



# KENTUCKY ORIENTATION

Created in accordance with the  
laws / rules / regulations of the



### License # 500284

2401 Carter Avenue  
Ashland, KY 41101

Email: Josh@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (606) 694-4407

Office Phone: (606) 327-1148

Fax: (606) 327-1139

### License # 500341

237 2<sup>nd</sup> Street, Suite 1  
Pikeville, KY 41501

Email: Brittainy@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (606) 939-2746

Office Phone: (606) 766-2299

Fax: (606) 766-1313

### License # 500355

713 Millpond Road  
Lexington, KY 40514

Email:

Jeremy@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (859) 333-6939

Office Phone: (859) 333-6939

Fax: (606) 327-1139

### License # 500364

4500 Bowling Boulevard, Suite 101  
Louisville, KY 40207

Email: TiffanyBurgess@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (502) 996-0560

Office Phone: (502) 996-0560

Fax: (606) 327-1139

### License # XXX

X

X

Email:

Brittainy@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (606) X

Office Phone: (606) X

Fax: (606) X

### License # XXX

X

X

Email:

Brittainy@villagecaregiving.com

Web: www.VillageCaregiving.com

24-Hour Phone: (606) X

Office Phone: (606) X

Fax: (606) X



**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL**

**KENTUCKY PERSONAL SERVICES AGENCY  
LICENSED OFFICE LOCATIONS**

**Also licensed in Indiana (#015251) and West Virginia**

# **What is Village Caregiving?**

**A privately owned personal services agency, recognized as a Foreign Limited Liability Company (FLLC) in Kentucky**

- **Owned/Operated by people with roots in the Bluegrass State**
- **Licensed to provide “personal services” as defined by KY law**
- **Dedicated to providing quality care to its clients**
- **Dedicated to the communities it serves**

# Anti-Discrimination

**Village Caregiving does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all. Village Caregiving is an equal opportunity employer.**







# Management Staff Requirements

- Each licensed Village Caregiving location employs a **manager**.
- Each manager is responsible for the organization and daily operation of the Village Caregiving location.
  - All Village Caregiving employees and clients will have reasonable access to the manager on a 24/7 basis to meet their needs.
- If the manager is unable to perform daily managerial duties for at least three (3) consecutive days, the manager will designate, in writing, an individual to act their behalf during the absence.
- The manager will coordinate between clients, RNs, and direct care staff via a Service Plan to ensure personal services are delivered at the requested location/type/date/time.
- The manager will investigate and remedy client grievances/complaints and respond in a manner as required by Kentucky laws/rules/regs.

# Direct Care Staff Requirements

- Prior to providing direct services for a client, applicants will submit to and complete:
  - **Criminal record check** conducted by the Justice and Public Safety Cabinet (JPSC), Administrative Office of the Courts (AOC), or a company that conducts a search of criminal record info maintained by the JPSC or AOC.
  - Check of the **nurse aide and home health aide abuse registry**.
  - Check of the **adult caregiver misconduct registry**.



**For this type of employment, Kentucky state law requires a criminal background check as a condition of employment.**

Documentation will be kept confidential in personnel files for at least five (5) years. Records of current employees will be maintained and accessible via a central computer file.

# Direct Care Staff Requirements

- Prior to providing services for a client, applicants will complete:
  - A **Substance abuse test**; and
  - A **tuberculosis (TB) risk assessment** performed and reported by a physician, APRN, PA, or RN.
    - If the TB risk assessment indicates increased risk for TB, the applicant shall submit a follow up tuberculin skin test or blood assay.
    - An applicant with a positive result shall have a medical evaluation for possible active TB and receive a chest x-ray, and shall not provide direct services until evidence is provided that the applicant is free of active TB as verified through a HCP's statement.




Documentation will be kept confidential personnel files for at least five (5) years. Records of current employees will be maintained and accessible via a central computer file.



# Direct Care Staff Requirements

- Village Caregiving may not employ individuals if:
  - **Convicted of a crime** defined by KRS 216.710(3) as verified through a criminal record check and UOR Code reference;
    - This means a conviction of or plea of guilty to a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult or child; or the commission of a sex crime. Conviction of or a plea of guilty to an offense committed outside the Commonwealth of KY is a crime if the offense would have been a felony if committed in KY;
  - **Appears on the nurse aide and home health aide abuse registry** as verified;
  - **Appears on the adult caregiver misconduct registry** as verified;
  - **Tests positive** for the presence of an illegal drug as verified;
  - Fails to provide upon initial employment and annually:
    - A copy of the results of a statement documenting that the individual is **free of TB**;
    - Documentation of a negative TST or BAMT.
- Village Caregiving and employees will not/will not apply to be a client's:
  - Guardian, Power of Attorney, Conservator, Limited Conservator, Limited Guardian, Standby Guardian, or Testamentary Guardian

# Direct Care Staff Requirements

<b>BATCH ID: 0000000000</b>		<b>REQUEST ID: 0000000</b>	
<b>Request Information Provided</b>			
Name: <b>LAST, FIRST, M</b> Alias:			
DOB: <b>X/X/XXXX</b>		DLN: <b>XXX-XXX-XXX</b>	
All Information Provided Above Has Been Used To Fulfill Your Request On <b>09/11/2018 08:23 AM</b>			
***** <b>NOT AN OFFICIAL COURT RECORD</b> *****			
RECORDS UNIT   1001 VANDALAY DRIVE   FRANKFORT, KY 40601   (800) 928-6381			
Name: <b>LAST, FIRST, M</b> DOB: <b>X/X/XXXX</b> Gender: <b>F</b> Race: <b>W</b> Case			
Filed on <b>06/21/2017</b> in <b>BOYD</b> County as case number <b>XX-X-XXXX</b>			
Charge <b>1</b> Original Filed on 06/20/2017 Disposed on 07/31/2017 as <b>GUILTY</b> Sentenced on 07/31/2017			0000290 SPEED 1 MPH OVER (LIMITED ACCESS)
		<b>UOR Code</b>	
		Cost	\$144.00
		Fine	\$1.00

- For every **conviction** (not just the charge) on the AOC check, reference the UOR code to determine whether the applicant is eligible for hire. UOR Code descriptions are found [HERE](#).

