PRIMEX HEALTHCARE SERVICES, INC.

ORIENTATION MANUAL

Primex Healthcare Services, Inc.

"Compassionate Care. Professional Excellence."

910 Monterey St, Suite 206

Hollister, CA 95023

Phone: (831) 297-7112 | Fax: (831) 300-2100

www.primexhealth.com

CEO & Compliance Officer: Stephen Sona

This manual is provided to all new employees and contractors as part of the orientation process. It contains essential policies, procedures, and compliance information required for all staff of Primex Healthcare Services, Inc.

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Section 1: Infection Control

1.1 Purpose and Scope

Infection control is a cornerstone of safe patient care in the home health setting. Primex Healthcare Services, Inc. is committed to preventing the transmission of infectious diseases among patients, staff, and the community. This section outlines the agency's infection control policies and procedures, which comply with regulations from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), and the California Department of Public Health (CDPH).

All clinical and administrative staff are expected to understand and follow these infection control practices at all times. Home health settings present unique challenges because the care environment is the patient's home, where agency staff have limited control over environmental conditions. Vigilance and adherence to established protocols are essential.

1.2 Chain of Infection

Understanding the chain of infection is critical for breaking the cycle of disease transmission. The six links in the chain are:

Link	Definition	Example
1. Infectious Agent	The pathogen (bacteria, virus, fungus, or parasite) capable of causing disease.	MRSA, Influenza, C. difficile, COVID-19

Link	Definition	Example
2. Reservoir	The place where the pathogen lives and multiplies.	Humans, animals, soil, water, medical equipment
3. Portal of Exit	The path by which the pathogen leaves the reservoir.	Respiratory tract, blood, skin, mucous membranes
4. Mode of Transmission	The method by which the pathogen is transferred to a new host.	Contact (direct/indirect), droplet, airborne, vehicle, vector
5. Portal of Entry	The path by which the pathogen enters a susceptible host.	Broken skin, respiratory tract, mucous membranes, IV sites
6. Susceptible Host	A person who is at risk for infection due to weakened defenses.	Elderly, immunocompromised, chronically ill, newborns

Infection control strategies work by breaking one or more links in this chain. For example, hand hygiene disrupts the *mode of transmission*, while vaccination strengthens the *susceptible host*.

1.3 Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to **all patient care**, regardless of suspected or confirmed infection status. They are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.

Standard Precautions include:

- **Hand hygiene —** before and after every patient contact (see Section 2)
- **Use of PPE —** gloves, gowns, masks, and eye protection as appropriate (see Section 3)
- **Respiratory hygiene / cough etiquette —** covering coughs and sneezes, offering masks to symptomatic patients
- **Safe injection practices —** using aseptic technique, single-use devices, and proper disposal

- **Safe handling of contaminated equipment and surfaces** — cleaning and disinfecting reusable items
- **Proper handling of laundry and linens** — using standard laundering procedures
- **Sharps safety** — using safety-engineered devices and proper disposal containers

1.4 Transmission-Based Precautions

When Standard Precautions alone are insufficient, Transmission-Based Precautions are added based on the specific route of transmission. These are used for patients known or suspected to be infected or colonized with specific pathogens.

Type	When Used	Required PPE / Actions	Examples
Contact Precautions	Infections spread by direct or indirect contact with patient or patient environment	Gloves and gown for all interactions; dedicated equipment; enhanced environmental cleaning	MRSA, VRE, C. difficile, scabies, norovirus
Droplet Precautions	Infections spread by large respiratory droplets (travel ≤ 6 feet)	Surgical mask within 6 feet of patient; eye protection if risk of splash; patient mask during transport	Influenza, pertussis, meningococcal disease, mumps
Airborne Precautions	Infections spread by small particles that remain suspended in air	N95 respirator or higher; minimize time in enclosed spaces; patient mask when feasible	Tuberculosis, measles, varicella (chickenpox), COVID-19 (aerosol-generating procedures)

⚠ **Important:**

In the home health setting, if a patient is suspected or confirmed to have a communicable disease requiring Transmission-Based Precautions, contact your supervisor **before** the visit to obtain specific instructions and ensure you have the required PPE.

1.5 Cleaning, Disinfection, and Sterilization

Proper cleaning and disinfection of equipment and surfaces prevent the transmission of pathogens in the home health environment.

- **Cleaning:** Physical removal of organic material and contaminants from surfaces using soap/detergent and water. Cleaning must precede disinfection.
- **Disinfection:** Use of EPA-registered disinfectants to eliminate most pathogenic organisms on surfaces and non-critical equipment. Allow adequate contact time per manufacturer instructions.
- **Sterilization:** Complete elimination of all microorganisms, including spores. Required for critical items that enter sterile body tissues (e.g., surgical instruments). Typically performed at the agency office or by a contracted facility.

Staff must clean and disinfect reusable equipment (e.g., stethoscopes, blood pressure cuffs, pulse oximeters) **between each patient encounter** using agency-approved disinfecting wipes or solutions.

1.6 Sharps and Biohazard Waste Disposal

Improper handling of sharps and biohazardous waste is a leading cause of needlestick injuries and occupational exposure.

- **Never recap, bend, or break used needles.**
- Dispose of sharps **immediately** after use into an approved, puncture-resistant sharps container.
- Carry a portable sharps container to every patient visit.

- Biohazardous waste (blood-soaked materials, used dressings with drainage) must be placed in red biohazard bags and returned to the agency for proper disposal.
- Sharps containers must not be filled beyond the **"full" line** (approximately three-quarters full).
- Never dispose of sharps or biohazardous waste in household trash.

1.7 Bloodborne Pathogen Exposure Protocol

In the event of a needlestick injury, splash to mucous membranes, or exposure to potentially infectious blood or body fluids, follow these steps **immediately**:

1. **Provide immediate first aid:** Wash the affected area thoroughly with soap and water. For mucous membrane exposure (eyes, nose, mouth), flush with clean water or saline for at least 15 minutes.
2. **Report the exposure** to your supervisor immediately — do not delay.
3. **Seek medical evaluation** within two (2) hours of exposure. Your supervisor will direct you to the designated medical facility.
4. **Complete an Incident Report** and provide all required details, including the source patient (if known), type of exposure, and first aid actions taken.
5. **Follow up** with recommended post-exposure prophylaxis (PEP) and testing as directed by the treating physician.

> ⚠ **Critical:**
>
> Time is of the essence. Post-exposure prophylaxis for HIV is most effective when initiated within **two hours** of exposure and must be started within 72 hours. Do not wait until the end of your shift to report an exposure.

1.8 Staff Responsibilities and Compliance

- Comply with all infection control policies at all times.

- Complete annual infection control training and competency assessments.
- Maintain current immunizations as required by agency policy (including annual influenza vaccination and COVID-19 vaccination per current guidelines).
- Report any signs of personal illness, particularly communicable diseases, to your supervisor before reporting to patient visits.
- Report any infection control breaches, unsafe conditions, or exposures immediately.
- Participate in infection surveillance and quality improvement activities as directed.

