



Pathway Home Care

Is an Equal Opportunity Employer

Acknowledgement & Receipt – Company’s Job Description

In-Home Aide

Description:

1. Caregivers provide service to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other infirmities. Services may include assistance with the activities of daily living, housecleaning, laundry, meal preparation, transportation, companionship and respite.
2. Caregivers are responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant the local offices policies and industry standards.
3. Caregiver must:
 - a. not be a legal parent, foster parent, or spouse of the client who receives the service.
 - b. not be the spouse of the individual who receives the service, except for Family Care (FC) services; and
 - c. not be designated by a DADS case manager on DADS' authorization for community care services form as "Do not hire.

Responsibilities/Duties:

1. Assist clients with following a written, special diet plan and reinforcement of diet maintenance, which is provided under the direction of a physician and as identified on the care plan.
2. Assist in maintaining all necessary supplies for client and facility needs, i.e., grooming supplies, household cleaning supplies and office supplies
3. Attend orientation, in-service training sessions and staff meetings.
4. Carry out duties as assigned by the supervisor.
5. Communicate with Supervisor and co-workers.
6. Complete and maintain records of daily activities, observations, and direct hours of service.
7. Complete records as designated by policies and procedures such as, but not limited to; documentation of training classes, progress /shift notes,
8. Contact appropriate administrative staff during evening and night hours as required.
9. Develop and maintain constructive and cooperative working relationships with others.
10. Ensure client’s safety and security by supervising the home environment.
11. Ensure service is delivered in accordance with all relevant policies, procedures and practices.
12. Escort clients to medical facilities, errands, shopping and outings as specified in the care plan.

13. Assist clients with communication by writing or typing correspondence for them or researching information for them.
14. Follow the written care plan.
15. Monitor supplies and resources.
16. Must be physically able to perform the duties of the position, including, but not limited to; lifting/carrying at least 50 lbs. (depending on assignment requirements), climbing stairs, bending, stooping, and driving.
17. Observe clients and their environments and reports behavior, physical and/or cognitive changes and/or changes in living arrangements to supervisor.
18. Observe clients and their environments and reports unsafe conditions to supervisor.
19. Participate on the Care Team by providing input and making suggestions.
20. Perform/assist with essential shopping/errands, which may include handling the client's money in accordance with the care plan and under the observation of the supervisor.
21. Performs any other duties as assigned by the Supervisor, and or/Administrator.
22. Provide companionship including social interactions, conversations, emotional reassurance and encouragement of activities that stimulate the mind.
23. Provide first-aid assistance to clients and assist in the follow through on medical needs.
24. Provide respite care for families in accordance with care plans.
25. Report suspected abuse & neglect immediately (within one hour).
26. Safely provide transportation to residents (if applicable/approved in writing from Agency Administrator)
27. Provides non-medical, in-home caregiving and personal care to clients. This can include, but is not limited to the following duties:
 - a. Companionship Care: Visiting and talking with the client, reading, listening to music, taking them on walks, etc.
 - b. Errand Services, and Other Household Duties
 - c. Reviewing and Monitoring the Clients Care Plans
 - d. Assistance with Instrumental Activities of Daily Living (IADL)
 - e. Laundry
 - f. Light Housekeeping: Cleaning floors, vacuuming carpet, surface cleaning of bathrooms and furniture, vacuuming, taking out garbage, etc.
 - g. Managing Money
 - h. Medication Management: Taking prescribed medications
 - i. Preparing Meals: Cooking a complete, nutritionally balanced meal for the client based on their individual requirements, grocery shopping and assisting clients to adhere to medical meal plans.
 - j. Shopping: For groceries and other necessities
 - k. Transportation: Driving the client to appointments, shopping for groceries or clothes, recreational or social activities in the client's or in the Caregiver's automobile.
Note: If the Caregiver's automobile is used, special arrangements may be made for mileage reimbursement.
28. Using communication devices: Including the computer or telephone
29. Assistance with the Activities of Daily Living (ADL), Including, But Not Limited To:
 - Bathing and Showering: Bathing self completely, or requiring assistance with only one area of the body including, hair and skin and oral care

- Dressing and Grooming: Including selecting appropriate clothes and outerwear and donning them independently, including fasteners
- Eating and Self-Feeding (Not Meal Preparation): Moving food from plate to mouth or having the ability to chew and swallow
- Exercising & General Mobility
- Functional Mobility: Including walking, positioning, ambulation/ transferring from one place to another, specifically in and out of a bed or chair
- Toileting and Assistance with Incontinence Supplies
- Toileting: Including getting on/off the toilet and cleaning oneself

30. Other Requirements

- Ability to adapt to various living environments and locations
- Ability to communicate with clients in a friendly and congenial manner
- Ability to treat and care for clients and their property with dignity and respect
- Applicants must be able to successfully pass seven (7) year criminal background checks.
- Be at least 18 years or older
- If driving a client, must be able to provide proof of good driving record (copy of MVR record).
- Must be professional in appearance and demeanor, reliable and dependable in follow-through of job duties, and be a compassionate, honest, and caring individual.
- Must satisfy all training requirements /Possess a high school diploma or GED

Printed Name

Signature

Date



Pathway Home Care

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EMPLOYMENT APPLICATION

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please Print, except for signature on back of application. In reading and answering questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information

Job Applied for (PCP, RN, SECRETARY, CNA, etc.) _____ Todays Date _____/_____/_____

Are you seeking- Full-time _____ Part-time _____ Temporary _____ employment? When can you start? _____

Present street address

city

state

zip code

Are you 18 years of age or older? Yes _____ No _____

Social Security # ____/____/____ if hired will you furnish proof you are eligible to work in the U.S? yes ___ no ___

Have you ever applied here before?yes _____ No _____ if yes, when? _____

Were you ever employed here? yes _____ No _____ if yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?yes ___ no ___

If yes, give details _____

Answering yes does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.

Are you now or do you expect to be engaged in any other business or employment? yes ___ no ___

If yes, give details _____

Do you have a driver license? yes ___ no ___

Driver License Number _____ State of License _____ class of license _____

Have you had your drivers license suspended or revoked in the last 3 years?.....yes ___ no ___

If yes, please explain _____

REFERENCES, please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

NAME	Address/City/State	Phone	Relationship

QUALIFICATIONS

LIST AND NAMES OF SCHOOLS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties

Reason for leaving	Starting salary	Ending Salary
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May we contact your present employer? Yes ___ No ___ N/A ___

Job title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties

Reason for leaving	Starting salary	Ending Salary
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Job title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties

Reason for leaving	Starting salary	Ending Salary
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I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date



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CONSENT RELEASE/DISCOLOSURE/RECIPROCAL EXCHANGE of INFORMATION

Social Security Number _____

Date of Birth _____

I hereby authorize and request that you make available to any duly authorized representative of Pathway Home Care any information relevant to the items initialed below. I am signing this waiver voluntarily, and request that you respond to this reference inquiry with full and complete information.

