

*Daughter For A Day Home Care, LLC*

# Employee Handbook



## TABLE OF CONTENTS

PURPOSE OF THE HANDBOOK.....	3
EMPLOYMENT PRACTICES SELECTION AND HIRING.....	3
PROFESSIONALISM .....	3
ACCOUNTABILITY .....	4
SEXUAL HARASSMENT/OFFENSIVE BEHAVIOR.....	4
PROCEDURE: COMPLAINTS RELATING TO PROHIBITED HARASSMENT .....	4
DISCIPLINE FOR PROHIBITED HARASSMENT.....	4
COMPLAINTS OR GRIEVANCES .....	4
CONFIDENTIALITY.....	5
PROBATIONARY PERIOD.....	5
PERFORMANCE EVALUATION .....	5
IN-SERVICE EDUCATION .....	5
VOLUNTARY RESIGNATION .....	5
GROUND FOR TERMINATION.....	5
LEAVES OF ABSENCES.....	6
LEAVE OF ABSENCE PROCEDURE.....	6
MATERNITY LEAVE.....	6
PARENTAL LEAVE.....	6
GENERALWORK RULES .....	6
TIME PAID .....	6
SICK CALLS/CANCELLED VISITS.....	6
REPLACEMENT STAFF.....	6
EMPLOYEE HEALTH .....	6
FIRST REPORT OF INJURY .....	6
CONTACTING THE AGENCY.....	7
APPEARANCE .....	7
REST PERIODS AND LUNCH BREAKS .....	7
SOLICITATIONS AND DISTRIBUTIONS .....	7
GIVING AND RECEIVING GIFTS .....	7
DATING IN THE WORK PLACE.....	7
NO SMOKING POLICY.....	8
EMERGENCIES.....	8
INCIDENT REPORTING .....	8
COMPENSATION .....	8
SALARIES AND WAGES .....	8
HOLIDAY PAY .....	8
EARNED SICK LEAVE .....	8
PAYROLL GUIDELINES.....	8
TIME SLIP PROTOCOL.....	9
ALL STAFFING MUST BE DONE THROUGH THE OFFICE.....	9
CLIENT ABUSE/NEGLECT .....	9
SUBSTANCE ABUSE .....	9
EMERGENCY DISASTER PREPAREDNESS DISASTER PLAN.....	9
INTRODUCTION .....	9
CAUSES OF DISASTERS .....	10
TYPES OF DISASTERS INTERNAL DISASTERS .....	10
EXTERNAL DISASTERS .....	10
PERSONNEL IDENTIFICATION.....	10

GENERAL INSTRUCTIONS .....	10
REPORTING REQUIREMENTS.....	10
CAREGIVERS DESCRIPTION.....	11
CARE PLAN .....	11
ADMINISTRATION/DISPENSING OF MEDICATION AND NON-PRESCRIPTION MEDICATION .....	11
DOCUMENTATION POLICIES .....	11
CRIMINAL BACKGROUND CHECK .....	11
REFERENCE CHECKS .....	11
RECEIPT OF EMPLOYEE HANDBOOK .....	13
ARBITRATION.....	13
CONFIDENTIAL INFORMATION .....	13

### **PURPOSE OF THE HANDBOOK**

This Personnel Handbook contains a summary of the policies and guidelines in effect at the Agency as of August 1, 2018, as well as updates and new additions in effect January 1, 2018. This handbook is to be used as a guide by the Agency's employees and is not intended to create any contract of employment. Instead, your employment relationship with the Agency is at-will. This means that you are not required to work for the Agency for any set period of time. You remain free to terminate your employment at any time and for any reason upon proper notice. The Agency also remains free to terminate your employment at any time and for any reason that does not violate local, state or federal law with or without notice. These policies are subject to change, modification, or amendment at any time in the Agency's sole discretion with or without prior notice.

We at the Agency are dedicated to providing competent and professional services to the clients who we serve. We expect that our employees will perform in the same manner. We expect you to follow these standards of conduct and policies at all times. Infractions may be used as grounds for disciplinary action.

### **EMPLOYMENT PRACTICES SELECTION AND HIRING**

All employees must meet all applicable rules and standards outlined in licensing requirements as dictated by county, state or federal government agencies. The Agency will not discriminate against any employee or candidate regardless of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. All decisions regarding the recruitment, selection and placement of employees are made solely on the basis of position-related criteria. Every effort will be made when hiring new employees or promoting current employees to match their skills, knowledge, abilities and interests with positions that best utilize their talents.

The Agency and all its representatives, agents, and employees are to uphold the following core values and procedures:

### **PROFESSIONALISM**

Those who act in a professional manner follow the golden rule: Treat others as you would like to be treated. Because home health staff work in a client's home, there is a higher level of respect and sensitivity expected. Professional behavior helps the client and their family feel comfortable with you. One must respect not only the client's belonging but also their schedule and surroundings. Take extra time, especially during the first few visits, to tell the patient what you will do before doing it, until the client is comfortable with having you in his/her home.

Acting in a professional manner can be thought of as a learned skill that improves with practice. Some common characteristics of professional behavior are: being polite and pleasant, treating other with respect, being honest, having a good work ethic (being punctual, perform work thoroughly) and doing your job to the best of your ability, having compassion and being able to sense others' experiences and concerns including consideration of values and the dignity of all feelings, beliefs of different social and cultural groups, keeping personal property and information confidential. The Agency expects staff to refrain from accepting personal gifts or tips from the clients. This can cause problems with clients and can affect the Agency's relationship with the client. In addition, *the Agency strongly instructs staff to never give out their private phone number to clients*. All arrangements need to be made through the Agency which is on call and available 24/7.