Key Takeaways — Infection Control

- Standard Precautions apply to every patient, every time.
- Breaking any link in the chain of infection stops disease transmission.
- Contact your supervisor before visiting patients with known communicable diseases.
- Report exposures immediately — do not wait.
- Proper disposal of sharps and biohazard waste is your responsibility.

Section 2: Hand Hygiene

2.1 Importance of Hand Hygiene

Hand hygiene is the single most effective measure for preventing the spread of healthcare-associated infections (HAIs). The CDC estimates that proper hand hygiene can reduce HAIs by up to 50%. In the home health setting, where clinicians move between patient homes, hand hygiene is the primary barrier against cross-contamination.

All Primex Healthcare Services staff are expected to perform hand hygiene consistently and correctly as a core element of patient safety.

2.2 WHO "5 Moments for Hand Hygiene" Framework

The World Health Organization's (WHO) "My 5 Moments for Hand Hygiene" framework identifies the critical points during patient care when hand hygiene must be performed:

Moment	When	Why
1. Before Patient Contact	Before touching a patient for examination, care, or comfort measures	To protect the patient from harmful germs carried on your hands
2. Before Aseptic Procedure	Before any clean/aseptic task (wound care, catheter insertion, injection)	To protect the patient from germs, including their own, entering their body
3. After Body Fluid Exposure Risk	After any activity involving exposure risk to body fluids (even if gloves were worn)	To protect yourself and the healthcare environment from harmful patient germs
4. After Patient Contact	After touching a patient or their immediate surroundings when leaving	To protect yourself and the healthcare environment from harmful patient germs
5. After Touching Patient Surroundings	After touching objects or surfaces in the patient's	To protect yourself and the healthcare

Moment	When	Why
	environment, even without direct patient contact	environment from harmful patient germs

2.3 Proper Handwashing Technique

Handwashing with soap and water must take a **minimum of 20 seconds**. Follow these steps:

6. **Wet** hands with clean, running water (warm or cold).
7. **Apply** enough soap to cover all hand surfaces.
8. **Rub** hands palm to palm to create lather.
9. **Interlock** fingers and rub the back of each hand with the palm of the other.
10. **Interlock** fingers palm to palm and rub between fingers.
11. **Clasp** the back of fingers to opposing palms and rub.
12. **Rotate** each thumb clasped in the opposite palm.
13. **Rub** fingertips in the palm of the opposite hand in a circular motion.
14. **Rinse** hands thoroughly under clean, running water.
15. **Dry** hands with a single-use towel or air dryer.
16. **Use towel** to turn off the faucet, if applicable.

2.4 Alcohol-Based Hand Rub (ABHR) Guidelines

ABHR containing at least 60% alcohol is an acceptable alternative to handwashing in many clinical situations. Apply a palmful of product and rub all surfaces of the hands until dry (approximately 20 seconds).

⚠ **When Soap and Water Is REQUIRED (ABHR is NOT sufficient):**

- Hands are **visibly soiled** with dirt, blood, or body fluids
- After caring for a patient with known or suspected **C. difficile** infection (alcohol does not kill C. difficile spores)
- After caring for a patient with known or suspected **norovirus**
- After **using the restroom**
- Before and after **eating**

2.5 Glove Use and Hand Hygiene

Wearing gloves is **not** a substitute for hand hygiene. Staff must:

- Perform hand hygiene **before** putting on gloves.
- Perform hand hygiene **after** removing gloves.
- Change gloves **between tasks** on the same patient if moving from a contaminated body site to a clean body site.
- Never wash or reuse disposable gloves.

2.6 Nail Care and Jewelry Policies

- Fingernails must be kept **short and clean** (no longer than ¼ inch beyond the fingertip).
- **Artificial nails, gel nails, nail wraps, and extenders are prohibited** for all staff providing direct patient care. Studies have shown that artificial nails harbor significantly more bacteria and are linked to healthcare-associated outbreaks.
- Nail polish, if worn, must be fresh and unchipped. Chipped polish can harbor bacteria.

- Rings with stones or elaborate settings should not be worn during patient care, as they can puncture gloves and harbor microorganisms. A plain band ring is acceptable.
- Bracelets and wrist watches should be removed or pushed above the wrist before hand hygiene.

2.7 Monitoring and Compliance

Primex Healthcare Services monitors hand hygiene compliance through direct observation audits, patient and family feedback, and self-reporting. Staff are expected to maintain a hand hygiene compliance rate of **95% or higher**. Non-compliance will be addressed through re-education, counseling, and, if necessary, disciplinary action.

Key Takeaways — Hand Hygiene

- Hand hygiene is the #1 way to prevent infections — perform it at all 5 WHO moments.
- Handwashing must last at least 20 seconds with proper technique.
- ABHR is acceptable unless hands are visibly soiled or caring for C. difficile / norovirus patients.
- Gloves do not replace hand hygiene — clean hands before and after gloving.
- Artificial nails are prohibited for all direct-care staff.

Section 3: Personal Protective Equipment (PPE)

3.1 Types of PPE

Personal Protective Equipment (PPE) creates a barrier between the healthcare worker and infectious materials. The following types of PPE are used at Primex Healthcare Services:

PPE Type	Description	Primary Protection
Gloves	Disposable, single-use (nitrile, vinyl, or latex)	Hands — contact with blood, body fluids, mucous membranes, non-intact skin, contaminated surfaces
Gowns	Disposable isolation gowns (fluid-resistant preferred)	Skin and clothing — anticipated contact with blood, body fluids, or contaminated surfaces
Surgical Masks	Standard procedure masks	Mouth and nose — large respiratory droplets, splashes, sprays
N95 Respirators	NIOSH-approved filtering facepiece respirators	Mouth and nose — airborne infectious particles (e.g., TB, measles)
Eye Protection	Goggles or safety glasses with side shields	Eyes — splashes, sprays, droplets of blood or body fluids
Face Shields	Full-face transparent barrier	Full face — splashes, sprays (used with or as an alternative to goggles; does not replace a mask)

3.2 When to Use PPE

The selection of PPE is based on the nature of the patient interaction and the anticipated exposure. Use the following as a guide:

Clinical Activity	Gloves	Gown	Mask	Eye Protection
Vital signs (intact skin)	No	No	No*	No
Wound care / dressing change	**Yes**	If splash risk	If splash risk	If splash risk
Suctioning / airway care	**Yes**	**Yes**	**Yes**	**Yes**
Blood draw / IV insertion	**Yes**	No	No*	If splash risk
Catheter care	**Yes**	If splash risk	No*	If splash risk
Patient with Contact Precautions	**Yes**	**Yes**	No*	No
Patient with Droplet Precautions	Per Standard Precautions	Per Standard Precautions	**Yes**	**Yes**
Patient with Airborne Precautions	Per Standard Precautions	Per Standard Precautions	**N95**	As indicated

*Mask use may be required per current agency respiratory illness policies or pandemic protocols.

3.3 Proper Donning (Putting On) Sequence

Follow this sequence to put on PPE correctly:

17. **Perform hand hygiene.**
18. **Put on gown —** fasten at the neck and waist, ensuring full coverage of torso from neck to knees and arms to wrists.
19. **Put on mask or respirator —** secure ties or elastic bands at the middle of the head and neck. Adjust the flexible nose band to fit snugly. For N95, perform a seal check.