Employment History _____

Personal Character _____

Background _____

Criminal History _____

Motor Vehicle Record _____

Educational History _____

Candidate signature _____ Date _____

Witness _____ Date _____



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Employee Availability

Please provide the following information on your availability to work for Pathway Home Care.

Type of Transportation you have / will use for home visits:

Do you have any allergies that would affect your work at Pathway Home Care? No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? No. Yes

How many hours are you willing to work per week? _____

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference to Be Contacted _____ Title _____

Company Name _____ Phone (____) _____

Reason for leaving this company:

I authorize the company I worked for and/or the individual listed above to release information about me Pathway Home Care Agency. LLC

_____/_____/_____

Applicant Signature _____

Date _____

Employee Availability

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							



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ACKNOWLEDGEMENT OF TEMPORARY POSITION

I _____, understand that I am accepting a temporary position with

Pathway Home Care Agency, I further understand that it is my responsibility to contact Pathway Home Care at the completion of my given assignment.

I understand that if I fail to contact the employer at the completion of given assignment, I will be considered to have voluntarily terminated my employment, and that this may have an effect on the benefits for which might otherwise be eligible.

Employee's signature _____

Supervisor's signature _____

Date _____



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Employee Contact Information

CONTACT INFORMATION

Employee Name _____

Employee SSN _____

Employee Address _____

Employee City & ZIP Code _____

Mailing Address, If different _____

Employee Home Phone _____

Employee Mobile Phone _____

Employee Email _____

EMERGENCY INFORMATION

Please provide the name, phone number and address of the person we should contact in case of an emergency. Also please advise this person, that you have given Pathway Home Care this instruction, to contact in case of emergency

Contact Name _____

Relationship: (optional) _____

Phone # _____

Address: _____

Employee Signature _____ Date _____



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TUBERCULIN TESTING FOR EMPLOYEES

In order to be in compliance with State and Federal regulations, it is mandatory that employees receive Mantoux testing on hire and periodically during employment. The Mantoux test using PPD (Purified Protein Derivatives) will be used for Tuberculin screening. If any of the following conditions exist, you should not receive the Mantoux test. Notify the Agency Director immediately.

1. History of TB (provide documentation)
2. Anyone with rash or temperature elevation
3. Anyone with known positive reaction to the Mantoux (provide documentation)
4. Anyone who has receives the rubella vaccine within the last 30 days.

Employee Name _____

Date: _____

For employees 18 years of age or younger, parent or legal guardian must also read and sign this form.

Parent or Legal Guardian: _____

Date: _____

Relationship: _____

The test must be read 48-72 hours after the injection. Please bring this form to the nurse who is authorized to read the test. If this test is not read on time, it will have to be repeated.

First Dose:

Date and Time Given	Site	Lot. Number	Nurse's Signature
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Date PPD Read	Results in MM Indurations	Nurse's Signature
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I have reviewed the contraindications for receiving the Mantoux test.

Employee Signature: _____

Date _____



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Client's Rights Policy

I acknowledge receipt of a copy of the Client's Right Policies of Pathway Home Care. I understand that I am expected to always conform to these policies, and that part of an effective intervention with clients is to keep them informed of the rights as a client of PHC.

I understand that I will be informed of any changes in client's rights policies and will be expected to conform to any new or additional client's rights policies that come into effect.

I understand that failure to respect client's rights is cause for termination.

Confidentiality Acknowledgement

I shall respect the privacy of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except as mandated by law to prevent a clear and immediate danger to a person or persons, where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality.

I shall possess a professional attitude which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the Agency.

I upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this Agency.

I understand that violence of the Agency's confidentiality policies is grounds for immediate dismissal

No Smoking Policy

Pathway has a no smoking policy. Staff are prohibited from smoking in the homes of clients where services are provided. If a staff member smokes in the home while providing care, client is to notify our office so that proper disciplinary measures can be taken.

I have received a cop of the smoke free notification.

Employee Signature _____ Date

Director Signature _____ Date



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Occupational Exposure to Bloodborne Pathogens Hepatitis B Agreement/Declination Form

Universal Precautions

Blood has long been recognized as a potential source of pathogenic microorganisms that may present a risk to individuals who are exposed during the performance of their duties. Universal precautions is the method of control required by the Occupational Safety and Health Administration (OSHA) to protect employees from exposure to all human blood and body fluids. Universal precautions refer to a concept of bloodborne disease control, which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV (the virus that causes AIDS), the Hepatitis B virus and other bloodborne pathogens.

Protective barriers reduce the risk of exposure to blood, body fluids containing visible blood and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands. Universal precautions will be used during the provision of services as applicable and appropriate.

Employee Initials: _____ Date: _____

Hepatitis B

Hepatitis B is a serious infection involving the liver. Hepatitis B virus (HBV) can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death. Hepatitis B is spread when blood or body fluids from an infected person enters the body of a person who is not infected. HBV is a major infectious occupational hazard for health care. Any health-care worker may be at risk for HBV exposure depending on the tasks that he or she performs. Workers should be vaccinated if their tasks involve contact with blood or blood-contaminated body fluids.

Employee Initials: _____ Date: _____

Hepatitis B Vaccination

OSHA standards effective June 4, 1992, require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The Hepatitis B vaccine is available at no cost to the employee. The cost to provide vaccinations is an administrative expense to the employer and is reimbursable to the employee.

The vaccine is administered in a prescribed series of three injections over a six-month period:

Dose 2 is administered 30 days after Dose 1.

Dose 3 is administered five months following Dose 2.

The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration and potential side

effects of the Hepatitis B vaccination. The employee may elect to receive or decline the Hepatitis B vaccination.

Employee Initials: _____ Date: _____

I have been provided with the Centers for Disease Control and prevention (CDC) Vaccine Information

Statement, Hepatitis B Vaccine Employee Initials: _____ Date: _____



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Informed Choice Related to Hepatitis B Vaccination

Employment Statement – Check One statement below.

