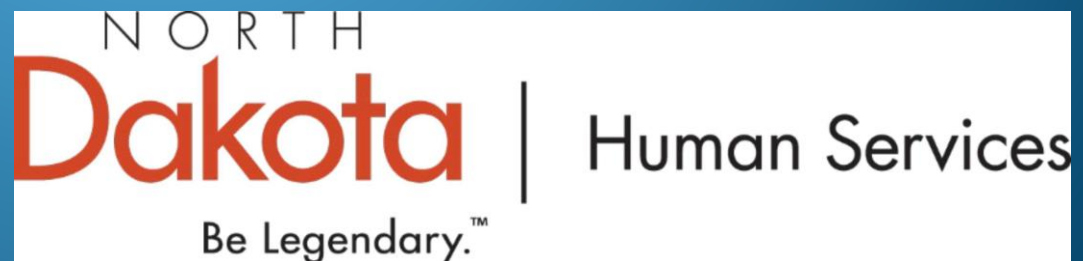




NORTH DAKOTA ORIENTATION

Created after consultation with the
laws / rules / regulations of the:



What is Village Caregiving?

A privately owned residential services agency, recognized as a Foreign Limited Liability Company (LLC) in North Dakota

- **Owned/Operated by people with roots in the community**
- **Provides basic in home care**
- **Dedicated to providing quality care to its clients**
- **Dedicated to the communities it serves**

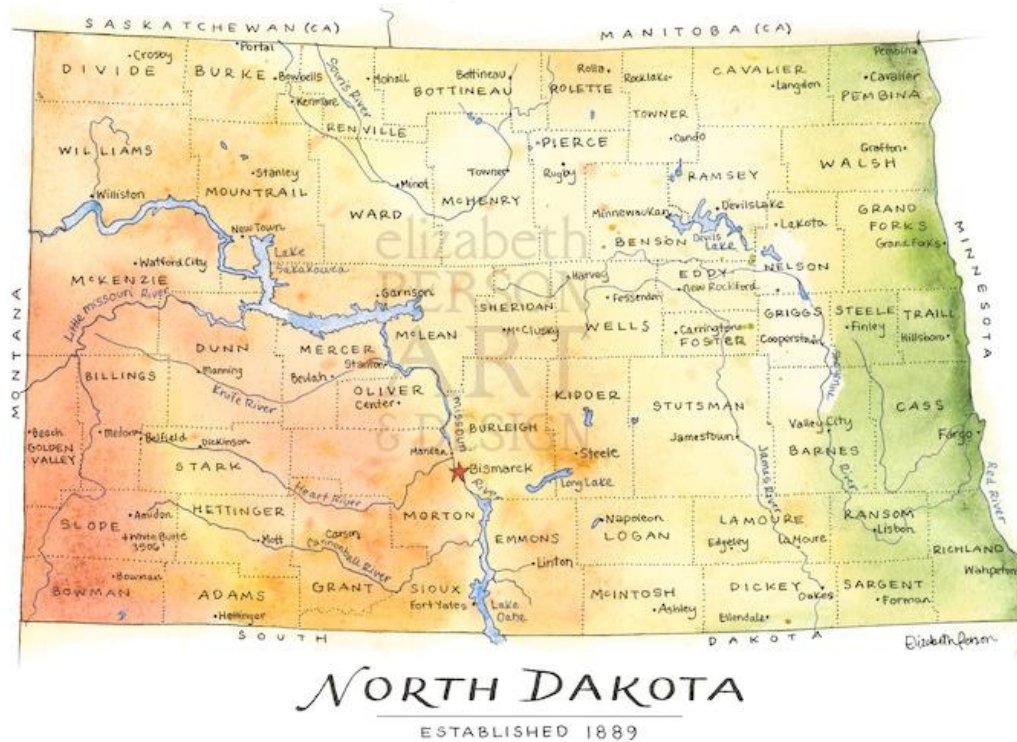
Anti-Discrimination

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, military status, or any other reason, 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.