20. **Put on eye protection —** goggles or face shield over face and eyes; adjust for comfortable fit.
21. **Put on gloves —** extend gloves to cover the cuff of the gown.

3.4 Proper Doffing (Removing) Sequence

> ⚠ **Contamination Alert:**
> Doffing is the highest-risk step for self-contamination. Remove PPE **slowly and deliberately**. The outside (front) of all PPE is considered contaminated. Avoid touching your face, skin, or clothing with contaminated gloves or outer surfaces.

22. **Remove gloves —** using the glove-in-glove technique. Grasp the outside of one glove at the wrist and peel off, turning it inside out. Hold the removed glove in the gloved hand. Slide fingers of the ungloved hand under the remaining glove at the wrist and peel off, turning inside out over the first glove. Dispose in waste container.
23. **Perform hand hygiene.**
24. **Remove gown —** unfasten ties. Pull gown away from the neck and shoulders, touching only the inside. Turn the gown inside out, fold or roll it into a bundle, and dispose in waste container.
25. **Perform hand hygiene.**
26. **Remove eye protection —** handle by the headband or earpieces (considered "clean"). Lift away from the face. Dispose or place in designated receptacle for reprocessing.
27. **Remove mask or respirator —** for a mask, grasp the bottom ties or elastic first, then the top ties, and remove without touching the front. For an N95, tilt head forward, remove the bottom strap first, then the top strap, and lift away from the face.
28. **Perform hand hygiene immediately after all PPE is removed.**

3.5 N95 Respirator Fit Testing

All staff who may be required to use an N95 respirator must be medically cleared and fit-tested **annually** and whenever there is a change in the brand, model, or size of respirator used. Fit testing is conducted using either qualitative (taste/smell) or quantitative methods. Staff must not use an N95 respirator for patient care without a documented, current fit test on file.

A **user seal check** must be performed each time the respirator is donned to ensure a proper seal against the face.

3.6 PPE Disposal Procedures

- Dispose of used PPE in appropriate waste receptacles before leaving the patient care area.
- Contaminated PPE should be placed in a leak-proof bag or container for transport if waste disposal is not immediately available in the patient's home.
- Never reuse single-use disposable PPE.
- Reusable items (e.g., certain goggles or face shields) must be cleaned and disinfected per manufacturer instructions before reuse.

3.7 Staff Responsibilities for PPE Compliance

- Maintain an adequate supply of PPE in your field bag at all times.
- Request resupply from the office **before** your stock runs low.
- Report any PPE defects (e.g., torn gloves, broken goggle straps) to your supervisor.
- Attend required N95 fit testing and PPE training sessions.
- Never refuse to use required PPE based on personal preference or convenience.

Key Takeaways — PPE

- Select PPE based on the anticipated exposure — not all situations require the same equipment.
- Follow the correct donning (gown → mask → eye protection → gloves) and doffing (gloves → gown → eye protection → mask) sequences.
- Doffing is the highest risk for self-contamination — go slowly and deliberately.
- N95 respirators require annual fit testing and a seal check at every use.
- Always perform hand hygiene before donning and after doffing PPE.

Section 4: Emergency Preparedness

4.1 Purpose and Regulatory Requirements

Primex Healthcare Services maintains a comprehensive Emergency Preparedness Plan to protect patients, staff, and the continuity of essential healthcare services during emergencies. This plan complies with the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule (42 CFR §484.102), California Health and Safety Code requirements, and Joint Commission standards.

All staff are expected to understand the emergency preparedness plan, know their roles, and participate in emergency drills and exercises.

4.2 Types of Emergencies Covered

Category	Examples
Natural Disasters	Earthquakes, wildfires, floods, severe storms, mudslides
Pandemics / Epidemics	Influenza pandemic, COVID-19, emerging infectious disease outbreaks
Utility Failures	Power outages, water supply disruption, communication system failure, Public Safety Power Shutoffs (PSPS)
Workplace Violence / Threats	Active threat, aggressive patient or family member, armed intruder
Technological / Hazardous	Chemical spill, hazardous materials exposure, cyber-attack, data breach

4.3 Emergency Communication Plan and Chain of Command

During an emergency, the following chain of command is activated:

29. **CEO / Compliance Officer (Stephen Sona) —** Activates the Emergency Plan, makes executive decisions, communicates with external agencies.
30. **Director of Clinical Services —** Coordinates clinical operations, patient prioritization, and staff assignments during the emergency.
31. **Office Manager / Administrative Lead —** Manages communications, documentation, and logistics support.
32. **Clinical Supervisors / Case Managers —** Direct field staff, conduct patient welfare checks, report status updates.
33. **Field Staff (RNs, LVNs, HHAs, Therapists) —** Carry out patient care and safety directives, report conditions to supervisors.

Communication methods (in order of priority): agency phone system → text messaging → email → personal phone calls → in-person reporting to the office. Staff

must keep their emergency contact information current with the agency at all times.

4.4 Staff Roles and Responsibilities During Emergencies

- **Ensure personal safety first** — you cannot help patients if you are injured.
- Follow instructions from your supervisor and the agency chain of command.
- Contact the agency office as soon as it is safe to do so to report your status and location.
- If in a patient's home during an emergency, protect the patient and follow applicable emergency protocols (earthquake: Drop, Cover, Hold On; fire: evacuate).
- Do not travel to patient homes if road conditions are unsafe — contact your supervisor for guidance.
- Be prepared to provide extended or modified service if the emergency impacts patient access to other healthcare services.

4.5 Patient Prioritization and Triage

During emergencies, patients are prioritized based on clinical acuity and vulnerability:

Priority Level	Patient Description	Action
Priority 1 — Critical	Ventilator-dependent, oxygen-dependent, IV therapy, recent hospital discharge with unstable condition	Immediate welfare check; contact within 2 hours of emergency onset
Priority 2 — High	Insulin-dependent diabetics, wound care patients with acute needs, patients living alone with limited mobility	Contact within 4 hours; assess need for in-person visit

Priority Level	Patient Description	Action
Priority 3 — Moderate	Patients with stable chronic conditions requiring skilled services within 48 hours	Contact within 24 hours; reschedule visits as needed
Priority 4 — Low	Stable patients with caregiver support, routine visits not time-sensitive	Contact within 48 hours; resume normal scheduling when safe

4.6 Emergency Supply Kits and Go-Bags

All field staff must maintain a personal emergency "go-bag" in their vehicle containing:

- Flashlight with extra batteries
- Portable phone charger / power bank
- Basic first aid kit
- Bottled water and non-perishable snacks (minimum 24-hour supply)
- Emergency contact list (printed copy — do not rely solely on your phone)
- Copies of current patient schedules and priority lists
- PPE supplies (gloves, masks, hand sanitizer)
- Agency emergency plan reference card

4.7 Post-Emergency Reporting and Debriefing

After an emergency is resolved, all staff must:

- Complete post-emergency incident reports documenting all actions taken, patient contacts, and observations.
- Participate in agency debriefing sessions to evaluate the effectiveness of the emergency response.
- Identify lessons learned and recommend improvements to the emergency plan.
- Report any injuries, exposures, or losses sustained during the emergency.