- agree** to receive the Hepatitis B vaccination and will be reimbursed by my employer within 30 **days** of presenting a paid receipt for each dose. I understand that I will only be reimbursed for doses received while employed by the employer.
- I **agree** to receive the Hepatitis B vaccination and the employer, and I have agreed to the following arrangement(s) related to covering the cost of the vaccination:
- I **decline** the Hepatitis B vaccination at this time because I have previously received the Hepatitis B vaccination.
- I **decline** the Hepatitis B vaccination.

* I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at this time. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Certification By Employee

I, _____, the employee, acknowledge and certify that I have received information on occupational exposure to bloodborne pathogens, universal precautions, Hepatitis B and Hepatitis B vaccination. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice (as documented above) related to the Hepatitis B vaccination based on informed choice. * I may decide in the future to request and accept the vaccination at no charge to me.

Employee:

Employer:

Printed Name

Printed Name

Signature

Signature

Date

Date



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PROCEDURE FOR REPORTING ACCIDENTS AND INCIDENTS AT

An accident is an unplanned event that may result in injury, damage to property or some other loss. The law requires that certain work-related accidents/incidents are reported.

If an accident injury occurs while you are on duty at **Pathway Home Care** YOU MUST REPORT THE

INCIDENT WITHIN 24 HOURS of the occurrence to your immediate supervisor. ALL STAFF INVOLVED IN ACCIDENTS RESULTING IN INJURY MUST COMPLETE A COMPANY PAID DRUG SCREEN WITHIN THE FIRST 24 HOURS OF INJURY.

Examples of Incidents for staff or patients include but are not limited to:

Slips

Falls

Scratches

Pulls/strains

Attacks/fight

Animals' bites attacks

Damage to property

Burns

If medical attention is necessary, it will be rendered within a reasonable amount of time. Once the incident has been reported, an incident form is filled out and a copy is forwarded to the Program Director for review. The form must be filled out in its entirety. Specify all parties involved, time and date of incident, location, and nature of incident. Do not record opinions. Each incident involving a PATIENT will be documented in the medical record at the time of occurrence or discovery. Documentation will include a FACTUAL description of the incident, interventions, and name of physician (if notified),

For incident concerning an employee injury, the worksite supervisor/manager must complete a Supervisor's Investigation, if it is determined that corrective action is warranted, the supervisor will follow personnel policy and procedure, **Pathway** will collect, maintain, and evaluate and respond to the data gathered from the incident to collaborate with the Director and Performance Improvement Committee.

I have read and understand the procedure for reporting accidents/incidents while on duty at **Pathway Home Care**

Signature of employee _____

Date _____



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ABUSE

ABUSE—the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

ABUSE is never acceptable. Most abuse goes unreported or discovered because of fear of retaliation or worsening abuse, 5 million seniors a year suffer some form of abuse.

Abuse falls into several categories:

(Cursing, yelling, threatening, belittling) Ex. "You better not wet this damn bed again or you will be laying in it!"
(Pinching, slapping, squeezing, rough handling, pushing) Physical abuse remains the most prevalent type of abuse, this involves the physical force that results in bodily injury or pain. Ex. Shoving a patient over when trying to turn them when they refuse or resist care.
motion (intimidation, humiliation, belittling, harassment) Ex. "What kind of grown person pisses on themselves. You should be ashamed of yourself!"
Ex. "Sign my timesheet or I'm not going to change you!"
sexual unwanted touching to violent assault such as rape, sodomy and forced nudity)
Ex. Fondling or rubbing a patient on their arm, breast, private.

Sadly enough, the abuser feels no remorse or regret. In NC a CNA or any healthcare worker that has substantiated abuse on their record are not allowed to work in ANY healthcare facility. Any abuse that is reported and substantiated will be placed on the healthcare personnel registry and will not be allowed to work in NC in the healthcare industry, PLEASE SIGN AND DATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE DOCUMENT. NO EXCEPTIONS WILL BE GIVEN FOR NOT ABIDING BY THE NO TOLERANCE FOR ABUSE POLICY!!!!

SIGNATURE _____ Date _____



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CONFIDENTIALITY OF CLIENT INFORMATION

I understand that confidentiality means the client's right to privacy. Therefore, any information learned by me about a client should not be talked about to anyone except individuals who are directly involved with the client's case. Individuals who are considered "directly involved" are: the client's Social Worker, the client's nurse, or the client's family. Individuals who are not considered directly involved are: my family, my friends, other clients, other aides, or anyone else not defined as directly involved.

All information about a client is considered confidential. Confidential information includes: a client's name, a client's address, a client's phone number, information about a client's family, any information given by the client about them and all other information relating to a client including the fact that a client is receiving services from this agency.

Things to remember when working with a client in order to protect a client's confidentiality:

- a) I will not give out a client's phone number if there is someone who may need to reach me in an emergency. I will give them my supervisor's number.
- b) I will not give out a client's address except when someone is providing transportation for me to get to an assigned client's home. However, I understand that I am not to bring anyone else into a client's home.
- c) I will not say a client's name to anyone not considered directly involved. The fact that a client is receiving services is considered confidential.
- d) I will not repeat any information about the client even information volunteered by the client.
- e) I will not talk about a client to another client.
- f) I will not talk about a client to other aides whether they have worked for the client or not.
- g) I will not talk about a client to family or friends.
- h) I will not talk about a client's physical or mental condition to anyone not directly involved with the client's case.
- i) I will not talk about a client's family to anyone not directly involved with the client's case.

All employee information must be kept in strict confidence and can only be shared with the individuals who have the right to the information.

I understand that violating confidentiality of a client's information is unethical and may be illegal and punishable by law. I also understand that I can be terminated for violating current or former client's confidentiality.

In-Home aide Name _____ Signature _____



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SEXUAL HARRASSMENT POLICY ACKNOWLEDGEMENT

It is the policy of Pathway Home Care that no employee, Intern, or volunteer may engage in conduct that falls under the definition of sexual harassment. Sexual harassment defined deliberate, unsolicited, and tidally unwelcome verbal end/or physical conduct of sexual nature. With sexual Implications by supervisor or co-worker which:

1. Has or may have direct employment consequences resulting from acceptance or rejection of such conduct.
2. Creates an intimidating, offensive Working environment.
3. Interferes with an Individuals work performance,

No employment decisions Shall be made because of granting denial of sexual favors. All employees are guaranteed the right to work in an environment free from sexual harassment, Violation of this policy may result in disciplinary action, Including the possibility of immediate dismissal based on Inappropriate personal conduct. An employee, Intern, or volunteer may report a complaints or allegation of sexual harassment to the directors Pathway Home Care Agency, who will investigate all complaints and/or allegations, An employee, intern, or volunteer? Who feels that they have been sexually harassed may file a grievance? Complaints or allegations of sexual misconduct.