Service Area

Village Caregiving provides services throughout North Dakota:



Benefits Accepted



**Proud Provider
with the VA**



Private Payment (check/ACH)



Long Term Care Insurance

*Other sources possible in the future

Employee Requirements

All Village Caregiving employees must meet the following requirements:

1. Eligible to work
2. Over the age of 18
3. Valid ID
4. Adequate transportation
5. Complete disease screening
6. Pass background check
7. Clear database checks
8. Competency to do the job/complete necessary training
9. Compassion for the elderly

Background and Database Checks

Background Checks: Village Caregiving requires all personnel to pass a background check administered by the North Dakota Department of Human Services.



Background Check

Each employee must complete this disclosure:



CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILD ABUSE AND NEGLECT PROGRAM
 SPN 433 (1-2-2021)

Clear Fields

The North Dakota Child Abuse/Neglect Information Index is mandated by the North Dakota Child Abuse and Neglect Law. When a decision is made that services are required or that child abuse or neglect is Confirmed, the names of individuals identified as the subject of the child abuse or neglect assessment are entered into the Index. The names remain on the Index for ten years from the date of the Services Required or Confirmed assessment decision. Results only include a search of the North Dakota Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.

* The Privacy Act of 1974 (P.L. 93-502, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

Part I: Information of Individual Whose Name is to be Searched				
LAST Name	FIRST Name	FULL MIDDLE Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	Social Security Number*	Date of Birth
Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years			OR <input type="checkbox"/> Check this box if you have no additional names	
Current Physical Address	City	State	ZIP Code	
Last North Dakota Address	City	State	ZIP Code	

Part II: Agency/Organization Information				
Agency/Organization Village Caregiving, LLC	Contact Person Nick Cross	Telephone Number 701-715-5551		
Address 3523 4th Street	City Fargo	State ND	ZIP Code 58104	
Email Address and/or Fax Number Nicholascross@villagecaregiving.com				
This information is being requested for: (Check Only One)				
<input type="checkbox"/> Employment with NDDHS	<input type="checkbox"/> Employment in a NDDHS Licensed or Contracted Agency	<input type="checkbox"/> Childcare/in-home Provider		
<input type="checkbox"/> Adoption Study	<input checked="" type="checkbox"/> Private Agency Employment/Volunteer	<input type="checkbox"/> Foster Parent Licensing		
<input type="checkbox"/> Other (List): _____				

Part III: Consent	
This consent remains in effect for 90 days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. This document must be physically signed by the applicant or signed with a Public Key Infrastructure (like VeriSign or DocuSign). A typed signature is not accepted.	
I grant permission to the North Dakota Department of Human Services and its authorized agents (Human Service Zones) to conduct a search of my name on the North Dakota Child Abuse/Neglect Information Index and to disclose the results of the search to the agency/ organization indicated on this form.	
Signature	Date

Database Checks

Database Checks: Village Caregiving requires all personnel to pass screenings done on the following databases:

<https://publicsearch.ndcourts.gov/default.aspx>

www.nsopw.gov

[Offender Search](#)

www.attorneygeneral.nd.gov/public-safety/sex-offender-information

www.sam.gov/SAM/

[Search the Exclusions Database | Office of Inspector General \(hhs.gov\)](#)

[Copy of Provider Exclusion by Stacey K 6-20-2022\(3\).xlsx \(nd.gov\)](#)

Health Screening

All employees, at a minimum, complete this screening:



Infectious Disease Screening

I, _____, hereby confirm that I am currently not experiencing any of the following symptoms and have not experienced any of the following symptoms in the recent past:

1. Fever;
2. Dry cough;
3. Unusual tiredness;
4. Aches or pains;
5. Swelling;
6. Skin lesions;
7. Sore throat;
8. Diarrhea or stomach problems;
9. Conjunctivitis or eye irritation;
10. Headache;
11. Loss of taste or smell;
12. Skin rashes or skin discoloration;
13. Difficulty breathing;
14. Chest pain or pressure; or
15. Loss of speech or movement.