Key Takeaways — Emergency Preparedness

- Know the chain of command and communication plan — keep your contact information current.
- Your personal safety comes first; you cannot help patients if you are injured.
- Priority 1 (critical) patients must be contacted within 2 hours of an emergency.
- Maintain an emergency go-bag in your vehicle at all times.
- Complete post-emergency reports and participate in debriefings.

Section 5: Fire Safety

5.1 Fire Prevention in Home Health and Clinical Settings

Fire safety is a critical component of patient and staff safety. In the home health setting, clinicians must be vigilant about fire hazards in patients' homes, including oxygen equipment, overloaded electrical circuits, smoking materials, space heaters, and cluttered pathways.

Fire prevention responsibilities include:

- Assess the patient's home environment for fire hazards during every visit.

- Educate patients and caregivers about fire safety, especially when oxygen therapy is in use.
- Report any fire hazards identified in the patient's home to your supervisor.
- Ensure that smoke detectors are present and functional (educate patient as appropriate).
- Know the location of exits in every environment where you provide care.

5.2 R.A.C.E. Protocol

In the event of a fire, follow the **R.A.C.E.** protocol:

Letter	Action	Details
R	**RESCUE**	Remove any person in immediate danger from the fire. Assist patients with mobility limitations. Do not put yourself at undue risk.
A	**ALARM**	Activate the fire alarm (if in a clinical facility) and call **911**. In a patient's home, call 911 immediately and alert all occupants.
C	**CONTAIN**	Close doors and windows to contain the fire and limit the spread of smoke. Turn off oxygen equipment if safe to do so.
E	**EXTINGUISH / EVACUATE**	If the fire is small and you are trained, attempt to extinguish it using a fire extinguisher. If the fire cannot be controlled, **evacuate immediately**.

5.3 P.A.S.S. Technique for Fire Extinguisher Use

If you must use a fire extinguisher, remember **P.A.S.S.**:

34. **P — Pull** the pin to unlock the operating lever.
35. **A — Aim** the nozzle or hose low, at the base of the fire.
36. **S — Squeeze** the lever to discharge the extinguishing agent.
37. **S — Sweep** the nozzle from side to side at the base of the fire until it appears extinguished.

> ⚠ **Safety Warning:**
> Only attempt to extinguish a fire if it is **small and contained** (e.g., wastebasket size), you have a clear escape route, and you have been trained in extinguisher use. If in doubt, **evacuate immediately**.

5.4 Types of Fire Extinguishers and Their Uses

Class	Fire Type	Common Fuels	Extinguishing Agent
A	Ordinary Combustibles	Wood, paper, cloth, rubber, plastics	Water, foam, dry chemical
B	Flammable Liquids	Gasoline, oil, grease, paint, solvents	Foam, CO_2, dry chemical
C	Electrical Equipment	Wiring, appliances, circuit panels, motors	CO_2, dry chemical (non-conductive agents only)
D	Combustible Metals	Magnesium, titanium, sodium, lithium	Special dry powder agents

Class	Fire Type	Common Fuels	Extinguishing Agent
K	Cooking Oils / Fats	Vegetable oils, animal fats, commercial cooking equipment	Wet chemical agents

Most home and office environments use **Class ABC multipurpose dry chemical extinguishers**, which are effective on the most common types of fires.

5.5 Evacuation Procedures and Routes

- In the **agency office**: Know the location of all exits, fire extinguishers, and the designated assembly point. Follow posted evacuation maps.
- In a **patient's home**: Identify at least two exit routes during your initial assessment. Assist the patient in evacuating using the safest and most accessible route.
- Close doors behind you to slow the spread of fire and smoke.
- Do not use elevators during a fire.
- Proceed to the designated assembly area and account for all persons.
- Do not re-enter a burning building for any reason.

5.6 Fire Drill Requirements and Frequency

Primex Healthcare Services conducts fire drills at the agency office at least **twice per year**. All staff are required to participate. Drills are documented and evaluated, with findings used to improve fire safety procedures. Field staff receive fire safety education and competency assessments during annual training.

5.7 Reporting Fire Hazards

If you identify a fire hazard in a patient's home or the agency office, report it immediately to your supervisor. Examples of reportable hazards include:

- Smoking near oxygen equipment

- Overloaded electrical outlets or frayed cords
- Blocked exits or pathways
- Non-functional or missing smoke detectors
- Improperly stored flammable materials
- Space heaters placed near combustible materials

Key Takeaways — Fire Safety

- R.A.C.E.: Rescue, Alarm, Contain, Extinguish/Evacuate.
- P.A.S.S.: Pull, Aim, Squeeze, Sweep.
- Only fight small, contained fires — when in doubt, evacuate.
- Assess patient homes for fire hazards at every visit.
- Never smoke or allow open flames near oxygen equipment.

Section 6: Disaster Response Plan

6.1 Overview of Agency Disaster Response Framework

The Primex Healthcare Services Disaster Response Plan establishes a structured framework for maintaining patient care and staff safety during catastrophic events.

The plan is aligned with the National Incident Management System (NIMS) and the Incident Command System (ICS). It addresses all phases of disaster management: **preparedness, response, recovery, and mitigation**.

The full Disaster Response Plan is maintained by the CEO & Compliance Officer and is available for review at the agency office. This section provides a summary of essential elements for all staff.

6.2 Activation Criteria and Notification Procedures

The Disaster Response Plan is activated when any of the following occurs:

- A local, state, or federal disaster declaration is issued affecting San Benito County or surrounding service areas.
- An event disrupts normal agency operations or renders patient homes inaccessible for an extended period.
- A public health emergency is declared (e.g., pandemic, contamination event).
- The CEO or designated authority determines that the scope of an emergency exceeds the agency's normal capacity to respond.

Notification: Upon activation, staff will be notified through the agency's emergency notification system (phone tree, text alert, and/or email). All staff must acknowledge receipt of emergency notifications within **30 minutes**.

6.3 Staff Reporting Expectations During Disasters

- Report your status (safe/injured, location, availability) to your supervisor within 30 minutes of receiving the emergency notification.
- Unless instructed otherwise, do not report to the agency office during active disasters — wait for direction from your supervisor.
- Be prepared for modified schedules, extended hours, or redeployment to different geographic areas during recovery.

- Field staff should shelter in place if conditions make travel unsafe and notify their supervisor.
- Keep your personal emergency plan and go-bag up to date (see Section 4.6).

6.4 Patient Welfare Checks and Continuity of Care

During and after a disaster, the agency will conduct systematic patient welfare checks according to the priority levels outlined in Section 4.5. Key responsibilities include:

- Contact all Priority 1 patients by phone or in person within 2 hours (if safe to do so).
- Document the status of each patient, including any new or worsening health conditions, loss of essential utilities (power, water), medication access, and availability of caregivers.
- Coordinate with emergency medical services if a patient requires acute intervention.
- Arrange alternative care settings (e.g., shelters, family homes, hospitals) if the patient's home is uninhabitable.
- Ensure continuity of essential treatments (medications, wound care, oxygen, infusions) through alternative supply chains or coordination with community partners.