I acknowledge awareness of the Pathway Home Care sexual harassment policy. I understand that violation of ho agency's policy is grounds for disciplinary action up to and including Immediate dismissal.

EQUAL EMOLYMENT OPPORTUNITY ACKNOWLEDGEMENT

Is the policy of Pathway Home Care to promote equal employment opportunities Through a positive continuing program. This means that Pathway Home Care will not discriminate, nor tolerate discrimination against any applicant or employee because of race, color, religion, gender, sexual orientation, national origin, age, disabled, or veteran status. Additionally, it is the policy of Pathway Home Care Agency to provide an environment for each Pathway Home Care job applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual race, color, religion, gender, sexual orientation, nation origin, age, disability, or veteran status.

I acknowledge awareness of the Pathway Home Care sexual harassment policy. I understand that violation of ho agency's policy is grounds for disciplinary action up to and including Immediate dismissal.

DRUG FREE WORKPLACE

Pathway Home Care has a zero-tolerance the policy regarding the use of illegal substances by its employees. I acknowledge receipt of a copy of the rug-free workplace policy and have read and understand the conditions of the policy. I consent to random drug testing per company policy, agree to

abide by the drug-free workplace policy, and understand that violation of the policy will result in disciplinary action up to and including termination
I acknowledge awareness of the Pathway Home Care sexual harassment policy. I understand that violation of ho agency’s policy is grounds for disciplinary action up to and including Immediate dismissal.

ETHICS POLICY ACKNOWLEDGEMENT

I acknowledge receipt and awareness of the Pathway Home Care Ethics policy. I understand the violation of the agency’s ethics policy is grounds for disciplinary action up to and including immediate dismissal.

Employee Signature

Date

Director Signature

Date



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Skills Competency Check List for In-Home Aides

(Initial all that apply)

PERSONAL CARE SKILLS

- _____ Assisting with Walking with cane, Walker, or Crutches
- _____ Assisting with Bath/Shower Assisting with Normal Skin Care
- _____ Assisting with Mouth/Dental Care
- _____ Assisting with Hair and Scalp Care
- _____ Assisting with Finger/Toenail Care
- _____ Assisting with Shaving
- _____ Assisting with Dressing or Reinforcing Appropriate Dress
- _____ Assisting with Toileting and Incontinent Care
- _____ Assisting with Transfer (Bed to Chair to Toilet)
- _____ Feeding Clients with Special Conditions
- _____ Observing, Recording, and Reporting Self- Administration of Medication or Medication Reminder
- _____ Applying and Removing Prosthetic Devices
- _____ Assisting with Range of Motion (Passive/Active)
- _____ Assisting with Exercise per PT/OT/SLP
- _____ Assisting with Ace (Elastic) Bandages, Elastic Stockings (Ted's) or Binders
- _____ Taking Temperature, Pulse, Respiration, Blood Pressure, and Weight
- _____ Wound Care and Dressing Change
- _____ Ostomy Care
- _____ Position Change

HOME MANAGEMENT SKILLS

- _____ Planning and preparing Balanced Meals
- _____ Food Handling and Storage
- _____ Light House Keeping: bedroom, bathroom, kitchen Bed Making and/or Linen Change
- _____ Grocery Shopping Equipment Care, Community Resources

Employees Signature _____

Date _____



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HAND WASHING

Hand washing helps prevent personnel from transmitting pathogens to clients, family members, other health care workers, and themselves. Handwashing remains the single most important means of preventing the spread infection. All personnel providing direct client care will wash their hands before and after contact with client and their environment. If soap and water are not available in a client's home, employees are to use an antiseptic no-rinse gel or towelette. ____

EQUIPMENT:

Water, Liquid Soap, Paper Towels

PROCEDURE:

1. Use warm running water and liquid soap.
2. Lather hands and wrist.
3. Scrub vigorously, being sure to get hands, fingers and under nails.
4. Rinse thoroughly with hands pointing down, water flowing from Wrist to fingers.
5. Dry with paper towel.
6. Turn faucets off with paper towel.
7. Dispose of paper towels in waste container.

FREQUENCY:

1. When entering or leaving home.
2. Prior to accessing bag
3. Before putting on and after taking off gloves
4. Before and after patient contact
5. After touching blood, body fluids, secretions, excretions, or objects contaminated
With these; broken skin or mucous membranes, whether wearing gloves or not
6. Between different procedures on same client
7. After covering a cough or sneeze, wiping nose
8. After using bathroom.

Signature _____

Date _____



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HEALTH QUESTIONAIR

Name _____ Sex () Male () Female

Last First MI

Have you had or do any of the following? (Circle yes or no for each question)

- | Disease | Yes | No |
|---------------------|-----|----|
| Cancer | Yes | No |
| Diabetes | Yes | No |
| Rheumatic Fever | Yes | No |
| Backaches/ Injury | Yes | No |
| Tuberculosis | Yes | No |
| Heart Problems | Yes | No |
| Stomach Problems | Yes | No |
| Hypertension | Yes | No |
| Fainting Spells | Yes | No |
| Epilepsy | Yes | No |
| Asthma/ Sinus | Yes | No |
| Skin Disease | Yes | No |
| Hernia | Yes | No |
| Chest Pain | Yes | No |
| Boils or open Sores | Yes | No |
| Arthritis | Yes | No |
| Hearing/Eye | Yes | No |
| Allergies | Yes | No |
| Nervous Breakdown | Yes | No |
| Jaundice | Yes | No |

(Woman Only)

Abnormal Menstrual Periods Yes No _____

Severe PMS Yes No _____

Please explain any other illness which might affect your abilities to perform the essential function position _____

I, the undersigned, certify the above answers to be true and give my primary physician permission to submit a report to the agency if needed.

Applicant Signature _____ Date _____

Pathway Home Care Agency, LLC

Infection Control Training Article



Understanding Infection Control

Infection control is one of the most important responsibilities of every home care employee. The goal of infection control is to prevent the spread of disease and protect both clients and caregivers. Many infections can be prevented through proper hygiene, the use of personal protective equipment (PPE), and adherence to standard precautions.