I also confirm that I have not had any close contact to anyone with the previously listed signs or symptoms or anyone positive for COVID-19, TB, or any other communicable disease. Additionally, I have not visited a country with a high TB rate for at least one month. I have no current or planned immunosuppression issue caused by condition or medication.

I certify that I am currently employed with Village Caregiving and I reviewed the above questionnaire. I also asked similar screening questions regarding communicable diseases in general. After review of the answers given to the series of questions, I certify that _____, a Village Caregiving HCA, gave satisfactory answers to the screening questions.

The HCA was advised to immediately inform Village Caregiving's administrative personnel or nursing staff in the event they have signs or symptoms of any communicable diseases.

The HCA was advised that, in addition to frequent informal screenings, a formal rescreening will take place every 6 months during a HCA's employment.

The HCA was also provided with all necessary PPE.

HCA Date: _____

Village Caregiving Date: _____

TUBERCULOSIS



	2005 Recommendations	2019 Recommendations — Key Changes
Screening	<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>
Post-exposure testing	<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>	<p>No change</p>
Treatment of positive TB test	<p>Referral to determine whether latent TB infection (LTBI) treatment is indicated</p>	<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>
TB education	<p>Recommended annually for all health care personnel*</p>	<p>Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures</p>

*No change in the 2019 recommendations

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



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

Health Screening

- Prior to providing direct services for a client, applicants may be asked to submit to and complete:
 - **Substance abuse test if reason to believe necessary**
 - **Tuberculosis (TB) evaluation if reason to believe necessary**
 - Any person with a positive history of TB or a suspected exposure may have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous 12 months and the result was negative.
 - The second step of a two-step tuberculin skin test using the Mantoux method may be administered one to three weeks after the first tuberculin skin test was administered.



Documentation will be kept confidential and in employee files. Records of current employees will be maintained on the agency's premises or accessible via a central computer file.

Orientation

Employees complete a formal orientation that includes:

1. An overview of Village Caregiving's scope of practice;
2. Introduction and review of all Village Caregiving policies and procedures related to the provision of home care services;
3. Handling of emergencies and use of emergency services—call 911 during emergency situations;
4. Compliance with and reporting of the maltreatment of vulnerable adults;
5. Client Rights in North Dakota;
6. Handling of clients' complaints, reporting of complaints, and where to report complaints;
7. Confidentiality;
8. Training concerning non-skilled assistance to the elderly; and
9. A competency evaluation on various skills related to Village Caregiving's practice.

Management Staff Requirements

- Each Village Caregiving location employs a **manager**.
- The 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** via a 24/7 cell phone.
- The manager will designate one or more individuals to act on behalf of or perform all responsibilities while the manager is unavailable.
- The manager will coordinate between clients, RNs, and direct care staff to ensure personal services are delivered as requested.
- The manager will investigate and remedy client grievances/complaints and respond in a timely manner.
- The manager will ensure a Village Caregiving RN prepares a **service plan** for a client before providing basic care for a client.

Staff Training

- The **competency** of an employee of Village Caregiving who will perform services for a client must be evaluated for each task that Village Caregiving chooses to have that employee perform.
- Village Caregiving has the sole discretion to determine if an employee is competent to perform a task.
- After an evaluation, an employee may need additional training or instruction in the tasks Village Caregiving believes require improvement. The employee shall be reevaluated following any training/instruction.

COMPONENTS OF CULTURALLY COMPETENT CARE

CULTURAL AWARENESS involves self-examination of in-depth exploration of one's cultural and professional background. This component begins with insight into one's cultural healthcare beliefs and values. A cultural awareness assessment tool can be used to assess a person's level of cultural awareness.