6.5 Coordination with Local Emergency Services and Public Health

Primex Healthcare Services maintains coordination agreements and contact information for the following agencies:

- San Benito County Office of Emergency Services
- San Benito County Public Health Department
- California Department of Public Health

- Local law enforcement (Hollister Police Department, San Benito County Sheriff)
- Local fire departments
- American Red Cross — Central Coast Chapter
- Durable medical equipment (DME) suppliers

Staff should **not** independently contact external agencies during a disaster unless directed to do so or in an immediate life-threatening emergency (call 911).

6.6 Recovery and Return-to-Normal Operations

The CEO will determine when conditions are safe to resume normal operations and will communicate the "all clear" through the emergency notification system. Recovery steps include:

- Comprehensive reassessment of all active patients.
- Resumption of normal visit schedules, prioritizing patients whose care was delayed.
- Inventory and replenishment of supplies and equipment.
- Repair or replacement of any damaged agency property or records.
- Staff wellness check-ins and access to employee assistance programs (EAP) for those affected by the disaster.

6.7 Documentation Requirements During Disasters

Accurate documentation during disasters is essential for regulatory compliance, quality improvement, and insurance purposes. Staff must document:

- All patient contacts (successful and attempted), including time, method, and outcome.
- Clinical assessments and interventions provided during the disaster period.

- Any changes in patient condition, care plan modifications, or transfers of care.
- Any personal injuries, exposures, or property losses sustained by staff.
- Communication logs (who you contacted, when, and what was communicated).

If electronic documentation systems are unavailable, use paper documentation and enter records into the EHR as soon as systems are restored.

Key Takeaways — Disaster Response

- Acknowledge emergency notifications within 30 minutes and report your status.
- Do not travel if conditions are unsafe — shelter in place and notify your supervisor.
- Patient welfare checks follow the priority system: Priority 1 patients within 2 hours.
- Document everything — every contact, every assessment, every action.
- Wait for the "all clear" before resuming normal operations.

Section 7: HIPAA Compliance

7.1 Overview of HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that establishes national standards for the protection of patient health information. HIPAA applies to all covered entities, including home health agencies, and their business associates. Primex Healthcare Services is fully committed to HIPAA compliance and requires all staff to understand and uphold these standards.

HIPAA consists of several key rules, including the **Privacy Rule**, the **Security Rule**, and the **Breach Notification Rule**, each of which is outlined below.

7.2 Protected Health Information (PHI)

Protected Health Information (PHI) is any individually identifiable health information that is created, received, maintained, or transmitted by a covered entity. PHI includes information in any form — paper, electronic, or oral. Examples of PHI include:

- Patient name, address, date of birth, Social Security number
- Medical record numbers and account numbers
- Diagnoses, treatment plans, and clinical notes
- Insurance and billing information
- Photographs, lab results, and imaging reports
- Email addresses, phone numbers, and fax numbers
- Any combination of data that could be used to identify an individual patient

7.3 Privacy Rule: Patient Rights and Agency Obligations

The HIPAA Privacy Rule gives patients the following rights regarding their health information:

- **Right to access** — Patients may request copies of their medical records.

- **Right to request amendments** — Patients may request corrections to their PHI.
- **Right to an accounting of disclosures** — Patients may request a list of certain disclosures of their PHI.
- **Right to request restrictions** — Patients may request limits on the use or disclosure of their PHI.
- **Right to confidential communications** — Patients may request that communications be sent to a specific address or by a specific method.
- **Right to receive a Notice of Privacy Practices** — Patients receive a written notice describing how the agency uses and protects their PHI.

7.4 Security Rule: Electronic PHI Safeguards

The HIPAA Security Rule requires safeguards for electronic Protected Health Information (ePHI). These safeguards are organized into three categories:

Safeguard Type	Description	Examples at Primex
Administrative	Policies and procedures to manage the selection, development, and implementation of security measures	Risk assessments, workforce training, access management policies, incident response procedures
Physical	Physical measures to protect electronic systems, buildings, and equipment from unauthorized access and hazards	Locked offices and file cabinets, workstation security, device and media controls, visitor policies
Technical	Technology and related policies to protect ePHI and control access	Unique user IDs and passwords, encryption, automatic logoff, audit trails, secure email

7.5 Minimum Necessary Standard

The Minimum Necessary Standard requires that when using, disclosing, or requesting PHI, you must make reasonable efforts to limit the information to the **minimum amount necessary** to accomplish the intended purpose. This applies to:

- Internal uses of PHI (e.g., accessing patient records only for patients assigned to your care)
- Disclosures to other healthcare providers (share only information relevant to the referral or coordination of care)
- Requests for PHI from other entities

> ⚠ **Important:**
>
> The Minimum Necessary Standard does **not** apply to disclosures made for treatment purposes between healthcare providers, disclosures to the patient about their own PHI, or disclosures required by law.

7.6 Permitted Uses and Disclosures

PHI may be used or disclosed without patient authorization for the following purposes:

- **Treatment** — providing, coordinating, or managing patient care
- **Payment** — billing and collection activities
- **Healthcare Operations** — quality assessment, training, auditing, compliance activities
- **As required by law** — court orders, subpoenas, mandated reporting
- **Public health activities** — disease reporting, vital statistics
- **To prevent a serious threat** to health or safety

For all other uses or disclosures, a signed **patient authorization** is required.

7.7 Business Associate Agreements

A Business Associate is any person or entity that performs functions or activities on behalf of the agency that involve the use or disclosure of PHI. Primex Healthcare Services must have a Business Associate Agreement (BAA) in place with every business associate before sharing PHI. Examples of business associates include billing companies, IT service providers, electronic health record vendors, and shredding companies.

7.8 Breach Notification Requirements and Procedures

A breach is an impermissible use or disclosure of PHI that compromises the security or privacy of the information. In the event of a breach:

38. **Report immediately —** Any staff member who discovers or suspects a breach of PHI must report it to the Compliance Officer (Stephen Sona) immediately.
39. **Investigation —** The Compliance Officer will conduct a risk assessment to determine if the incident constitutes a reportable breach.
40. **Notification of affected individuals —** Written notification must be sent to affected individuals within **60 days** of discovery.
41. **Notification of HHS —** Breaches affecting 500 or more individuals must be reported to the U.S. Department of Health and Human Services (HHS) Office for Civil Rights within 60 days. Breaches affecting fewer than 500 individuals are reported annually.
42. **Media notification** — If a breach affects 500 or more individuals in a single state or jurisdiction, notification to prominent media outlets is required.

7.9 Penalties for HIPAA Violations

Violation Tier	Description	Penalty Range (per violation)
Tier 1	Did not know and could not have reasonably known	$141 – $71,162
Tier 2	Reasonable cause, not willful neglect	$1,424 – $71,162
Tier 3	Willful neglect, corrected within 30 days	$14,232 – $71,162
Tier 4	Willful neglect, not corrected	$71,162 – $2,134,831
Criminal	Knowingly obtaining or disclosing PHI	Fines up to $250,000 and up to 10 years imprisonment

Penalty amounts reflect inflation-adjusted figures per OCR guidance.