What Is an Infection?

An infection occurs when harmful microorganisms such as bacteria, viruses, fungi, or parasites enter the body and multiply. Common signs and symptoms of infection include:

- Fever
- Redness or swelling
- Pain or tenderness
- Chills
- Fatigue
- Drainage or pus from a wound

Early detection of infection is important because infections are often easier to treat when identified quickly.

The Chain of Infection

For an infection to spread, six links in the chain of infection must be present:

1. **Pathogenic Organism** – A disease-causing microorganism.
2. **Reservoir** – A place where the microorganism lives and grows.
3. **Portal of Exit** – How the microorganism leaves the reservoir.
4. **Method of Transmission** – How the microorganism spreads to another person.
5. **Portal of Entry** – How the microorganism enters a new host.
6. **Susceptible Host** – A person who can become infected.

Breaking any link in this chain can stop the spread of infection.

Standard (Universal) Precautions

Standard precautions are infection control practices used to prevent contact with blood, body fluids, and other potentially infectious materials. These precautions assume that all blood and body fluids may contain harmful pathogens.

Standard precautions include:

- Washing hands frequently and properly
- Wearing gloves when exposure to blood or body fluids is possible
- Using masks or protective equipment when necessary
- Properly disposing of waste and contaminated materials
- Cleaning and disinfecting equipment and surfaces

Hand Hygiene

Handwashing is the single most effective way to prevent the spread of infection. Employees should wash their hands:

- Before and after providing client care
- After using the restroom
- Before preparing or serving food
- After coughing, sneezing, or blowing their nose
- After removing gloves
- After touching contaminated surfaces

Use soap and warm water for at least 20 seconds or use an alcohol-based hand sanitizer when hands are not visibly soiled.

Preventing the Transmission of Disease

Caregivers can help prevent disease transmission by:

- Covering their mouth and nose when coughing or sneezing
- Wearing gloves when appropriate
- Avoiding coughing or sneezing on clients
- Properly disposing of trash and contaminated materials
- Washing fruits and vegetables before serving
- Preparing and storing food safely
- Maintaining a clean home environment through good housekeeping practices
- Staying home when ill and reporting illness according to agency policy

Factors That Increase Susceptibility to Infection

Not all individuals respond to infections in the same way. Some clients are more vulnerable due to factors such as:

- Advanced age
- Poor nutrition
- Chronic illness
- Weakened immune systems
- Stress

- Certain medications

Understanding these risk factors helps caregivers provide safer and more effective care.

The Importance of PPE

Personal Protective Equipment (PPE), such as gloves, masks, gowns, and eye protection, helps reduce the risk of exposure to infectious materials. Gloves should be worn whenever there is a possibility of contact with blood, body fluids, mucous membranes, or broken skin—not only when a client appears sick.

Conclusion

Infection control is everyone's responsibility. Following standard precautions, practicing good hand hygiene, using PPE correctly, and understanding the chain of infection can significantly reduce the spread of disease. By applying these practices consistently, Pathway Home Care employees help create a safer environment for themselves, their clients, and their communities.

Employee Acknowledgment

I have read and understand the Infection Control Training Article and agree to follow all infection control policies and procedures established by Pathway Home Care Agency, LLC.

Employee Name: _____

Signature: _____

Date: _____



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Infection Control-Post-test

Name _____

Date _____

List Three signs and symptoms of an infection _____, _____, _____.

Which of the following are ways to break the chain of infection? Check all that apply.

- a) Cover mouth when sneezing/coughing
- b) Go to work Sick but be sure to let the client know you are sick
- c) wear gloves
- d) do not cough or sneeze on the client
- e) . Proper waste and trash disposal
- f) All of the above

Earlier an infection is found, the easier it may be to treat. (Check true or false)

TrueFalse

Individuals all respond the same to infections,

True

False

Examples of How to prevent the transmission of disease include. (Check all that apply).

- a) . wash your hands after using the bathroom
- b) . wash raw fruit³ and vegetables before eating or serving
- c) . prepare and store food properly
- d) use good housekeeping practices
- e) . all of the above

The cycle of infection includes (Check all that apply):

- a) pathogenic organism
- b) reservoir of infection exits from reservoir of infection
- c) method of transmission entrance into a new host
- d) host
- e) all of above

Gloves only need to be worn if you feel Like patient has an infection.

True

False

There are certain factors such as poor nutrition and advanced age that contribute to a client's susceptibility to illness

True

False

Standard (universal) precautions is a method of infection control by which all human blood and body fluids are treated as though they are infected with pathogens.

True

False

The _____ must be broken to prevent the transmission of a pathogen from one host to another.

(Fill in the blanks)



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Handwashing Post Quiz

Name: _____ Date _____

Score: _____

1. Circle T for True and Circle F for False. Please fill the blanks where indicated.
2. T F It is not necessary to always rub hands thoroughly using friction.
3. T F It is not necessary to wash and rinse hands under running water.
4. T F Always fill sink bowl when washing hands.
5. T F It is not necessary to clean under nails and between fingers.
6. Rub hands together while you count to _____.
7. T F It is not necessary to dry hands thoroughly.
8. T F Turn water off with your hands.
9. T F Only wash the top of your hands, do not be concern with using soap.
10. T F Rinse well under running water from the wrist area to the fingertips

Bonus question# The first step to washing hands is _____

Pathway Home Care Agency, LLC

Bloodborne Pathogens Training Article



Introduction

Bloodborne pathogens are microorganisms that can cause disease and are present in human blood and certain other body fluids. Healthcare workers, including home care aides, may be exposed to bloodborne pathogens while providing client care. Understanding how bloodborne pathogens are transmitted and how to protect yourself is essential to maintaining a safe work environment.

This training article provides important information regarding bloodborne pathogens, personal protective equipment (PPE), exposure prevention, and employee responsibilities.

What Are Bloodborne Pathogens?

Bloodborne pathogens are infectious microorganisms found in blood and certain body fluids that can cause disease in humans.

The most common bloodborne diseases include:

- **Human Immunodeficiency Virus (HIV)** – Causes Acquired Immunodeficiency Syndrome (AIDS)
- **Hepatitis B Virus (HBV)** – A viral infection affecting the liver
- **Hepatitis C Virus (HCV)** – Another serious viral infection affecting the liver

Although these are the most common bloodborne diseases discussed in healthcare settings, they are not the only bloodborne pathogens that exist.

