Provide first aid as trained/certified.
4. When emergency personnel arrive, assist as requested.

Other Medical Emergencies

1. A medical emergency is defined as an incident that requires interventions beyond simple first aid available at the facility to stabilize a condition that may result in a serious medical outcome. Conditions include, but are not limited to, excessive bleeding which is unable to be controlled, accidents involving serious injury, failure or obstruction of the respiratory system, failure of the circulatory system, chest pain or severe abdominal pain, loss of consciousness unrelated to predictable seizure activity, or any type of distress that is determined to seriously limit an individual's normal level of daily functioning.
2. When an event occurs that is determined to be an emergency health care incident, immediately call 911 to access emergency personnel to assist and transport the individual to medical services.
3. Notify your supervisor as soon as possible. Additional staff will be sent to assist in the care of consumers and transportation as appropriate.
4. Staff members who are trained and hold current certification in CPR and first aid will implement CPR and/or first aid procedures, when appropriate, to stabilize a condition prior to the arrival of external emergency personnel.
5. Following containment of the emergency, a Critical Incident Report form will be completed.

Supervision

Consumers should never be left unattended in a vehicle.

HIPAA

Health Insurance Portability and Accountability Act – 1996. How does HIPAA affect HBMHS? HIPAA mandates that "covered entities" (in our case, that's HBMHS) may not use or disclose "protected health information" except with the consent of, or as

authorized by, the consumer/legally responsible person or as legally required or permitted by the HIPAA privacy regulations.

"Protected health information" or "PHI " is all individually identifiable health information in any form, electronic or non-electronic, that is held or transmitted by HBMHS, including oral communications. PHI includes demographic information collected from an individual that identifies, or can reasonably be used to identify, an individual. The HIPAA privacy regulations generally safeguard protected health information by:

- Identifying required and permitted uses and disclosures of PHI;
- Granting individuals certain rights regarding their PHI; and,
- Imposing administrative requirements on agencies like HBMHS.

HIPAA's privacy regulations generally permit HBMHS to disclose PHI:

- To the individual consumer, or his/her family member or legally responsible person;
- According to the consumer's authorization;
- As necessary to carry out medical treatment, payment or health care operations; and,
- In specific instances, without the consumer's consent, authorization or opportunity to object.

We may disclose to the consumer's family or close personal friend, or any other person identified by the consumer, PHI directly relevant to that person's involvement with the consumer's care or health care payment. Information relating to a consumer's location, general condition, or death may be disclosed or used to notify a family member, personal representative or other person responsible for care of the consumer.

A covered entity may disclose PHI for uses other than treatment, payment, and health care operations only if such covered entity has secured a valid "authorization" from the subject individual. To be valid, HIPAA regulations mandate that an authorization include specific core elements, and statements regarding certain rights enjoyed by the individual. The regulations further identify certain defects that will render an authorization invalid.

Except in those instances where the PHI in question is psychotherapy notes, HBMHS may generally use or disclose PHI for its own treatment, payment, or health care operations, or disclose PHI to another covered entity for the treatment, payment, or health care operations of that entity. These disclosures may occur in the absence of the consumer's authorization. These communications are part of the everyday communication that occurs between supporting agencies, like a case manager and HBMHS.

It is best if you always ask your Qualified Professional before releasing any information about a consumer, and that includes even the fact that someone receives services from HBMHS. For example, if you are walking downtown with a friend and run into a consumer you work with, you will probably stop and chat. Later, as you walk on with your friend, a typical question might be - "Where did you meet that guy?" In order to protect

the consumer's health information, you MAY NOT reveal your professional association with him. A good answer might be - "He's somebody I met at the grocery store."

HIPAA grants individuals with certain rights as to PHI that include:

- The right to access, amend, and have an accounting of PHI; and,
- The right to request privacy protections.

The Qualified Professional will always be the HBMHS representative to coordinate a consumer's access to their protected information.

HBMHS notifies consumers how protected information will be used and disclosed. Notices must also inform consumers of their privacy rights and of the entities' legal duties regarding protected information. Usually this notice is delivered before consumers begin working with us, using the "Consumer Handbook" and our specially designed "Notice of Privacy Practices".

False Billing Claims

HBMHS takes health care fraud and abuse very seriously. It is our policy to provide information to all employees, contractors and other agents about the federal and state false claims acts, including remedies available under these acts and how employees and others can use them. There are also whistleblower protections available to anyone who claims a violation of the federal or state false claims acts.

Federal False Claims Act (from the Deficit Reduction Act of 1995)

What it does:

Allows a civil action to be brought against a health care provider who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid (31 USC sec. 3729(a)).

Examples of a false claim:

- Billing for procedures not performed;
- Violation of another law, for example a claim was submitted appropriately but the service was the result of an illegal relationship, such as one in which a provider receives kickbacks for consumer referrals;
- Falsifying information in the medical record.

Remedies:

- A federal false claims action may be brought by the U.S Department of Justice Civil Division, the United States Attorney.

- An individual may bring what is called a qui tam action. This means the individual files an action on behalf of the government.
- Violation of the Federal False Claims Act is punishable by a civil penalty of between \$5,500 and \$11,000 per false claim, plus three times the amount of damages incurred by the government.
- A statute of limitations says how much time may pass before an action may no longer be brought for violation of the law. Under the False Claims Act, the statute of limitations is six years after the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than ten years after the date on which the violation was committed.
- North Carolina does not have an express False Claims Act, but it does have criminal and civil laws that prohibit Medicaid fraud. In general, it is considered a crime in North Carolina if a health care provider knowingly submits or causes to be submitted a claim for payment to which the provider is not entitled.

Whistleblower Protections:

Federal law prohibits an employer from discriminating against an employee in the terms or conditions or his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole. [31 USC 3730(h)] NC State law contains several provisions that prohibit retaliatory action by a health care provider against an employee who in good faith brings evidence of unlawful Medicaid billing practices to the attention of the proper authority. An employee who believes he or she is the victim of retaliation for making such a report may file a complaint with the North Carolina Department of Labor.

Procedures

What you should do if you think HBMHS may have made a false claim:

- If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, HBMHS encourages you to:
 - Report it to your QP. If you are not comfortable doing this or do not see action in response to your report;
 - Call the Director of Operations (Candice Phillips 704-995-9148)
- You are not required to report a possible false claims act violation to HBMHS first. You may report directly to the federal Department of Justice or the Office of the Inspector General (800-477-8477).
- The agency will not retaliate against you if you inform us or the federal government of a possible false claims act violation.

Hours/Holidays/After Hours

HBMHS maintains business hours Monday through Friday 8:00 am to 5:00 pm excluding the following Holidays:

New Years Day

Good Friday

Memorial Day

Independence Day

Labor Day

Thanksgiving and the day after Thanksgiving

Christmas Eve, Christmas Day and the day after Christmas

After hour services for family and staff are available on an emergency basis 24 hours a day 7 days per week, with the capacity for 24 hour face-to-face services. HBMHS has an after hours crisis number that is monitored by qualified staff. The 24-hour on call number is 704-661-9833

Safety Phrase

If you are in a potentially dangerous situation and you need to alert your supervisor, but can not speak freely, call your supervisor and say the phrase "I need to reschedule my PICK training." This will alert your supervisor and he/she will take all necessary steps to assure your safety.