7.10 Staff Responsibilities and Annual Training

- Complete HIPAA training during orientation and annually thereafter.
- Never access patient records unless you have a legitimate, work-related reason.
- Never share your login credentials or leave your device unlocked and unattended.
- Do not discuss patient information in public areas, hallways, or with unauthorized persons.
- Secure all paper records containing PHI and shred when no longer needed.
- Report any suspected or actual HIPAA violations to the Compliance Officer immediately.
- Use encrypted, agency-approved methods for electronic communication of PHI.
- Do not use personal email, text messaging, or social media to transmit PHI.

Key Takeaways — HIPAA

- PHI includes any information that can identify a patient — protect it in all forms.
- Access only the minimum information necessary for your job function.
- Report suspected breaches to the Compliance Officer immediately — delay increases harm and penalties.
- HIPAA violations carry severe civil and criminal penalties — up to $2.1 million per violation category and up to 10 years in prison.
- Complete HIPAA training annually and follow all agency policies for PHI protection.

Section 8: Abuse & Neglect Reporting

8.1 Definitions

Type	Definition	Examples
Physical Abuse	Intentional infliction of physical harm or injury	Hitting, slapping, pushing, restraining, burning, force-feeding

Type	Definition	Examples
Emotional / Psychological Abuse	Infliction of mental suffering through verbal or nonverbal acts	Threats, intimidation, humiliation, isolation, harassment, verbal assaults
Sexual Abuse	Non-consensual sexual contact or exploitation	Unwanted touching, sexual assault, forced nudity, coerced sexual activity
Financial Abuse	Illegal or unauthorized use of a person's money, property, or resources	Theft, forgery, unauthorized use of ATM/credit cards, coerced changes to wills or power of attorney
Neglect	Failure of a caregiver to provide necessary care, resulting in harm or risk of harm	Withholding food, water, medications, hygiene assistance, medical care, or necessary supervision
Self-Neglect	An individual's failure to provide for their own basic needs	Refusing medical care, living in unsafe/unsanitary conditions, malnutrition, hoarding

8.2 Mandated Reporter Obligations Under California Law

Under California law, **all healthcare professionals are mandated reporters**. This includes physicians, registered nurses, licensed vocational nurses, home health aides, therapists, social workers, and all other licensed or certified healthcare workers. The obligation to report arises from what you learn or observe **in your professional capacity**.

⚠ **Legal Requirement:**

As a mandated reporter, you are **legally required** to report known or suspected abuse or neglect. You are required to report based on **reasonable suspicion —** you do not need proof. Failure to report is a **misdemeanor crime** punishable by up to six (6) months in jail and/or a fine up to $1,000 (California Penal Code

§11166; Welfare and Institutions Code §15630).

8.3 Signs and Indicators of Abuse and Neglect

Be alert for the following indicators during patient interactions:

- **Physical indicators:** Unexplained bruises, burns, fractures, or welts; injuries in various stages of healing; injuries inconsistent with the reported cause; dehydration or malnutrition without medical explanation.
- **Behavioral indicators:** Fearfulness, withdrawal, depression, anxiety, agitation; reluctance to speak openly in the presence of the caregiver; flinching at touch; statements about being hurt or afraid.
- **Environmental indicators:** Unsafe or unsanitary living conditions; lack of necessary medical equipment or medications; evidence of inadequate food, clothing, or heat; locks on the outside of doors.
- **Financial indicators:** Sudden changes in financial status; unpaid bills despite adequate income; unexplained withdrawals or transfers; new "friends" or caregivers with control over finances.

8.4 Reporting Procedures

If you know or suspect abuse or neglect, you must take the following steps:

43. **Make an immediate verbal report —** Call the appropriate agency by telephone **immediately** or as soon as practically possible.
44. **Submit a written report within 36 hours —** Complete and submit the required written report form (SOC 341 for adult/elder abuse; SS 8572 for child abuse) by fax or electronic submission to the appropriate agency.

45. **Notify your supervisor** — Inform your Primex supervisor of the report as soon as possible. **However, notifying your supervisor does not replace your obligation to report directly to the appropriate authority.**
46. **Document —** Record your observations objectively in the patient's clinical record. Document facts, not opinions. Note what you saw, heard, and the patient's statements (use direct quotes when possible).

8.5 California APS and CPS Reporting

Population	Reporting Agency	Contact
Elders (65+) and Dependent Adults (18–64 with limitations)	San Benito County Adult Protective Services (APS)	Local APS hotline; after hours: (831) 636-4100 (Sheriff's Dispatch)
Children (under 18)	San Benito County Child Protective Services (CPS)	Local CPS hotline; after hours: (831) 636-4100 (Sheriff's Dispatch)
Long-term care facility residents	California Long-Term Care Ombudsman	1-800-231-4024
Law enforcement (immediate danger)	Hollister Police / San Benito County Sheriff	911 (emergency) or non-emergency dispatch

8.6 Agency Internal Reporting Chain

In addition to the legally required external reports, staff must also follow the agency's internal reporting chain:

47. Notify your direct supervisor immediately.
48. The supervisor notifies the Director of Clinical Services.
49. The Director notifies the CEO & Compliance Officer (Stephen Sona).
50. The Compliance Officer ensures all legal reporting obligations have been met and coordinates follow-up.

8.7 Whistleblower Protections

California law protects mandated reporters from retaliation. Mandated reporters who make reports in good faith are granted **unqualified immunity from civil and criminal liability**. The agency will not retaliate against any employee who makes a good-faith report of abuse or neglect. Any staff member who experiences retaliation should immediately contact the Compliance Officer.

8.8 Consequences of Failure to Report

- **Criminal liability:** Failure to report is a misdemeanor punishable by up to 6 months in jail and/or up to $1,000 fine.
- **Civil liability:** A mandated reporter who fails to report may be held civilly liable for damages resulting from the failure to report.
- **Professional consequences:** Failure to report may result in disciplinary action by your professional licensing board.
- **Agency consequences:** Failure to report is a violation of Primex Healthcare Services policy and may result in immediate termination.

Key Takeaways — Abuse & Neglect Reporting

- All healthcare professionals are mandated reporters under California law.
- Report based on reasonable suspicion — you do not need proof.
- Make a verbal report immediately; submit a written report within 36 hours.
- Reporting to your supervisor does not replace your legal obligation to report directly to APS, CPS, or law enforcement.
- Good-faith reporters are protected from liability and retaliation.
- Failure to report is a misdemeanor crime and grounds for termination.

Section 9: Patient Rights & Responsibilities

9.1 Patient Bill of Rights for Home Health Patients

Primex Healthcare Services upholds the rights of all patients as established by federal and California state regulations, including the Medicare Conditions of Participation for Home Health Agencies (42 CFR §484.50). Every patient is informed of their rights at the start of care and is provided a written copy of the Patient Bill of Rights.

9.2 Right to Informed Consent

Patients have the right to be fully informed about their diagnosis, plan of care, treatment options, risks, benefits, and alternatives before care begins. Informed consent must be obtained and documented before initiating any treatment or procedure. Patients must be informed in a language and manner they understand.