CULTURAL KNOWLEDGE involves seeking and obtaining an information base on different cultural and ethnic groups. This component is expanded by accessing information offered through sources such as journal articles, seminars, textbooks, internet resources, workshop presentations and university courses.

CULTURAL SKILL involves the nurse's ability to collect relevant cultural data regarding the patient's presenting problem and accurately perform a culturally specific assessment. The Giger and Davidhizar model offers a framework for assessing cultural, racial and ethnic differences in patients.

CULTURAL ENCOUNTER is defined as the process that encourages nurses to directly engage in cross-cultural interactions with patients from culturally diverse backgrounds. Nurses increase cultural competence by directly interacting with patients from different cultural backgrounds. This is an ongoing process; developing cultural competence cannot be mastered.

CULTURAL DESIRE refers to the motivation to become culturally aware and to seek cultural encounters. This component involves the willingness to be open to others, to accept and respect cultural differences and to be willing to learn from others.



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 / Home Care Pulse**, 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.



Training and Competency Evaluation

•
All Village Caregiving staff members must be competent In the following areas:

- (1) Relevant personal care services of the sick or disabled at home (activities of daily living support);
- (2) Identification of situations that require referral to a registered nurse, including significant changes in a client's condition;
- (3) Record keeping;
- (4) Ethical behavior and confidentiality of information;
- (5) Standard precautions for infection control; and
- (6) Prevention of abuse and neglect.

Activities of Daily Living Support

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.

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.

<https://www.osha.gov/sites/default/files/publications/bbfacto1.pdf>





*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
Body Fluids & Bathrooms	<ul style="list-style-type: none"> • 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!) • 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.
Laundry	<ul style="list-style-type: none"> • 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. • To keep germs from building up on damp laundry, dry it (or hang it to dry) as soon as the wash cycle is finished. • Be sure to wash your hands after touching or sorting any dirty laundry—and after transferring wet laundry to the dryer.
Used Needles	<ul style="list-style-type: none"> • 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. • 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.
Household Pests	<ul style="list-style-type: none"> • 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. • 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.
Kitchen Germs	<ul style="list-style-type: none"> • 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.) • Remember that germs can hide and multiply easily on your client's can opener, faucet and kitchen sponge or dishcloth. • 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.



An Infection Control Module: Infection Control in Home Care

SUMMARY OF TOPIC

Situation	Infection Control Tips
Food Safety	<ul style="list-style-type: none">• CLEAN: Wash hands and surfaces frequently.• SEPARATE: Don't cross-contaminate.• COOK: Cook foods to proper temperatures.• CHILL: Refrigerate foods promptly.
Pets	<ul style="list-style-type: none">• Have clients wash their hands thoroughly with soap and running water after contact with animals. This is especially important before preparing or eating food.• Be extra cautious around reptiles, baby chicks, ducklings, puppies and kittens. Young animals are more likely to spread infection.• 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.)

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 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 other 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 h





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?
Respiratory Hygiene & Cough Etiquette	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.
Contact Precautions	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.
Droplet Precautions	A mask must be worn within 3 feet of the client.	Pertussis, flu, strep throat, mumps, and rubella.
Airborne Precautions	A mask must be worn when you are in the same room as the client.	Measles, chickenpox, and shingles.
Expanded Airborne Precautions	A fit tested respirator must be worn for all contact with the client.	Tuberculosis (TB), smallpox and SARS

Guidelines for Universal Precautions

Handwashing:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or a wound
- After using the toilet
- After changing incontinent care products
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that is touched by other people
- Before touching your eyes, nose, or mouth
- When hands are visibly soiled
- Immediately after removal of any personal protective equipment (example: gloves, gown, masks)
- Before and after providing any direct personal cares

Follow these steps when wash your hands every time:

www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf

If soap and water are not available:

- Use and alcohol-based hand sanitizer that contains at least 60% alcohol.

Follow these steps when using hand sanitizer:

- Apply the gel product to the palm of one hand in the correct amount.
- Rub your hands together.
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
- Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.