# TUBERCULOSIS

TESTING + TREATMENT OF U.S. HEALTH CARE PERSONNEL

	2005 Recommendations	2019 Recommendations — Key Changes
<b>Screening</b>	<p>Recommended for all health care personnel pre-placement/upon hire*</p> <p>Annual screening may be recommended based on risk assessment of health care facility and setting</p>	<p>Individual baseline TB risk assessment added</p> <p>Annual TB screening no longer routinely recommended for most health care personnel unless occupational risk or ongoing exposure</p>
<b>Post-exposure testing</b>	<p>Recommended IGRA or TST test for all health care personnel when an exposure is recognized*</p> <p>If that test is negative, do another test 8–10 weeks after the last exposure*</p>	No change
<b>Treatment of positive TB test</b>	Referral to determine whether latent TB infection (LTBI) treatment is indicated	<p>Treatment is encouraged for all health care personnel with untreated LTBI</p> <p>Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimens because they are easier to complete</p>
<b>TB education</b>	Recommended annually for all health care personnel*	Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures

\*No change in the 2019 recommendations

Full recommendations available at [cdc.gov/tb/topic/testing/healthcareworkers.htm](https://cdc.gov/tb/topic/testing/healthcareworkers.htm)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Direct Care Staff Training

- Prior to providing direct services to a client, employees shall receive training from Village Caregiving regarding the following:
  - Procedures for reporting **abuse/neglect/exploitation of an adult** pursuant to KRS 209.030(2)/(3), or **child abuse or neglect** pursuant to KRS 620.030(1);
    - **ITK1040035** (“Abuse”) and **ITK1040041** (“Neglect”) available.
    - All Village Caregiving staff = **mandated reporters** of abuse/neglect/exploitation.
    - Oral or written report to KY Cabinet immediately with all relevant info.
    - KY Cabinet will investigate, notify appropriate parties, respond.
    - Please discuss all situations with Village Caregiving manager/RN.
  - Procedures for facilitating the **self-administration of medications** if personal services agency staff facilitate the self-administration of medications;
    - **ITK1040020** (“Understanding Common Medications”).
  - Effective **communication techniques** tailored to **individual client needs**.
    - **ITK1040132** (“Communicating with Individuals Living with Alzheimer’s and Dementia”) and **ITK1040157** (“Special Communication Needs”).

# Direct Care Staff Competency

- Village Caregiving shall evaluate the **competency** of each employee who will provide direct services to a client.
- Village Caregiving's evaluation to determine competency shall pertain to the **personal services tasks** the employee will perform.
- An employee's evaluation and a determination by Village Caregiving that the employee is competent to perform a personal services task shall occur before the employee performs the task for a client without direct agency supervision.
- The content of the employee's training and evaluation shall:
  - Be documented and maintained in the employee's record, which shall be retained for a period of at least five (5) years; and
  - Include the date and the signature of the person who conducted the training/evaluation and the employee who received the training/evaluation.



# Personal Services

- “Personal Services” **INCLUDES:**
  - Assisting with a client's ambulation and activities of daily living as defined in KRS 194A.700;
  - Facilitating the self-administration of medications if such medications are prepared or directed by a licensed health-care professional or the client's designated representative;
  - Providing services which may be referred to as attendant care, in-home companion, sitter and respite care services, and homemaker services when provided in conjunction with other personal services; and
  - Providing services that enable the client to live safely, comfortably, and independently.

# Personal Services

- **“Personal Services” EXCLUDES:**
  - Housing and services provided by a health facility or service as defined in KRS 216B.015;
  - Voluntary services provided by employers or membership organizations for their employees, members, and families of the employees or members if the services are not the predominant purpose of the employer or the membership organization's business;
  - House cleaning, laundry, personal shopping, or transportation provided by an entity if the entity offers no other personal services;
  - Services provided by the client's family or by individuals who provide services to no more than three (3) clients concurrently;
  - Individuals or entities that provide all personal services on a voluntary basis;
  - Services that require the order of a licensed HCP to be lawfully performed in KY;
  - Hospitals or other entities that provide information to consumers regarding persons who are available as caregivers if the hospital or other entity makes no attempt to manage or coordinate the selection of such persons for consumers and a disclaimer is provided that the entity providing the information has not made an independent assessment of the ability of the individual or agency to provide personal services;
  - Free internet resources that identify potential caregivers; and
  - Any health-care entity or HCP otherwise licensed, certified, or regulated by local, state, or federal statutes or regulations;

# Competency Based Curriculum

Village Caregiving's training meets the definition of "competency based curriculum," and is designed to provide the skills needed to perform certain tasks and activities. The curriculum has goals, objectives, and an evaluation system to demonstrate competency in training areas.

Village Caregiving's training has been developed and will be conducted by an RN or documented specialist.



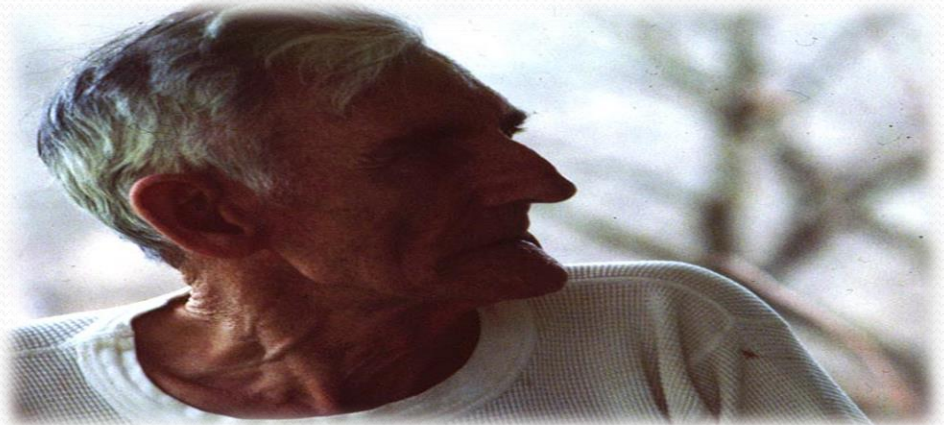
# Competency Based Curriculum

Village Caregiving partners with **In the Know**, a nationally recognized training specialist, with support from Village Caregiving RNs, to train employees and provide updates on important issues. If you would like additional training on specific skills, conditions, or situations, please ask. These resources are available to you at all times.