9.3 Right to Participate in Care Planning

Patients (and their designated representatives) have the right to participate in the development, review, and revision of their plan of care. This includes:

- Being informed of their current health status and prognosis.
- Setting personal goals and preferences for care.
- Being involved in decisions about the frequency and duration of services.

- Being informed of any changes to the plan of care before they are implemented.

9.4 Right to Privacy and Confidentiality

Patients have the right to the privacy of their personal and medical information. All patient information is protected under HIPAA (see Section 7). Staff must:

- Conduct care conversations and clinical discussions in private settings.
- Protect the privacy of the patient's body during care (use of drapes, closed doors).
- Safeguard written and electronic records from unauthorized access.

9.5 Right to File Grievances and Complaints

Patients have the right to voice grievances and complaints about care or services without fear of retaliation, discrimination, or reprisal. Patients may file complaints with:

- **Primex Healthcare Services** — Contact the office at (831) 297-7112 or in writing.
- **California Department of Public Health (CDPH)** — Licensing and Certification Division.
- **Medicare Beneficiary Contact Center** — 1-800-MEDICARE (1-800-633-4227).

All complaints are investigated promptly, and patients are informed of the outcome. Staff are prohibited from retaliating against any patient who files a complaint.

9.6 Right to Refuse Treatment

Patients have the right to refuse any treatment, medication, or intervention. If a patient refuses care, staff must:

- Inform the patient of the potential consequences of refusal.

- Document the refusal, the information provided, and the patient's stated reason (if given).
- Notify the patient's physician and your supervisor.
- Continue to treat the patient with respect and offer care at subsequent visits.

9.7 Cultural and Linguistic Competency

Primex Healthcare Services is committed to providing culturally and linguistically appropriate care. All patients have the right to receive care that respects their cultural background, beliefs, values, and language preferences. The agency provides:

- Language assistance services, including qualified interpreters, at no cost to the patient.
- Written materials in the patient's preferred language when available.
- Staff education on cultural competency and implicit bias.
- Respect for cultural and spiritual practices that may affect care preferences.

9.8 Patient Responsibilities

While patients have extensive rights, they also have responsibilities that support safe and effective care:

- Provide accurate and complete health information, including medical history, current medications, and any changes in condition.
- Follow the agreed-upon plan of care and comply with the treatment regimen.
- Treat all staff with respect and courtesy — verbal or physical abuse of staff will not be tolerated.
- Notify the agency promptly if unable to keep a scheduled visit.
- Maintain a safe home environment for care provision.
- Inform the agency of any changes in insurance, contact information, or advance directive status.

- Accept financial responsibility for any services not covered by insurance.

9.9 Advance Directives

Patients have the right to formulate advance directives and to have agency staff comply with those directives. Advance directives may include:

- **Durable Power of Attorney for Health Care (DPAHC) —** designates a person to make healthcare decisions if the patient is unable to do so.
- **Advance Health Care Directive (Living Will) —** documents the patient's wishes regarding life-sustaining treatment.
- **POLST (Physician Orders for Life-Sustaining Treatment) —** a medical order translating the patient's wishes into actionable clinical orders.

Staff must ask every patient upon admission whether they have an advance directive and document the response. A copy of any advance directive should be included in the patient's clinical record. Staff **must not** provide legal advice regarding advance directives but should refer patients to appropriate legal resources.

Key Takeaways — Patient Rights & Responsibilities

- Patients have the right to informed consent, participation in care, privacy, and the right to refuse treatment.
- Patients may file grievances without fear of retaliation.
- Provide culturally and linguistically appropriate care — use interpreter services when needed.
- Ask about advance directives upon admission and document the response.
- Patient responsibilities include providing accurate information, following the care plan, and treating staff respectfully.

Section 10: Workplace Safety

10.1 OSHA Requirements for Home Health Workers

Primex Healthcare Services complies with all applicable Occupational Safety and Health Administration (OSHA) standards, including the Bloodborne Pathogens Standard (29 CFR 1910.1030), the Hazard Communication Standard, and Cal/OSHA Injury and Illness Prevention Program (IIPP) requirements. The agency maintains a written IIPP available for review at the office.

Key OSHA requirements for home health staff include:

- Adherence to bloodborne pathogen safety protocols (see Section 1.7).
- Proper use of PPE as required (see Section 3).
- Knowledge of chemical hazards and access to Safety Data Sheets (SDS).
- Reporting of all workplace injuries, illnesses, and near-misses.

10.2 Ergonomic Safety During Patient Care

Home health workers face ergonomic risks including repetitive motions, awkward postures, and patient handling. To reduce the risk of musculoskeletal injuries:

- Use proper body mechanics when lifting, transferring, or repositioning patients — bend at the knees, keep the back straight, and hold the load close to the body.
- Use assistive devices (gait belts, transfer boards, mechanical lifts) when available and appropriate.

- Request assistance or additional resources if a patient's weight or condition exceeds safe handling capabilities for one person.
- Take micro-breaks and stretch during long visits.
- Report any musculoskeletal pain or discomfort to your supervisor early — do not wait until the injury worsens.

10.3 Driving Safety and Vehicle Maintenance for Field Staff

Driving is one of the highest-risk activities for home health workers. Agency policy requires:

- Maintain a valid California driver's license and current auto insurance at all times.
- Obey all traffic laws, including speed limits, seatbelt use, and hands-free phone requirements.
- **Never use a handheld phone or text while driving.**
- Do not drive under the influence of alcohol, drugs, or any substance that impairs your ability.
- Maintain your vehicle in safe operating condition (tires, brakes, lights, fluid levels).
- Plan routes in advance to minimize driving time and fatigue.
- Do not drive if weather or road conditions are hazardous — contact your supervisor for guidance.
- Report any motor vehicle accidents that occur during work hours immediately.

10.4 Personal Safety in Patient Homes and Communities

Home health workers may encounter unsafe conditions in patient homes and communities. Take the following precautions:

- **Trust your instincts.** If you feel unsafe, leave the situation immediately and contact your supervisor.
- Assess the environment upon arrival — look for signs of drug activity, aggressive animals, weapons, or unsanitary conditions.
- Inform the office of your daily schedule and expected visit times.
- Carry your cell phone at all times with a full charge.
- Park in well-lit areas and lock your vehicle.
- Do not carry large amounts of cash, valuables, or unnecessary personal items.
- Request an escort or accompanied visit if there is a known safety concern.
- Do not enter a home if an unauthorized or intoxicated person is present who poses a threat.

10.5 Workplace Violence Prevention

Primex Healthcare Services has a zero-tolerance policy for workplace violence. Workplace violence includes any act or threat of physical violence, harassment, intimidation, or other threatening behavior. If you experience or witness workplace violence:

51. **Remove yourself from danger immediately.**
52. **Call 911** if there is an imminent threat to your safety or the safety of others.
53. Report the incident to your supervisor as soon as it is safe to do so.
54. Complete an Incident Report detailing the event.