Use of Personal Protective Equipment (PPE):

Gloves - wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching of the hair or face, or when contaminated

- DO NOT reuse gloves, they should be changed after contact with each individual

Gowns - should be worn during cares that are likely to produce splashes of blood or other body fluids.

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Tie all the ties on the gown behind the neck and waist.
- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns.

Masks – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.

- Clean hands with soap and water or hand sanitizer before touching the mask.
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- With clean hands, untie or break ties at back of head
- Removed mask by only handling at the ties, then discard in waste basket
- Wash hands
- Homemade masks can be used as a last resort. These should be washed/disinfected daily.
- DO NOT reuse face masks

Full PPE - includes gloves, gown, mask and goggles or face shield.

Recommended if there is a suspected or confirmed positive COVID-19 case.

Goggles/Face Shields - used to protect the eyes, nose and mouth during patient care activities that are likely to generate splashes or sprays of body fluids, blood, or excretions.

Refer to these guidelines for PPE: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

Donning of PPE: <https://www.youtube.com/watch?v=H4jQUBAIBrl>

Doffing of PPE: <https://www.youtube.com/watch?v=PQxOc13DxvQ#action=share>

Sharps:

Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.

- Do not recap needles or remove needles from syringe.
- After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.

Clean any equipment used for the individual before and after each use.

Standard Precautions and PPE

In conjunction with the Bloodborne Pathogens standard (29 CFR 1910.1030) and the CDC's recommended standard precautions training and advice, PPE is available to Village Caregiving staff members. PPE includes, but is not limited to, **gloves, gowns, masks, eye protection (e.g., goggles), and face shields**, to protect workers from exposure to infectious diseases.

Abuse/Neglect/Exploitation

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

Additionally, all North Dakota personnel are directed to complete the abuse and neglect training set forth at [QSP Fraud, Waste, & Abuse Online Training \(nd.gov\)](https://www.nd.gov/qsp/fraud-waste-abuse-training)





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:

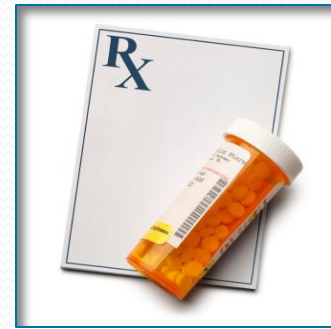
- The client is punished for being incontinent.
- You hear a client being threatened.
- You hear two different stories about how the client got a bruise or other injury.
- A family member refuses to allow you to complete the client’s care.

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



Village Caregiving personnel **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, a home services worker may open the unit dose or medication organizer, remove the medication from a medication organizer, and close the medication organizer for the client.

Village Caregiving personnel **SHALL NOT**

Instill eye, ear, or nasal drops;

Mix, compound, convert, or calculate medication doses;

Prepare syringes for injection or administer medications by an injectable route;

Administer medications in any way.

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.



Confidentiality, Ethics, and 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.



Changes in Condition

- **All staff members must be able to recognize and report changes in condition:**
 - **Changes in condition are “significant changes” to a person’s mental or physical status.**
 - They can be positive or negative
 - They can involve mental and/or physical changes
 - Changes in condition will not normally resolve without additional intervention
 - Changes in condition usually require a revision of a plan of care
 - **All Village Caregiving employees understand that changes in condition must be reported to an RN**
 - Changes in condition may necessitate revision of a plan of care

Record Keeping

- **All staff members must be able to adequately document care and understand Village Caregiving's time keeping policies:**
 - **All employees receive a tutorial on record keeping and record keeping requirements**
 - **No employee is allowed to work for Village Caregiving if they cannot adequately track their care**

Health and Welfare for Person Receiving Services

- **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 / Disaster 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!

Fire Safety

Fire Safety Checklist for Caregivers of Older Adults

Older adults are more likely to die in home fires because they may move slower or have trouble leaving the smoke alarm. Make sure the people you know are prepared and safe.