# Abuse/Neglect/Exploitation

Village Caregiving takes abuse/neglect/exploitation very seriously and accepts responsibility to keep vulnerable elders safe from A/N/E. It is Village Caregiving policy to call 911 and/or the proper authorities immediately in situations where immediate danger is present. A/N/E training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN, as well as Kentucky specific reporting information.





## Terms Used In Kentucky Statutes 209.030

**Abuse:** means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury. See [Kentucky Statutes 209.020](#)

**Action:** includes all proceedings in any court of this state. See [Kentucky Statutes 446.010](#)

**Adult:** means a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services. See [Kentucky Statutes 209.020](#)

**Amendment:** A proposal to alter the text of a pending bill or other measure by striking out some of it, by inserting new language, or both. Before an amendment becomes part of the measure, the legislature must agree to it.

**Authorized agency:** means :

(a) The Cabinet for Health and Family Services. See [Kentucky Statutes 209.020](#)

**Cabinet:** means the Cabinet for Health and Family Services. See [Kentucky Statutes 209.020](#)

**Caretaker:** means an individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement. See [Kentucky Statutes 209.020](#)

**Committee substitute:** Short for committee amendment in the nature of a substitute.

**Complaint:** A written statement by the plaintiff stating the wrongs allegedly committed by the defendant.

**Emergency:** means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or herself or others. See [Kentucky Statutes 209.020](#)

**Evidence:** Information presented in testimony or in documents that is used to persuade the fact finder (judge or jury) to decide the case for one side or the other.

**Exploitation:** means obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources. See [Kentucky Statutes 209.020](#)

**Federal:** refers to the United States. See [Kentucky Statutes 446.010](#)

**Investigation:** shall include but is not limited to:

(a) A personal interview with the individual reported to be abused, neglected, or exploited. See [Kentucky Statutes 209.020](#)

**Neglect:** means a situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult. See [Kentucky Statutes 209.020](#)

**Probable cause:** A reasonable ground for belief that the offender violated a specific law.

**Protective services:** means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited.

See [Kentucky Statutes 209.020](#)

**Records:** means the medical, mental, health, and financial records of the adult that are in the possession of any hospital, firm, corporation, or other facility, if necessary to complete the investigation mandated in this chapter. See [Kentucky Statutes 209.020](#)

**Secretary:** means the secretary of the Cabinet for Health and Family Services. See [Kentucky Statutes 209.020](#)

**State:** when applied to a part of the United States, includes territories, outlying possessions, and the District of Columbia. See [Kentucky Statutes 446.010](#)

**Statute:** A law passed by a legislature.

**Year:** means calendar year. See [Kentucky Statutes 446.010](#)

- (3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.
- (4) Any person making such a report shall provide the following information, if known:
- (a) The name and address of the adult, or of any other person responsible for his care;
  - (b) The age of the adult;
  - (c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;
  - (d) The identity of the perpetrator, if known;
  - (e) The identity of the complainant, if possible; and
  - (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.

(5) Upon receipt of the report, the cabinet shall conduct an initial assessment and take the following action:

(a) Notify within twenty-four (24) hours of the receipt of the report the appropriate law enforcement agency. If information is gained through assessment or investigation relating to emergency circumstances or a potential crime, the cabinet shall immediately notify and document notification to the appropriate law enforcement agency;

(b) Notify each appropriate authorized agency. The cabinet shall develop standardized procedures for notifying each appropriate authorized agency when an investigation begins and when conditions justify notification during the pendency of an investigation;

(c) Initiate an investigation of the complaint; and

(d) Make a written report of the initial findings together with a recommendation for further action, if indicated.

(6) (a) The cabinet shall, to the extent practicable, coordinate its investigation with the appropriate law enforcement agency and, if indicated, any appropriate authorized agency or agencies.

(b) The cabinet shall, to the extent practicable, support specialized multidisciplinary teams to investigate reports made under this chapter. This team may include law enforcement officers, social workers, Commonwealth's attorneys and county attorneys, representatives from other authorized agencies, medical professionals, and other related professionals with investigative responsibilities, as necessary.



- (7) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to financial records and the mental and physical health records of the adult which are in the possession of any hospital, firm, financial institution, corporation, or other facility if necessary to complete the investigation mandated by this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained.
- (8) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not consent to the investigation, a search warrant may be issued upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.
- (9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.
- (10) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.

(11) The cabinet shall consult with local agencies and advocacy groups, including but not limited to long-term care ombudsmen, law enforcement agencies, bankers, attorneys, providers of nonemergency transportation services, and charitable and faith-based organizations, to encourage the sharing of information, provision of training, and promotion of awareness of adult abuse, neglect, and exploitation, crimes against the elderly, and adult protective services.

(12) (a) By November 1 of each year and in accordance with state and federal confidentiality and open records laws, each authorized agency that receives a report of adult abuse, neglect, or exploitation shall submit a written report to the cabinet that provides the current status or disposition of each case referred to that agency by the cabinet under this chapter during the preceding year. The Elder Abuse Committee established in KRS 209.005 may recommend practices and procedures in its model protocol for reporting to the cabinet under this section.

(b) By December 30 of each year, the cabinet shall provide a written report to the Governor and the Legislative Research Commission that summarizes the status of and actions taken on all reports received from authorized agencies and specific departments within the cabinet under this subsection. The cabinet shall identify any report required under paragraph (a) of this subsection that is not received by the cabinet. Identifying information about individuals who are the subject of a report of suspected adult abuse, neglect, or exploitation shall not be included in the report under this paragraph. The report shall also include recommendations, as appropriate, to improve the coordination of investigations and the provision of protective services. The cabinet shall make the report available to community human services organizations and others upon request.