How Bloodborne Pathogens Are Transmitted

Bloodborne pathogens may be transmitted through contact with:

- Blood
- Semen
- Vaginal secretions
- Certain other body fluids containing blood

Blood is not the only bodily fluid capable of carrying pathogens. Employees should always use caution when handling bodily fluids and follow agency policies regarding exposure prevention.

Transmission can occur through:

- Needlestick injuries
- Cuts from contaminated sharp objects
- Contact with broken skin
- Contact with eyes, nose, or mouth

HIV and AIDS

HIV (Human Immunodeficiency Virus) attacks the body's immune system and can eventually lead to AIDS (acquired immunodeficiency syndrome).

A person infected with HIV may not show symptoms immediately. Some individuals may remain symptom-free for years while still being capable of transmitting the virus to others.

Hepatitis B and Hepatitis C

Both Hepatitis B and Hepatitis C are viral infections that primarily attack the **liver**.

Possible symptoms may include:

- Fatigue
- Nausea
- Loss of appetite
- Jaundice (yellowing of the skin and eyes)
- Abdominal pain

Some infected individuals may not develop symptoms for months or years after infection.

Hepatitis B Vaccine

A safe and effective vaccine is available for Hepatitis B. Studies have shown the vaccine prevents infection in approximately **90–95%** of vaccinated individuals who complete the vaccination series.

Employees who may have occupational exposure to bloodborne pathogens are offered the Hepatitis B vaccine at no cost according to OSHA requirements.

Universal Precautions

Universal Precautions means treating all human blood and certain body fluids as though they are known to be infectious.

Because it is impossible to determine who may carry an infectious disease simply by appearance, caregivers should always assume exposure is possible and take appropriate precautions.

Universal Precautions include:

- Wearing gloves when exposure is anticipated
- Washing hands frequently
- Properly disposing of contaminated materials
- Using protective equipment as needed
- Avoiding direct contact with blood and body fluids

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) provides an important barrier between employees and potentially infectious materials.

Examples of PPE include:

- Gloves
- Masks
- Face shields
- Protective eyewear
- Gowns

PPE should always be selected based on the type of exposure that is reasonably anticipated during the performance of job duties.

Disposable PPE is designed for one-time use and should not be reused after contamination.

Employers are responsible for providing necessary PPE to employees at no cost.

Hand Hygiene

Handwashing remains one of the most effective methods for preventing the spread of disease.

Employees should wash their hands:

- Before and after providing client care
- After removing gloves
- After contact with blood or bodily fluids
- After using the restroom
- Before handling food

Proper handwashing significantly reduces the risk of infection transmission.

Exposure Control Plan

An **Exposure Control Plan** is a written document that outlines procedures for eliminating or minimizing employee exposure to bloodborne pathogens.

The plan includes:

- Exposure determination
- Protective measures
- Employee training requirements
- Post-exposure procedures
- Recordkeeping requirements

OSHA requires Exposure Control Plans to be reviewed and updated **at least annually** and whenever new tasks or procedures affect occupational exposure.

Employees should familiarize themselves with their employer's Exposure Control Plan and follow all agency policies.

Handling Contaminated Waste

Materials contaminated with blood or potentially infectious materials must be disposed of properly.

Examples include:

- Blood-soaked dressings
- Contaminated gloves
- Sharps and needles

Biohazard waste bags are typically **red or red-orange** and clearly marked with the biohazard symbol.

Contaminated waste should never be discarded in regular trash containers unless agency policy and regulations permit appropriate disposal.

Needlestick Safety and Prevention

The **Needlestick Safety and Prevention Act** was enacted to reduce occupational exposure to bloodborne pathogens.

The law requires employers to:

- Use safer needle devices when available
- Provide appropriate sharps disposal containers
- Evaluate safer medical devices regularly
- Involve employees in safety evaluations

Sharps containers should be puncture-resistant, leak-proof, and properly labeled

Exposure Incidents and Incident Reporting

An exposure incident occurs when blood or potentially infectious material comes into contact with:

- Broken skin
- Eyes
- Nose
- Mouth
- Mucous membranes

If an exposure occurs:

1. Wash the affected area immediately.
2. Report the incident to your supervisor.
3. Seek medical evaluation according to agency policy.
4. Complete an incident report.

Incident reports should be completed whenever an exposure occurs, regardless of whether the source is known.

Prompt reporting ensures appropriate medical follow-up and documentation.

Recognizing Risk and Preventing Exposure

Bloodborne diseases can have serious health consequences. While exposure may be uncommon, the potential effects can be severe.

Employees can reduce risk by:

- Following Universal Precautions
- Wearing appropriate PPE
- Practicing good hand hygiene
- Properly disposing of contaminated materials
- Reporting exposure incidents immediately
- Following agency policies and procedures

Knowledge, awareness, and consistent safety practices are the best defenses against bloodborne pathogen exposure.

Employee Acknowledgment

I have read and understand the information contained in this Bloodborne Pathogens Training Article and agree to follow all Pathway Home Care Agency, LLC policies and procedures regarding bloodborne pathogen exposure prevention and infection control.

Employee Name: _____

Employee Signature: _____

Date: _____



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Bloodborne Pathogen Quiz

1. There is currently no vaccination available for Hepatitis B.
True or False
2. Blood is the only bodily fluid that can carry pathogens.
True or False
3. It is important to understand and follow your employer's policies regarding bloodborne pathogens.
True or False
4. The relative risk of exposure to bloodborne pathogens is great. However, once exposed the diseases are not that serious.
True or False
5. AIDS is caused by which virus? HIV HBV HCV
6. Biological hazardous waste bags should be what color?
Green or Blue Red or Red-Orange Clear or Black
7. Personal protective equipment is an important line of defense against exposure to bloodborne pathogens.
True or False
8. How often should Exposure Control Plans be reviewed and updated? Monthly Annually Once each decade
9. Hepatitis B and Hepatitis C attack which organ:
Heart Lungs Liver Pancreas
10. Universal Precautions means treating bodily fluids as if they are known to be infectious. True or False
11. There are only 3 bloodborne diseases. True or False
12. The Hepatitis B Vaccination has been proven to prevent the disease in approximately what percentage of those receiving the vaccine.
100% 95% 90% 70%

13. Disposable PPE can be reused if it is properly decontaminated.
True or False
14. All persons infected with a bloodborne pathogen will begin showing symptoms soon after infection.
True or False
15. PPE should be selected based upon the types of exposure that are reasonably anticipated. True or False
16. It is the responsibility of the employees to provide PPE for themselves. True or False
17. Hand washing is an important part of disease prevention. True or False
18. Contaminated waste should immediately be placed in the nearest wastebasket. True or False
19. An incident report should only be completed if you do not know whose blood you were exposed to.
True or False
20. The Needlestick Safety and Prevention Act requires the use of safer needles and disposal containers.
True or False

I have read and understand the information contained in this booklet and have passed the quiz regarding Bloodborne Pathogens.