 Put a check in front of each statement that is true for your home.

Smoke Alarms

- Smoke alarms are on every level of the home.
- Smoke alarms are inside and outside sleeping rooms.
- Smoke alarms are tested each month.
- Smoke alarm batteries are changed or needed.
- Smoke alarms are less than 10 years old.
- People can hear smoke alarms from any room.



Can everyone hear the alarm?

If not, consider another type of smoke alarm – like one that has a different sound or one that comes with a bed shaker or strobe light.

Cooking Safety

- The cooking area has no items that can burn.
- People stay in the kitchen when they are frying, grilling, boiling, or broiling food.

Smoking Safety

If they smoke, make sure they are a fire-safe smoker.

- People only smoke outside and never in bed.
- People put cigarettes out safely in an ashtray with a wide base that will not tip over.
- People never smoke around medical oxygen.

Heating Safety

- Space heaters are kept 3 feet away from anything that can burn.
- People blow out candles before leaving the room.

Escape Plan

- There is a fire escape plan that shows 2 ways out of every room.
- Exits are always clear and not blocked with furniture or other items.
- Everyone knows where the safe meeting place is outside the home.
- The escape plan works for everyone, including people who use a wheelchair, a hearing aid, or glasses.
- There is a phone near the bed to call a local emergency number in case of a fire.



Can everyone get out?

Make sure people who use a wheelchair or a cane can get to them and get out quickly. Tell them to keep glasses or hearing aids next to the bed.

Carbon Monoxide Alarms

- Carbon monoxide alarms are located on each level of the home.
- Carbon monoxide alarms are less than 7 years old.

Electrical and Appliance Safety

- No electrical cords run under rugs.
- All electrical cords are in good condition and not broken or cut.
- People clean the dryer of lint after every use.
- All plug outlets are safe and do not feel warm when you touch them. If they are warm, call the landlord or an electrician.

Learn more about fire prevention:
www.safa.fema.gov

U.S. Fire
Administration



FEMA



March 2006

CO Safety

The "Invisible" KILLER

Carbon Monoxide (CO) is the "invisible" killer. Carbon monoxide is a colorless and odorless gas. Every year more than 100 people in the United States die from unintentional exposure to carbon monoxide associated with consumer products.

What is carbon monoxide?

Carbon monoxide is produced by burning fuel. Therefore, any fuel-burning appliance in your home is a potential CO source.

When cooking or heating appliances are kept in good working order, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home.

Running a car or generator in an attached garage can cause fatal CO poisoning in the home. So can running a generator or burning charcoal in the basement, crawlspace, or living area of the home.

What should you do?

Proper installation, operation, and maintenance of fuel-burning appliances in the home is the most important factor in reducing the risk of CO poisoning.

Make sure appliances are installed according to the manufacturer's instructions and the local codes. Most appliances should be installed by professionals.

Always follow the appliance manufacturer's directions for safe operation.

Have the heating system (including chimneys and vents) inspected and serviced annually by a trained service technician.

Examine vents and chimneys regularly for improper connections, visible cracks, rust or stains.

Look for problems that could indicate improper appliance operations:

- Decreased hot water supply
- Furnace unable to heat house or runs continuously
- Sooting, especially on appliances and vents
- Unfamiliar, or burning odor
- Increased moisture inside of windows

Operate portable generators outdoors and away from open doors, windows, and vents that could allow CO to come indoors.

In addition, install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home. Every home should have a CO alarm in the hallway near the bedrooms in each separate sleeping area. The CO alarms should be certified to the requirements of the most recent UL, IAS, or CSA standard for CO alarms. Test your CO alarms frequently and replace dead batteries. A CO alarm can provide added protection, but is no substitute for proper installation, use and upkeep of appliances that are potential CO sources.

Symptoms of CO poisoning

The initial symptoms of CO poisoning are similar to the flu (but without the fever) They include:

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.