## A Client Care Module: **Understanding Abuse**

### **SUMMARY OF TOPIC**

**What is Abuse?** *Abuse is some action by a trusted individual that causes physical and/or emotional harm to the victim. There are a number of different kinds of abuse, including physical abuse, emotional abuse (includes verbal abuse), sexual abuse and financial abuse (including identity theft)*

#### **FOCUS ON CHILD ABUSE**

*Child abuse can happen in any type of family—small, large, rich, poor, white, black, etc. It can also happen to children of all ages.*

**What are the signs? Abused children might:**

- Say they deserve to be punished.
- Act frightened of parents or other adults.
- Get scared when other kids cry.
- Be very quiet or very aggressive.
- Sit and stare into space.
- Be afraid to go home.
- Act much older than they are.
- Try to get attention by being “naughty”.
- Try to run away from home.

#### **FOCUS ON ELDER ABUSE**

Elderly people are more likely to be abused if:

- They are physically and/or mentally impaired.
- They are isolated from their family or community.
- Their caregivers are stressed out.
- Their caregiver is a family member with emotional problems or who is addicted to drugs or alcohol.

**Know the signs! It should send up a red flag if:**

- The client is punished for being incontinent.
- You hear a client being threatened.
- You hear two different stories about how the client got a bruise or other injury.
- A family member refuses to allow you to complete the client’s care.

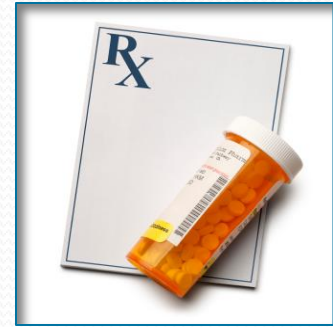
#### **NURSING ASSISTANTS ARE MANDATED REPORTERS!**

A Mandated Reporter is a professional who has regular contact with vulnerable people—and is required to report to the proper authorities if abuse is observed or suspected. You can make reports anonymously, but you can also be charged with negligence for failing to make a report.

⇒ **Studies have shown that 93% of nursing assistants have seen or heard of a client being mistreated by a family member or a coworker. You and your coworkers have to work together to prevent abuse.**

⇒ **Whistleblowers are heroes who speak out when they witness abuse in the workplace, and have the power to make it STOP!**

# Medications

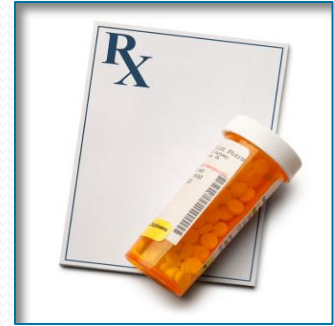


## **"Facilitate the self-administration of medication"**

means the client or the client's guardian, healthcare surrogate as defined by KRS 311.621(15), or attorney-in-fact, as appointed by a durable power of attorney authorizing the attorney-in-fact to make health care decisions for the client, has executed a written consent designating the persons or entities authorized to prepare or direct the client's medications and authorizing the personal services agency to facilitate the self-administration of medication which shall be limited as follows:

Village Caregiving has adopted a strict standard for facilitating the self-administration of medication. Employees that have not completed the required process and do not completely understand facilitating self-administered medications must not do so. If you are in doubt, **DO NOT facilitate**.

# Medications



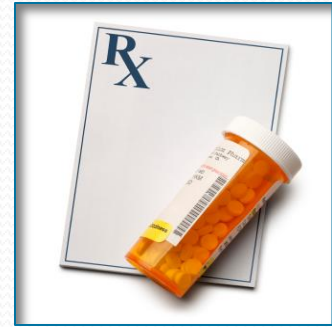
## A client's medication **SHALL**

- Be prepared or directed in accordance with KRS 216.710(7)(a)2:
  - The client's designated representative; or
  - A licensed HCP who is not an owner, manager, or employee of Village Caregiving.
- Except for ointments, be preset in a medication organizer or be in a single dose unit; and
- Include the client's name on the medication organizer or container in which the single dose unit is stored.

Additional medication administration training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN.



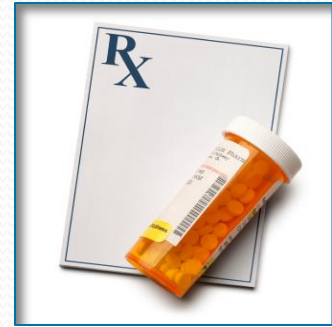
# Medications



Village Caregiving direct care staff **MAY**

- Remind a client when to take medications and observe to ensure that the client takes the medication as directed;
- Hand the client's medication to the client.
  - If the client is unable to open the medication, DCS may open the unit dose or medication organizer, remove the medication from a medication organizer, and close the medication organizer for the client.
- Assist a client in consuming oral medication, including tablets, capsules, or liquid medication, by:
  - Placing the dose in a container and placing the container to the mouth of the client;
  - Placing the medication in the client's hand or mouth;
  - Following the written instructions of the client's designated representative or licensed HCP for how to enable the client to take the medication or
  - Steady or guide a client's hand while applying ointments.

# Medications



Facilitating the self-administration of medication

**SHALL NOT include**

- Instilling eye, ear, or nasal drops;
- Mixing, compounding, converting, or calculating medication doses;
- The preparation of syringes for injection or the administration of medications by an injectable route;
- Administration of medications through intermittent positive pressure breathing machines or a nebulizer;
- Administration of medications by way of a tube inserted in a cavity of the body;
- Administration of parenteral preparations;
- Administration of irrigations or debriding agents used in the treatment of a skin condition; or
- Administration of rectal, urethral, or vaginal preparations.

# Cardiopulmonary Resuscitation (CPR)

Direct care staff authorized to provide care in a client's home may be formally trained in CPR by an RN.

CPR is an emergency procedure, performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest.

**CPR is as easy as**  
**C-A-B**



**C**ompressions

Push hard and fast  
on the center of  
the victim's chest



**A**irway

Tilt the victim's head  
back and lift the chin  
to open the airway



**B**reathing

Give mouth-to-mouth  
rescue breaths

American Heart  
Association 

*Learn and Live*

©2010 American Heart Association 10/10DS3849

# First Aid

**Direct care staff authorized to provide care in a client's home may be formally trained in First Aid by an RN. The main goals of First Aid are to 1) preserve life; 2) prevent further harm; and 3) promote recovery.**

**First Aid is the provision of initial care for an illness or injury until appropriate medical treatment can be accessed. First Aid generally consists of a series of simple, and in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment.**



# Standard Precautions / OSHA

The Occupational Safety and Health Act of 1970 (OSH Act) was passed to prevent workers from being killed or harmed at work. Occupational Safety & Health Administration (OSHA) training helps to broaden knowledge on the recognition, avoidance, and prevention of safety and health hazards in the workplace. OSHA also offers training and educational materials that help businesses train workers and comply with the OSH Act. The law requires employers to provide employees with working conditions that are free of known dangers. OSHA applies to workers while in a client's home. Universal Precautions / OSHA training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN.