Printed Name

Signature

Date



Pathway Home Care Agency, LLC

Comprehensive Educational CEU Training Article

Introduction

Home care employees play a vital role in ensuring the health, safety, dignity, and well-being of clients. To provide quality care, caregivers must understand privacy laws, infection control practices, chronic diseases, safety procedures, professional boundaries, and common conditions affecting older adults. This educational article reviews essential information every caregiver should know.

HIPAA and Client Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) protect the privacy of a client's personal health information. Caregivers must never share information about a client's medical condition, treatment, appointments, or personal circumstances with anyone who is not authorized to receive that information.

For example, if a neighbor asks whether a client is going to the hospital, the caregiver should not discuss the client's health information. Even confirming or denying information may be considered a HIPAA violation.

Violations of HIPAA can result in disciplinary action, termination of employment, fines, and possible criminal penalties.

Professional Boundaries

Professional boundaries help maintain a safe and appropriate caregiver-client relationship. Caregivers should always act professionally and avoid situations that could create conflicts of interest.

Examples of boundary violations include:

- Borrowing money from clients
- Loaning money to clients
- Accepting large gifts
- Becoming involved in the client's financial affairs
- Sharing personal problems with clients

Maintaining professional boundaries protects both the client and the caregiver.

Fall Prevention and Home Safety

Falls are a leading cause of injury among older adults. Several environmental factors increase fall risks, including:

- Poor lighting
- Throw rugs
- Cluttered walkways
- Electrical cords and frayed cords
- Uneven flooring
- Poor vision

Caregivers should routinely assess the home for hazards and report safety concerns to their supervisor.

Communicating with Older Adults

Many elderly individuals process information more slowly than younger adults. Asking multiple questions at one time may cause confusion, frustration, or disorientation.

Helpful communication techniques include:

- Speaking clearly and slowly
- Asking one question at a time
- Allowing time for responses
- Using simple instructions
- Remaining calm and patient

Effective communication promotes cooperation and reduces anxiety.

Heart Failure Management

Heart failure occurs when the heart cannot pump blood efficiently throughout the body. Clients with heart failure often retain fluid, causing swelling in the legs, ankles, feet, and abdomen.

To help manage symptoms, healthcare providers often recommend:

- Limiting sodium (salt) intake
- Monitoring fluid intake
- Weighing daily when instructed
- Taking medications as prescribed

Excessive salt and fluids can worsen swelling and fluid retention.

Diabetes Awareness

Diabetes is a chronic disease that affects how the body uses glucose (blood sugar). Poorly controlled diabetes can damage many organs and body systems, including:

- Heart
- Blood vessels
- Kidneys
- Eyes
- Nerves

Caregivers should carefully observe clients for:

- Open sores
- Cuts or scratches
- Redness
- Swelling
- Changes in skin color
- Poor wound healing

Any unusual wounds, drainage, redness, or skin changes should be reported immediately because diabetic clients are at increased risk for infection and complications.

Chronic Obstructive Pulmonary Disease (COPD)

COPD (Chronic Obstructive Pulmonary Disease) is a progressive lung disease that makes breathing difficult by narrowing the airways and damaging lung tissue.

Common symptoms include:

- Shortness of breath
- Wheezing
- Chronic cough
- Increased mucus production
- Fatigue

Clients with COPD may require oxygen therapy and should avoid exposure to smoke, dust, and respiratory irritants whenever possible.

Infection Control

Infection control practices protect both clients and caregivers from illness.

The single most effective way to prevent the spread of infection is:

Proper Handwashing

Caregivers should wash their hands:

- Before and after client care
- Before handling food
- After using the restroom
- After coughing or sneezing
- After removing gloves
- After contact with bodily fluids

Additional infection prevention measures include:

- Wearing gloves when appropriate
- Covering coughs and sneezes
- Proper disposal of waste
- Cleaning and disinfecting surfaces
- Following agency infection control policies

Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms found in human blood and certain body fluids. Healthcare workers may be exposed through accidental contact with contaminated blood.

Common bloodborne diseases include:

- Hepatitis B Virus (HBV)
- Human Immunodeficiency Virus (HIV)
- Hepatitis C Virus (HCV)

Caregivers should always follow standard precautions and wear appropriate personal protective equipment when exposure to blood or body fluids is possible.

Tuberculosis and Other Infectious Diseases

Symptoms such as:

- Persistent cough
- Fever
- Loss of appetite
- Night sweats
- Unexplained weight loss

may indicate a serious infectious disease such as tuberculosis (TB). These symptoms should never be ignored and should be reported according to agency policy.

Early detection and treatment help prevent complications and reduce disease transmission.

Proper Body Mechanics

Using proper body mechanics reduces the risk of injury while assisting clients.

Safe lifting practices include:

- Bending at the knees
- Keeping the back straight
- Avoiding twisting motions
- Holding objects close to the body
- Asking for assistance when needed

Back support belts and braces may provide support but do not guarantee prevention of back injuries. Proper lifting techniques remain essential.

Alzheimer's Disease and Dementia

Alzheimer's disease is the most common form of dementia among older adults.

Dementia affects:

- Memory
- Judgment
- Communication
- Thinking abilities
- Daily functioning

As dementia progresses, individuals may gradually lose the ability to perform personal care activities independently.

Caregivers can help by:

- Maintaining routines
- Speaking calmly
- Providing simple directions
- Offering reassurance
- Encouraging participation in activities

Slowing down and involving clients in tasks often reduces agitation, resistance, and combative behaviors.

Pressure Ulcer Prevention

Pressure ulcers (bed sores) are injuries caused by prolonged pressure on the skin and underlying tissue.

Pressure ulcers can develop on any area of the body where pressure limits blood flow, especially over bony areas such as:

- Hips
- Heels
- Elbows
- Ankles
- Tailbone

Preventive measures include:

- Repositioning frequently
- Maintaining skin hygiene
- Promoting adequate nutrition and hydration
- Reporting redness or skin breakdown promptly

Oxygen Safety

Oxygen supports combustion and significantly increases fire risk.