10.6 Incident Reporting Procedures

All workplace incidents must be reported promptly, including:

- Injuries or illnesses (staff or patient)
- Needlestick or bloodborne pathogen exposures
- Slips, trips, and falls
- Motor vehicle accidents during work
- Threats or acts of violence
- Property damage or theft
- Near-misses (events that could have caused injury but did not)

Complete the agency **Incident/Accident Report** form within **24 hours** of the event and submit it to your supervisor. Your supervisor will forward it to the Compliance Officer for review and follow-up.

10.7 Workers' Compensation Information

Primex Healthcare Services maintains workers' compensation insurance for all employees. If you are injured on the job:

55. Seek immediate medical attention if needed.
56. Report the injury to your supervisor immediately.
57. Complete a DWC-1 Workers' Compensation Claim Form (provided by the agency) within 24 hours.
58. Follow all instructions from the treating physician regarding work restrictions and follow-up care.

You have the right to file a workers' compensation claim without fear of retaliation.

10.8 Drug-Free Workplace Policy

Primex Healthcare Services maintains a drug-free workplace in compliance with the Drug-Free Workplace Act. The following are prohibited:

- The use, possession, distribution, or sale of illegal drugs or controlled substances on agency premises, in agency vehicles, or while on duty.
- Reporting to work or performing job duties under the influence of alcohol, illegal drugs, or any substance that impairs your ability to work safely.
- Misuse of prescription medications in a manner that affects job performance or safety.

Staff who have a substance use issue are encouraged to seek help through the Employee Assistance Program (EAP). However, seeking help does not excuse policy violations that have already occurred. Violation of the drug-free workplace policy may result in immediate termination.

Key Takeaways — Workplace Safety

- Use proper body mechanics and assistive devices to prevent injury.
- Never text or use a handheld phone while driving.
- Trust your instincts — leave immediately if you feel unsafe in a patient's home.
- Report all incidents, injuries, and near-misses within 24 hours.
- The agency has zero tolerance for workplace violence and substance abuse.

Section 11: Documentation Standards

11.1 Importance of Accurate and Timely Documentation

Clinical documentation is a legal record of patient care and a critical tool for communication among healthcare providers, payers, and regulatory agencies. Complete and accurate documentation:

- Supports continuity and coordination of care.
- Provides evidence of services rendered for billing and reimbursement.
- Demonstrates compliance with regulatory requirements.
- Protects the agency and the clinician in the event of legal proceedings.
- Supports quality improvement and outcome measurement.

The guiding principle: If it wasn't documented, it wasn't done.

11.2 Charting Requirements

All clinical staff must document each patient encounter using the agency's approved formats. Key documentation elements include:

- **SOAP Notes** (Subjective, Objective, Assessment, Plan) — used for skilled nursing and therapy visit documentation.
- **Plan of Care (POC) / 485 —** the comprehensive care plan signed by the physician, updated at each recertification period (every 60 days).
- **Visit Notes —** detailed records of each home visit, including assessment findings, interventions, patient response, and education provided.
- **Supervisory Visit Notes —** documentation of supervisory visits for home health aides per CMS requirements.

- **Communication Notes** — records of phone calls and coordination with physicians, patients, families, and other providers.

SOAP Component	Description	Example Content
S — Subjective	The patient's reported symptoms, concerns, and feelings in their own words	"Patient reports pain in right knee has improved from 7/10 to 4/10 since starting exercises."
O — Objective	Measurable, observable findings from assessment and examination	Vital signs, wound measurements, ROM, lab values, physical exam findings
A — Assessment	The clinician's professional judgment of the patient's condition and progress	Clinical interpretation, progress toward goals, changes in condition
P — Plan	Next steps, interventions, changes to care plan, follow-up	Continue current treatment, contact MD for medication adjustment, schedule follow-up in 3 days

11.3 Electronic Health Record (EHR) Guidelines and Best Practices

Primex Healthcare Services uses an electronic health record (EHR) system for patient documentation. Best practices include:

- Complete documentation **at the point of care** or as soon as possible after the visit — within the same day.
- Use the approved agency device or application for documentation.
- Never share your login credentials with anyone.
- Log off or lock the device when not actively documenting.
- Do not copy and paste from previous notes without review and individualization — each note must accurately reflect the specific encounter.

- Avoid using unapproved abbreviations — follow the agency's approved abbreviation list.
- Document objectively — describe what you observe, not your assumptions or opinions.

11.4 Late Entry and Correction Procedures

All entries should be made in real time. If a late entry or correction is necessary:

- **Late entries:** Mark the entry as "Late Entry," include the current date and time of the entry, and reference the date and time of the original event.
- **Corrections:** Use the EHR system's correction/amendment function. Draw a single line through the error (in paper records), write "Error," initial and date the correction, and enter the correct information. **Never** delete, white out, or obliterate original entries.
- Late entries and corrections must include a brief explanation of why the entry is late or what was corrected.

11.5 Authentication and Signature Requirements

- All clinical documentation must be authenticated with the clinician's full legal name, credentials, date, and time.
- Electronic signatures are acceptable when using the agency's EHR system.
- Verbal orders from physicians must be documented and authenticated by the ordering physician within the required timeframe (per agency policy and state law).
- Never sign or authenticate a document on behalf of another staff member.

11.6 Documentation of Patient Education and Communication

All patient education provided during visits must be documented, including:

- The topic(s) covered (e.g., medication management, wound care, fall prevention).
- The method of instruction (verbal, written materials, demonstration, return demonstration).
- The patient's (or caregiver's) response and level of understanding.
- Any barriers to learning identified and how they were addressed.

11.7 Record Retention Policies

Primex Healthcare Services retains patient records in accordance with California and federal regulations:

- **Adult patient records:** Minimum of **seven (7) years** from the date of the last service or discharge.
- **Minor patient records:** Minimum of seven (7) years from the date the patient turns 18 (or seven years from discharge, whichever is longer).
- **Medicare/Medicaid records:** Per CMS requirements, typically a minimum of five (5) years.

Record destruction must be performed securely (shredding for paper, secure deletion for electronic records) and documented.

11.8 Compliance with Medicare/Medicaid Documentation Standards

For Medicare and Medicaid patients, documentation must support:

- **Homebound status —** clearly document why the patient qualifies as homebound.

- **Skilled need** — document the clinical rationale for skilled services at every visit.
- **Physician involvement** — document orders, face-to-face encounters, and plan of care signatures.
- **Progress toward goals** — document measurable progress (or justifiable lack of progress) at each visit.
- **Accurate coding** — ensure diagnoses and procedure codes accurately reflect the patient's condition and services provided.

⚠ **Compliance Warning:**

Inaccurate, incomplete, or falsified documentation can result in denied claims, recoupment of payments, exclusion from federal healthcare programs, civil monetary penalties, and criminal prosecution under the False Claims Act. **Document honestly, completely, and in real time.**

Key Takeaways — Documentation Standards

- "If it wasn't documented, it wasn't done" — complete documentation at the point of care.
- Use SOAP format for clinical visits; document objectively and specifically.
- Never delete or alter original entries — use the proper correction procedure.
- Authenticate all entries with your name, credentials, date, and time.
- For Medicare patients, always document homebound status and skilled need.
- Retain records for a minimum of 7 years (adult) per California law.