## An Infection Control Module: **Infection Control in Home Care**

### SUMMARY OF TOPIC

**Infection control in home care** can be difficult. Home health aides never know what they might encounter at each visit. The single most important thing you can do to prevent spreading germs from client to client is to wash your hands! But there are other ways to prevent infection in specific situations:

Situation	Infection Control Tips
<b>Body Fluids &amp; Bathrooms</b>	<ul style="list-style-type: none"> <li>If you use an antibacterial cleaner, be sure to follow the directions on the container carefully. Some of them need to be left on a surface for <i>up to two minutes</i> before being wiped away. (And, remember....diluted bleach needs to stay on a surface for <i>10 minutes</i> to disinfect it properly!)</li> <li>If "accidents" are a common problem with clients, suggest that the family buy an enzyme-based carpet cleaner (available at pet stores). The enzymes "eat" the bacteria in urine that cause odor.</li> </ul>
<b>Laundry</b>	<ul style="list-style-type: none"> <li>To "disinfect" laundry, use water that is at least 140 degrees F. Even when using hot water, it's best to wash heavily soiled items separately.</li> <li>To keep germs from building up on damp laundry, dry it (or hang it to dry) as soon as the wash cycle is finished.</li> <li>Be sure to wash your hands after touching or sorting any dirty laundry—and after transferring wet laundry to the dryer.</li> </ul>
<b>Used Needles</b>	<ul style="list-style-type: none"> <li>While home health aides are not supposed to handle "sharps", studies have shown that clients often leave used needles and syringes for their aides to dispose of.</li> <li>Your agency may provide sharps containers for clients. If not, help the family arrange for disposal at a drop-off collection site, through a mail-back service or a special waste pick-up.</li> </ul>
<b>Household Pests</b>	<ul style="list-style-type: none"> <li>Keep kitchens and other rooms as free of food as possible. Wipe all kitchen surfaces with soap and water to get rid of spills and grease.</li> <li>Tell your supervisor and/or your agency's social worker about any pest infestation in a client's home. Pests can be dangerous, especially for the elderly and people with respiratory problems.</li> </ul>
<b>Kitchen Germs</b>	<ul style="list-style-type: none"> <li>When you clean the kitchen, work from high to low—with the floor being the last surface you clean. (However, if the dirty water used to clean the floor has to be emptied into the kitchen sink, clean the sink last.)</li> <li>Remember that germs can hide and multiply easily on your client's can opener, faucet and kitchen sponge or dishcloth.</li> <li>To keep from spreading germs around when you mop, rinse the mop often. If a floor is very dirty, dump the mop water several times and continue with clean rinse water.</li> </ul>





## An Infection Control Module: Infection Control in Home Care

### SUMMARY OF TOPIC

Situation	Infection Control Tips
Food Safety	<ul style="list-style-type: none"> <li>• <b>CLEAN:</b> Wash hands and surfaces frequently.</li> <li>• <b>SEPARATE:</b> Don't cross-contaminate.</li> <li>• <b>COOK:</b> Cook foods to proper temperatures.</li> <li>• <b>CHILL:</b> Refrigerate foods promptly.</li> </ul>
Pets	<ul style="list-style-type: none"> <li>• Have clients wash their hands thoroughly with soap and running water after contact with animals. This is especially important before preparing or eating food.</li> <li>• Be extra cautious around reptiles, baby chicks, ducklings, puppies and kittens. Young animals are more likely to spread infection.</li> <li>• Be sure that you wash your hands after contact with a client's pet, its feces and/or dog treats. (Some treats may be contaminated with salmonella.)</li> </ul>

### MORE HOME CARE INFECTION CONTROL TIPS

- If part of your care plan is to clean the client's living space, try to think outside the box. Germs may be hiding in places you're not cleaning. For example, studies show that these common it toilet bowl: the kitchen sink, the telephone receiver, doorknobs, the television top of a desk or bedside table.
- A great way to disinfect a sponge is to put it through the dishwasher every oth dishwasher at a client's home? Be sure to allow the sponge to *dry out* between discard it after three weeks.
- Washing sheets cleans them of *dust mites* and other allergens. It takes a professional pesticide treatment and professional laundering at high temperatures to get rid of bed bugs.
- Remember that a good disinfectant cleaner should state on the container that kills 99.9% of germs and bacteria.
- When the weather allows, let some fresh air and sunshine into your clients' homes. The fresh air offers extra oxygen and reduces stuffy odors. And, the he





## An Infection Control Module: **Standard Precautions**

### SUMMARY OF TOPIC

**Standard precautions** are the “common sense” infection control guidelines you should follow as you perform your daily tasks with clients. They apply to ALL your clients, no matter what their diagnosis—even if they don’t seem sick!

The **TOP TEN STANDARD PRECAUTIONS GUIDELINES** (recommended by the CDC) are:

1. Wash your hands before and after any contact with a client or the client’s environment.
2. Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes, or any non-intact skin.
3. Wear a gown as needed to protect your skin and clothing from body fluids.
4. Wear a mask or goggles if you might get splashed or sprayed by blood or other body fluid.
5. Use gloves and caution with sharps and NEVER recap a needle or syringe.
6. Disinfect the environment routinely.
7. Dispose of contaminated waste according to workplace policy.
8. Disinfect shared client equipment.
9. Clearly label specimens, such as urine, stool or sputum.
10. Use a mouthpiece when performing CPR.