If a client smokes while oxygen equipment is present in the home:

- The situation must be reported to a supervisor immediately.
- Smoking should never occur near oxygen equipment.
- Oxygen cylinders and concentrators should be kept away from flames, sparks, and heat sources.

Protecting the client and household members from fire hazards is a critical responsibility.

Worker and Client Safety

Home care agencies are committed to maintaining a safe environment for both clients and employees.

Safety responsibilities include:

- Following agency policies
- Reporting hazards
- Using proper body mechanics
- Practicing infection control
- Maintaining confidentiality
- Reporting changes in client condition
- Using equipment properly
- Following emergency procedures

A safe environment promotes quality care, reduces injuries, and protects everyone involved in the caregiving process.

Employee Acknowledgment

I have read and understand the Comprehensive Educational CEU Training Article and agree to follow all policies, procedures, and safety practices established by Pathway Home Care Agency, LLC.

Employee Name: _____

Employee Signature: _____

Date: _____



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COMPREHENSIVE EDUCATIONAL CEU POST TEST

1. You can be jailed or fined up to \$10,000 for breaking HIPPA laws.
TRUE FALSE
2. Your patient, Mary Mermaid, has surgery tomorrow. Her neighbor sees you leaving her house and ask you is Mary going in the hospital. Your response is, "No" This is a violation of HIPPA rules and regulations.
TRUE FALSE
3. As it relates to professional boundaries, borrowing and loaning money to your client is an ok practice if you pay it back.
TRUE FALSE
4. Poor vision, frayed chords and throw rugs account for falls in the elderly.
TRUE FALSE
5. When dealing with the elderly, asking multiple questions can cause disorientation and confusion.
TRUE FALSE
6. It is important to know that a patient that has heart failure should limit the amount of fluids and salt they consume because this can cause swelling and fluid retention.
TRUE FALSE
7. You are caring for your diabetic patient and as you are washing her legs, you notice a large red scratch that seems to be oozing. You also notice her feet are darker than they usually are. This is nothing to be alarmed about because she is diabetic, and these things happen.
TRUE FALSE
8. Diabetes can cause damage to the heart, eyes, kidneys, and nerves in the body.
TRUE FALSE
9. COPD stands for Chronic Obstructive Pulmonary Disease and is a disease of the lungs that causes narrowing of the airway. TRUE FALSE

10. The single most effective way to prevent the spread of infection is handwashing. TRUE FALSE
11. The most common bloodborne disease that you could be exposed to in the healthcare industry are HIV and HBV. TRUE FALSE
12. Symptoms of coughing, fever, loss of appetite and sweating should be ignored since this is common in healthcare workers. TRUE FALSE
13. When assisting a patient to stand, bend at your knees instead of twisting your waist. TRUE FALSE
14. Back support braces/belts prevent back injuries. TRUE FALSE
15. Alzheimer's disease is the most common form of dementia in the elderly population, TRUE FALSE
16. Dementia is an illness that affects the brain and eventually causes a person to lose the ability to perform daily self-care. TRUE FALSE
17. Slowing down and engaging the client in the task may help reduce agitation, resistance, and combative behavior. TRUE FALSE
18. A pressure ulcer can occur on any part of the body. TRUE FALSE
19. If your client smokes and has oxygen in the home, you should not report this to your supervisor because it is none of your business what the client does in their home. TRUE FALSE
20. Safety for the client as well as safety for the worker is an important focus for Home Care Agencies. TRUE FALSE

Signature

Print Name

Signature of Agency
Administrator

Print Name of Agency
Administrator



Pathway Home Care

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Employee Agreement

1. I am an employee of Pathway Home Care, and I am willing to work anywhere within my assignment area.
2. I have read and received a description of my job.
3. I will appear in my client's home dressed in neat, clean uniform.
4. I will contact the office with any changes in client's health condition, admission to hospital, or nursing home.
5. I understand that I must notify my supervisor if my client is out of the home during Scheduled work hours.
6. I will contact the office if my client shows any sign of abuse or neglect.
7. I understand that it is not permissible to have family or friends visit or call me at my client's home.
8. I will never give out my client's telephone number. Rather I will notify any persons who may need to contact me at work, to call my supervisor and the office will reach me at my client's home to relay any messages.
9. I have been informed that I will not drink or eat my client's property.
10. I will not accept or borrow money from my client.
11. I will not lend money to my client.
12. I understand that I am not allowed to smoke inside of my client's home. In the event that I smoke, I will go outside for a period no longer than 5 minutes 3 times a day.
13. I will not use my client's telephone for personal calls. Should I need to use the telephone in an emergency, I will ask permission of my client.

14. I understand that if I am on fill in status, I will call my supervisor to receive my assignment. I will be ready to leave immediately after receiving my assignment.
15. I understand that it is my responsibility to keep a record of the hours I have worked.
16. I understand that it is my responsibility to complete my task sheet daily. My client and I will sign and date the task sheet at the end of each week. to submit my time log to the office wither by fax, mail or personally.
17. If I am on a fill in assignment, I will have my client sign the time log prior to leaving the home.

Employee signature _____ Date _____



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Required Personnel File Documents

1. Pre-employment Application, Resume
2. Copy of all active clinical license, registrations, or certifications & Verification of License-
www.ncnar.org
3. Reference Checks
4. Copy of valid driver's license
5. Copy of social security card
6. Completed Forms
 - 1-9 (required by law for Immigration Department)
 - NC—4 /W-4
7. Signed Job Description
8. Completed and Signed Skills Check List
9. Health Questionnaire
10. Copy of the following medical documentation
 - ■ HEP-B vaccination records (HEP-B Declination Form)
 - ■ Negative PPD or Chest X-ray results
11. Signed Pathway Homecare Exposure Control Plan (please include recent Exposure Control training documentation from other health care organization)
 - Blood Borne Infection & Transmission Exposure Control
 - ■ PPE & Work Practice Control
12. Signed Hand washing form
13. Signed Confidentiality and HIPPA agreement
14. Signed Criminal Background Check Authorization and Consent Form
15. Other signed forms: Signed Attendance & Telephone policy, Signed Drug free workplace, signed smoking in the workplace and signed client's rights policy

Employee's Name: _____ Date: _____

Supervisor's Signature: _____ Date: _____