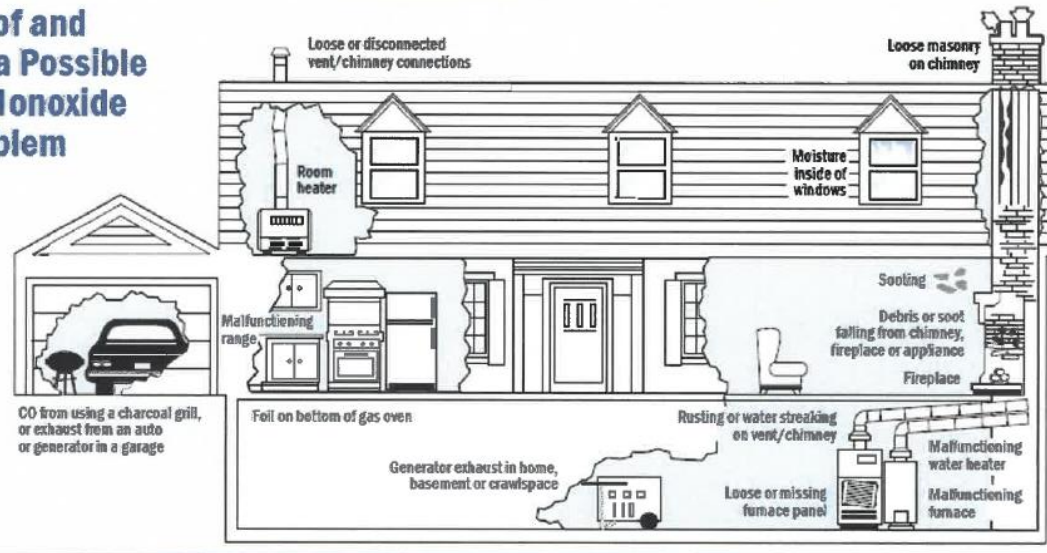
To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

Consumers can obtain recall information at CPSC's web site at <http://www.cpsc.gov>. Consumers can report product hazards to info@cpsc.gov.

U.S. Consumer Product Safety Commission
Washington, DC 20207

CO Safety

Sources of and Clues to a Possible Carbon Monoxide (CO) Problem



Carbon monoxide clues you can see...

- Rusting or water streaking on vent/chimney
- Loose or missing furnace panel
- Sooting
- Debris or soot falling from chimney, fireplace, or appliances
- Loose or disconnected vent/chimney, fireplace or appliance
- Loose masonry on chimney
- Moisture inside of windows

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys

Only a trained service technician can detect hidden problems and correct these conditions!

- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.


Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or

- using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.
- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.

Formal Competency Evaluation

- All staff members who provide care must pass this Competency Evaluation:



COMPETENCY AND TRAINING CONFIRMATION

On _____, pursuant to ND DHS guidance, _____ (a HCA) received training and demonstrated competency on the following topics:

- (1) Proper handwashing methods;
- (2) Handling body fluids;
- (3) Basic meal planning and preparation;
- (4) Routine housework;
- (5) Wrinkle free bed;
- (6) Laundry techniques;
- (7) Budget management;
- (8) Toileting;
- (9) Incontinence care;
- (10) Transferring;
- (11) Ambulation;
- (12) Bathing techniques;
- (13) Hair care techniques;
- (14) Oral hygiene techniques;
- (15) Dressing and undressing clients;
- (16) Feeding or assisting clients with eating;
- (17) Routine eye care (drops and ointments);
- (18) Care of fingernails;
- (19) Self-administration of medications;
- (20) Skin care (lotions, ointments, etc.);
- (21) Turning and repositioning; and
- (22) Prevention of abuse and neglect as set forth at [QSP Fraud, Waste, & Abuse Online Training \(nd.gov\)](#)

VCG Authorized Tester: _____

Home Care Aide: _____

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.

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.

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.