### KNOW YOUR TRANSMISSION BASED PRECAUTIONS

PRECAUTION	WHAT EQUIPMENT IS NEEDED?	WHEN IS THIS USED?
<b>Respiratory Hygiene &amp; Cough Etiquette</b>	Cover your nose and mouth with a tissue or the inside of the elbow when coughing or sneezing; dispose of tissues properly; and perform frequent handwashing.	For anyone with a cough or cold symptoms, especially a fever.
<b>Contact Precautions</b>	Gloves and gown must be worn for all contact with the client and the client’s environment.	MRSA, VRE, e-coli, pink eye and hepatitis A.
<b>Droplet Precautions</b>	A mask must be worn within 3 feet of the client.	Pertussis, flu, strep throat, mumps, and rubella.
<b>Airborne Precautions</b>	A mask must be worn when you are in the same room as the client.	Measles, chickenpox, and shingles.
<b>Expanded Airborne Precautions</b>	A fit tested respirator must be worn for all contact with the client.	Tuberculosis (TB), smallpox and SARS



# Personal Attendant Skills

Often, clients deviate from routines and normal behavior when they are having health issues. Although caregivers do not diagnose or treat health issues, caregivers may recognize health issues and contact health care providers before issues become worse. **Your caregiver role is key.**



Think of yourself as a canary in a coal mine. Miners would place canaries in underground mines to make sure the air supply was safe. As long as the canary kept singing, the miners knew their air supply was safe. Caregivers are like those canaries in the homes of clients.

Personal Attendant Skills training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN.



## A Client Care Module: **Helping with Activities of Daily Living**

### **SUMMARY OF TOPIC**

**What are ADLs?** *ADLs, or Activities of Daily Living*, are all those basic self-care activities that people without an illness or injury normally do for themselves. These activities include bathing, oral hygiene, toileting, dressing, grooming, eating and safe transfers. Depending on your workplace and/or the client's insurance, reimbursement for client care may be based on how much ADL assistance you provide for your clients.

### **TIPS FOR ASSISTING WITH ACTIVITIES OF DAILY LIVING**

**Develop a routine with your client.** Provide assistance with ADLs at the same time of day the client would normally do that activity. For example, if your client normally likes to get washed and brush her teeth before breakfast, then help her with those tasks at that time.

**Include the client in the activity.** Ask and encourage clients to participate in personal care and give them time to perform the activity.

**Never rush a client through ADLs.** Remember, the goal is increase the person's ability to do this task independently. If you rush, or get impatient and do it yourself, you deprive the person of the opportunity to regain this skill. This means you will ALWAYS have to do it!

**Give a head start.** Set up the items needed for the client to perform the activity independently. For example, put toothpaste on the toothbrush and place it near the client.

**Keep it simple.** Break complex tasks down into smaller steps. Provide cues for activities to be completed. For example, "Here is the wash cloth. Wash your face." Or, "Pick up the brush and brush your hair."

**Use the "hand-over-hand" method.** If your client does not respond to your verbal cues, try the hand-over-hand method. You do this by placing your hand on top of the client's hand and performing the activity together.

**Be patient.** Allow your clients to do as much of the activity as possible, even if it takes longer for the task to be completed.

**Be positive.** Encourage clients who try to do things for themselves. Show them that you are confident in their abilities.

**Record the correct information!** When documenting ADLs, two pieces of information are critical—what actually happened and how much you helped.

# HIPAA

The Health Insurance Portability & Accountability Act (HIPAA) provides federal protections for Protected Health Information (PHI) held by covered entities and gives patients an array of rights with respect to that information. At the same time, HIPAA is balanced so that it permits the disclosure of PHI needed for patient care and other important purposes.

Village Caregiving, as a covered entity under HIPAA, provides this training to caregivers regarding the responsibilities related to securing and protecting PHI. HIPAA training is provided using the WV Medicaid Module and/or using online course provided by **In the Know**, with support from a Village Caregiving RN.



# HIPAA

In addition to HIPAA and other laws/rules/regulations, Village Caregiving policy states that client PHI (including pictures) may **not** be posted on social media, even if the client gives permission. This is important to protect the company, yourself, and your client.

## **NEVER POST ABOUT CLIENTS**

Read posts back to yourself before posting to be sure you are not posting PHI

## **ONLY USE SECURE MESSAGING**

Use passcodes and other security measure on your devices to protect PHI

## **DON'T MIX WORK AND YOUR PERSONAL LIFE**

Be careful not to cross a line with private discussions





# Direct Care Ethics

Direct care ethics means more than simply memorizing a list of duties and responsibilities. Acting ethically means assuming responsibility for the physical and emotional well-being for all clients, being respectful, acting with integrity and responsibility, and advocating for the best interests of the client at all times. Direct care ethics training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN.



# Client Safety

- Health and Welfare for Person Receiving Services training is provided using online courses provided by **In the Know**, with support from a Village Caregiving RN, including:
  - Emergency Plan Response
  - Fall Prevention
  - Lifting and Transferring
  - Home Safety and Risk Assessment
  - Special Needs Preparedness



## A Risk Management Module: Client Safety Tips

### SUMMARY OF TOPIC

**What's the big deal about client safety?** *One in five Americans report that they or a family member have experienced a medical error of some kind. This could be a fall, an infection, a medication error, a surgical error or an equipment malfunction.*

#### FOCUS ON FALLS:

**Remember: A falls assessment must be done within 14 days of admission.** It's a good idea to know who is responsible for doing your client's falls assessment. You must know your client's fall risk level in order to take the proper precautions. Be sure to report any changes in status to the nurse so the fall risk can be adjusted.

#### FOCUS ON PREVENTING INFECTIONS:

**Wash your hands, wash your hands, wash your hands. Then, wash your hands again!** The most important thing you can do to prevent infection is WASH YOUR HANDS! You can also teach your client to request ALL caregivers wash their hands before and after care. And, teach family members about the importance of washing hands before and after visits!

#### FOCUS ON EQUIPMENT SAFETY:

Assistive equipment is available to your client to help encourage safe independence. **If the equipment itself is not safe—the purpose is LOST!** Perform regular inspections of your client's equipment and make sure your client is using the equipment properly.

#### FOCUS ON PRESSURE SORES:

**A client who develops a pressure sore has been neglected in some way.** Clients who cannot move independently need to be re-positioned every two hours. Skin should be kept clean and dry and checked at least once a day for reddened areas. If you notice an area of redness, report it immediately so intervention can be started.

#### FOCUS ON MEDICATION:

Even though you may not be formally trained in medication administration, you can still develop a basic understanding of common side effects of frequently used medications. Knowing the side effects and reporting any observations you make can save your client's life!

#### FOCUS ON MEAL TIME:

Meal times should be fun and relaxing. Never rush a meal! Pay attention to your client's ability to chew and swallow. **Report any changes immediately if you think the diet order is not appropriate for your client's abilities.** If you have not been trained on how to perform the Heimlich Maneuver on a choking person, ask your supervisor for a demonstration!

# Standard of Conduct

Village Caregiving employees must conduct themselves in a responsible, professional, and ethical manner at all times. Village Caregiving employees are expected to be **honest** and **respectful** with other employees, clients, and Village Caregiving staff members, **be on time** and **prepared** for shifts, and turn in hours worked / expenses in a truthful, accurate, and timely manner.

Village Caregiving's reputation is earned by the quality of its services. Our dedication to quality sets us apart from others.

Taking pride in our communities and improving the lives of our clients, who are also our neighbors and friends, matters most.

# **Standard of Conduct**

**If an employee violates this Standard, Village Caregiving staff will communicate that violation verbally, in writing, or via digital communication (phone, text, etc), a record of which may be kept in the employee's personnel file. Violations may result in discipline or termination of employment.**

**If you absolutely must miss a shift or call off, please be sure to let Village Caregiving staff know – call, text, email – something! – please give plenty of notice so your shift can be filled and services provided.**



# Dress Code

Village Caregiving requires employees to dress in appropriate, responsible, professional clothing, taking into consideration the services being provided. For example, scrubs are acceptable, especially in situations where movement should not be restricted. Dress of any kind that may result in increased risk of accident is not allowed. For example, sandals are not allowed. Also, be sure to consider hair, nails, etc.





# Personal Protective Equipment (PPE)

Village Caregiving provides PPE such as gloves, masks, gowns, face shields, sanitizer, etc, at its offices. Please let Village Caregiving staff members know if you need PPE, if you are running out of supplies, etc. You will be given PPE for free. Remember to **stay safe!**



# Name Tags

Village Caregiving may require employees to wear name tags which should be visible at all times. This is important because Village Caregiving employees may work in a variety of settings, such as client homes, nursing homes, assisted living facilities, hospitals, or other places in the community. It is important that employees are clearly identified as Village Caregiving employees to avoid confusion. Your name tag may contain your job title or NPI #.



# Benefits



**As an Applicable Large Employer (ALE) under the Patient Protection and Affordable Care Act (ACA), Village Caregiving may offer health insurance benefits to full-time, eligible employees. At your time of hire or during an open enrollment period, you may be offered information and participation in the Village Caregiving group health insurance plan, along with your own out of pocket obligations. If you accept this offering, you will be asked to complete several documents. If you decline this offering, you will be asked to sign a Waiver of Medical Coverage for that year.**

# Responsibility

Caregivers are likely to work with the elderly, persons with behavioral disorders, and distinct categories of physical and cognitive disabilities.

**Elderly**: old age or approaching old age; past middle age; later in life.

**Behavioral Disorders**: disorders characterized by disruptive behaviors such as conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder.

**Physical and Cognitive Disabilities**: motor, sensory, or cognitive impairments that substantially limit one or more major life activities.

**Remember**: in case of an emergency, stabilize the situation, call 911, notify Village Caregiving, and notify the client's designated representative.

# Insurance

**Village Caregiving carries professional and general liability insurance which covers all Village Caregiving employees acting within their scope of employment. Our clients and their families place great trust in us, and with that trust comes great responsibility.**



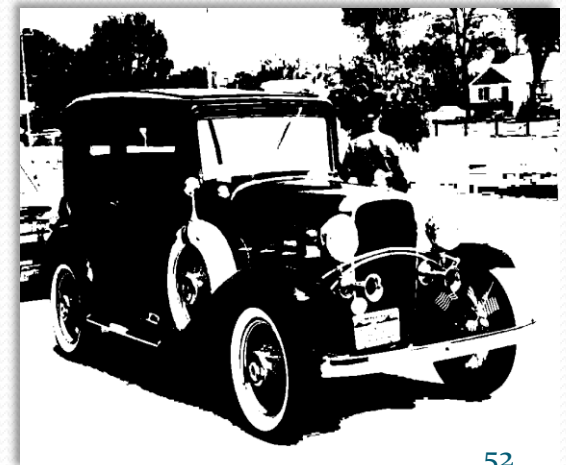


# Transportation

Village Caregiving requires a valid driver's license, registration, automobile insurance, and a safe driving record in order to transport a client.

It is not appropriate for a caregiver to “borrow” a client's car for personal purposes.

If a caregiver is asked to offer transportation to a client for approved activities, that caregiver will be reimbursed for mileage at the current IRS rate. Please discuss transportation with the office manager before transporting a client.





# Transportation

Realize that auto insurance follows the automobile. If you are in an accident, your auto insurance is the **primary** insurer.

Village Caregiving has hired/non-owned auto insurance, but that insurance is only a **secondary** insurer.

Put simply, you are responsible for driving safely and obeying all traffic laws/rules/regulations. If you are not confident in this, do not transport clients.



# Payroll

- Village Caregiving pays all employees via direct deposit. You will need to have a bank account or pay card that accepts direct deposit transactions. When you are hired, Village Caregiving will collect your banking information: bank name, routing #, and account #. This allows Village Caregiving to make debits and credits to your account.