Complaint Investigations

- **Village Caregiving shall investigate a complaint made by a client, the client's family, or the client's personal representative regarding:**
 - **Service that is or fails to be furnished; and**
 - **Lack of respect for the client's property by anyone furnishing services on behalf of Village Caregiving.**
 - **Any other issue that is brought to our attention.**
- **Village Caregiving shall document the complaint and the resolution of the complaint.**

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. In order to qualify for Village Caregiving's group health insurance, you must work fulltime for a period of 12 full months. Once you fulfill those two requirements or during an open enrollment period, you may be offered information and an opportunity to participate in the Village Caregiving group health insurance plan, along with your 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.

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.

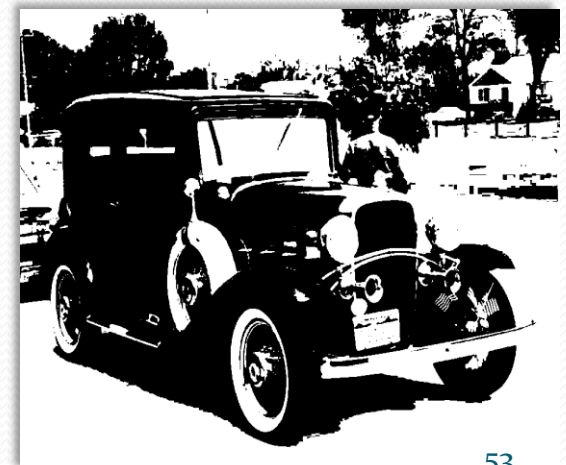


Transportation

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 or Medicaid 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:

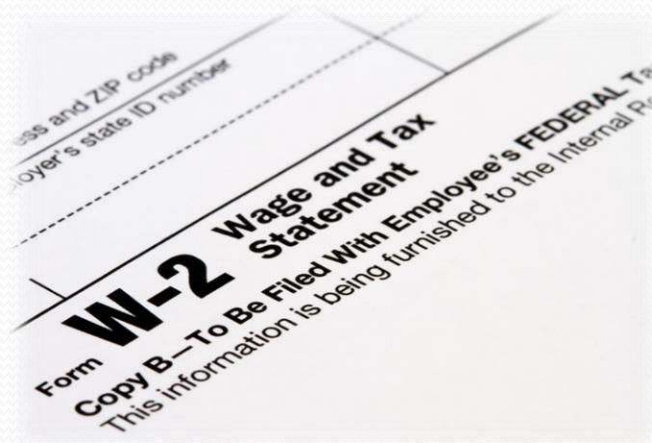
- U.S. CHECKS** (Title)
- DATE** **1001**
- PAY TO THE ORDER OF** _____
- \$** **DOLLARS**
- YOUR FINANCIAL INSTITUTION**
BANK ADDRESS
BANK CITY, STATE, ZIP
BANK PHONE
- FOR** _____
- 123456789** (Bank Routing Number) **0123456789012** (Bank Account Number) **1001** (Check Number)
- BANK ROUTING NUMBER** (Label for 123456789)
- BANK ACCOUNT NUMBER** (Label for 0123456789012)

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.



AmTrust
FINANCIAL

Time Sheets / Billing

- **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.**
- **It is not appropriate to accept gifts, money, and/or valuables from a member without disclosure to Village Caregiving.**

Electronic Visit Verification (EVV)



Village Caregiving may required that staff use EVV to chart information about their visits. Village Caregiving contracts with HHAX for EVV services.

You may be assigned a username, password, and National Provider Identification Number (NPI#), which allows you to chart information about your visit, location, services provided, etc. You can access this information using an app on your smartphone.



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 employees.

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 throughout North Dakota?
 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 and database checks
 2. Competency evaluation in service tasks
 3. Drug/TB screening
 4. All of the above

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. HIPAA and confidentiality
 3. Personal Care Tasks
 4. Ethics
 5. All of the above

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/Home Care Pulse
 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
 5. All of the above

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