The diagram shows a U.S. check with the following fields and labels:

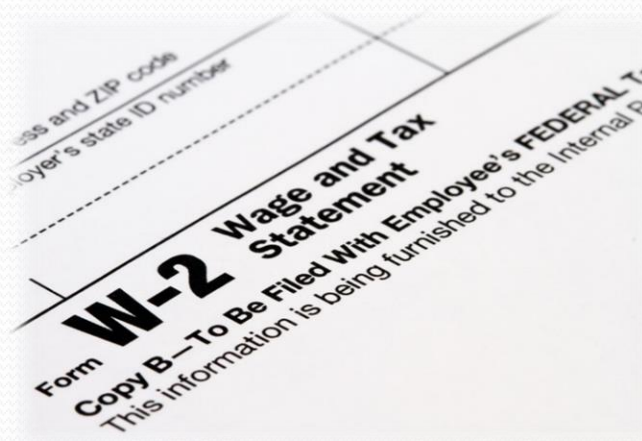
- U.S. CHECKS** (Title)
- DATE** (Field with a line for the date)
- 1001** (Check number in the top right corner)
- PAY TO THE ORDER OF** (Field for the payee's name)
- \$** (Field for the dollar amount)
- DOLLARS** (Field for the dollar amount, with a small icon of a dollar bill)
- YOUR FINANCIAL INSTITUTION** (Section for bank information)
  - BANK ADDRESS**
  - BANK CITY, STATE, ZIP**
  - BANK PHONE**
- FOR** (Field for the purpose of the check)
- 123456789** (Routing number, highlighted with a red box and labeled **BANK ROUTING NUMBER**)
- 0123456789012** (Account number, highlighted with a red box and labeled **BANK ACCOUNT NUMBER**)
- 1001** (Check number at the bottom right)

# Payroll

- If your banking information, mailing address, or tax status changes throughout the year, please notify Village Caregiving as soon as possible so that we can update your employee profile.
- Village Caregiving uses **Heartland** as its payroll service. You will receive an email from Heartland explaining how to create an account.
- This account will allow you to access your pay stubs, W-2, and other payroll related documents without asking Village Caregiving for them.

# Heartland

# Payroll



## FAIR LABOR STANDARDS ACT



- Village Caregiving direct care staff are W-2 employees, which means all required tax withholdings, including federal, state, and local taxes will be withheld from paychecks.
- Village Caregiving covers employees with workers' compensation and unemployment benefits.
- Village Caregiving follows all applicable **Fair Labor Standards Act** laws/rules/regulations related to minimum wage, overtime, etc.

# Workers' Compensation

- Village Caregiving policy: employees **must report workplace accidents, incidents, and injuries immediately**, before the end of the shift.
- Village Caregiving policy: injured employees may be offered “**restricted**” or “**light duty**” tasks, to accommodate an injury or restriction/limitation ordered by an employee’s health care provider. Employees must be willing to operate under these modified roles to remain employed by Village Caregiving.



**encova**  
INSURANCE

  
**BrickStreet**<sup>®</sup>  
INSURANCE



# Time Sheets / Billing / Gifts

- Village Caregiving will provide time sheets where staff will keep track of their time spent with clients, expenses, comments, notes, etc.
- For some private payment members, Village Caregiving will generate invoices which will clearly document how many hours each caregiver worked and which days were worked, including expenses.
- According to KY law and Village Caregiving policy, employees, agents, or contractors may **NOT** accept or solicit personal gifts, gratuities, or loans from a Village Caregiving client. This is strictly enforced.

# Emergencies

- Remember, in case of an emergency, dial 911.
- Next, use all reasonable means to contact the client's designated emergency contact or the people requested by the member.
- Next, contact Village Caregiving staff.
- Remain with the client's until the emergency situation has been resolved in a safe, reasonable manner.





**Remember to take care of yourself and your basic needs. Being a caregiver is hard work!**

**You are always allowed to take a break to use the restroom, have a quick bite to eat, collect yourself after stressful situations, etc.**

**Do not neglect self care!**

# **Collaboration**

**Some clients have other health care providers and people in their homes at the same time as Village Caregiving caregivers.**

**Please be courteous and respectful – quality care requires collaboration with others and a person-centered plan.**

**Your roles and responsibilities in a client's home will be clearly defined. If you have a question, please ask Village Caregiving staff.**

**Your roles are very important, as you are likely to be present in a client's home more often than others in terms of hours per day.**

**Our members trust you to protect and care for them – [value that trust](#).**

# Thank you for your attention!



## Questions?

**These training materials are not all-inclusive of the training provided by Village Caregiving. Also included and relevant are discussions with Village Caregiving RNs, managers, and other training materials.**





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


Answers Correct: \_\_\_\_\_ of 15 (must answer 12 of 15 correctly)


Provided and scored by: \_\_\_\_\_, RN

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

1. Village Caregiving serves clients at multiple licensed personal services agency locations in Kentucky?
  1. True
  2. False
2. Village Caregiving has an anti-discrimination policy? True or False?
  1. True
  2. False
3. A set of procedural directives and guidelines were published in 1987 by the Centers for Disease Control and Prevention as recommendations to protect health care workers.
  1. True
  2. False
4. Direct care staff must complete the following before providing services:
  1. Criminal record check
  2. Passing drug screen
  3. Negative TB assessment

5. Village Caregiving's training meets the definition of "competency-based curriculum?" True or False?
  1. True
  2. False
  
6. Village Caregiving has a \_\_\_\_\_ tolerance policy for drug abuse/misuse.
  1. Zero
  2. Variable
  
7. Village Caregiving provides training on the following topics:
  1. Abuse/Neglect/Exploitation
  2. Facilitating Self-Administered Medications
  3. Effective Communication Techniques to Meet Individual Client Needs
  
8. Village Caregiving has a Standard of Conduct that must be followed?
  1. True
  2. False

- 
9. HIPAA stands for the Health Insurance Portability and Accountability Act?  
True or False?
    1. True
    2. False
  
  10. Caring for a client ethically while in the home means putting the best interest of the client/member as your highest priority?
    1. True
    2. False
  
  11. Village Caregiving offers specialized training created by which company?
    1. Relias
    2. In the Know
    3. CDC

- 
12. Direct care staff must follow a strict process to facilitate the self-administration of medication?
    1. True
    2. False
  13. Village Caregiving may use an electronic visit verification (EVV) system which allows staff to clock in/out, share a location, and chart services provided?
    1. True
    2. False
  14. In order to transport a client in your vehicle, you must have:
    1. Valid Driver's License
    2. Valid Registration
    3. Car Insurance
    4. Reason to transport the client according to the Service Plan
  15. Village Caregiving covers all employees with professional and general liability insurance and workers' compensation coverage as long as the employee is acting legally and within the scope of their employment. True or False?
    1. True
    2. False