In contrast, unprofessional behavior would include arriving late to work, talking about your personal problems with clients and/or families, not performing expected duties, making calls during work, being absent from work without notifying the Agency, bringing other people to the client's home, stealing from clients, lying, working under the influence of alcohol or drugs, being disrespectful to clients, families, supervisors or coworkers and any kind of verbal, physical, emotional or sexual

abuse of the client. As you can see, some of these unprofessional behaviors are so serious that they can result in legal or disciplinary action.

### **ACCOUNTABILITY**

Accountability is about commitment. What people say they will do can be very different from what they actually do. Accountability is critical when providing quality care and maintaining good working relationships with clients and coworkers.

Accountability means you are committed to delivering the results and give an account. You can not be accountable if you do not know what is expected of you. To be accountable, you need to clearly understand what the person is expecting. With every task assigned, you accept accountability for that assignment. Many times we need help to be accountable. Approaching others for help demonstrates that you are holding yourself accountable to understanding your assignments and providing the best care possible to clients. An accountable person will often reach out to their supervisors and ask questions regarding any information they feel they lack in order to perform their assignments properly (to be accountable).

The Agency expects the following accountability from our staff: commitment when accepting cases (someone with a history of accepting cases and then calling back to cancel is not committed to their work), understanding the plan of care given to staff and the commitment to perform all tasks with diligence and to ask questions when anything is unclear that would prevent the staff from completing such tasks.

The Agency has an accountability to its staff. We will provide instruction and training. We will effectively communicate all information necessary for staff to perform their job duties. Please do not hesitate to contact your supervisor with any information regarding your case or anything else pertaining to

### **SEXUAL HARASSMENT/OFFENSIVE BEHAVIOR**

It is the policy of THE AGENCY that harassment on the basis of protected status (race, creed, religion, sex, national origin, marital status, with regard to public assistance, disability, age, membership on a local human rights commission and sexual orientation), including sexual harassment is prohibited.

Such harassment violates the law, creates an offensive working environment, decreases productivity, adversely affects the positive working relationships, increases costs to the Agency and tarnishes the image of the Agency and everybody associated with it. No employee may engage in verbal or physical conduct that degrades or shows hostility or aversion toward an individual because of that person's race, creed, color, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a human rights commission or sexual orientation, or that of the person's relatives, friends or associates, if the conduct:

1. Has the purpose or effect of unreasonably interfering with the person's work performance, or
2. Otherwise adversely affects that person's employment opportunities
3. One form of prohibited harassment is sexual harassment. Sexual harassment is defined as:
4. Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of an employee's obtaining employment or continuing employment; or
5. Making submission to, or rejection of such conduct the basis for employment decisions affecting an employee; or
6. Creating an intimidating, hostile or offensive working environment or otherwise substantially interfering with an individual's employment by such conduct; or
7. Retaliating against an employee for complaining about such conduct

### **PROCEDURE: COMPLAINTS RELATING TO PROHIBITED HARASSMENT**

An employee who believes he or she has been subject to harassment prohibited by this policy should report the incident immediately to his or her supervisor, Agency administrator, or human resource personnel.

The complaining employee will be asked to put the facts surrounding the offensive conduct or communication in writing. Thereafter, the investigation may include interviews with the employee making the charges, the accused employee, and appropriate witnesses, depending upon the individual circumstances of the matter.

Determination of whether prohibited harassment occurred will be made on a case-by-case basis, depending upon the circumstances of the matter, including the type of harassment alleged, the context in which the alleged harassment occurred and any other facts deemed relevant. The employee making the complaint will be advised of the final disposition of the matter

### **DISCIPLINE FOR PROHIBITED HARASSMENT**

A violation of this policy may be grounds for immediate discipline, up to and including discharge, or other appropriate action such as reporting to State of New Jersey.

### **COMPLAINTS OR GRIEVANCES**

A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the action alleged. A complaint should be filed in the office of the within 30 days after the person filing the complaint becomes aware of the

alleged action. The Administrator will conduct an investigation of the complaint to determine validity. The Administrator will issue a written decision determining the validity of the complaint no later than (30) days after its filing.

### **CONFIDENTIALITY**

Confidentiality of all client and/or family concerns is required by New Jersey State Regulation and HIPPA. Disclosing any confidential information or improperly discussing any client condition is grounds for immediate termination.

### **PROBATIONARY PERIOD**

All employees are considered probationary for the first 3 months of employment. This is to ensure a satisfactory performance relationship has been established.

### **PERFORMANCE EVALUATION**

THE AGENCY's commitment to excellence is fulfilled in part through an on-going performance improvement process. Evaluations are objective and intended to improve performance of individual employees as well as the company.

An employee's job performance will be evaluated at the end of his/her 90-day probationary period.

An annual evaluation will be performed on or before the employee's anniversary date of hire. The annual evaluation will be documented and will be retained in the employee's confidential personnel file.

### **IN-SERVICE EDUCATION**

In-service trainings are required annually to maintain employment. All are required to comply with this requirement. The mandatory in-service trainings include:

1. Blood-borne pathogens
2. Infection control
3. Standard precautions
4. Child abuse
5. Elder abuse
6. Domestic violence
7. Pain management
8. Workforce protection
9. Employee safety issues
10. Back safety
11. How to handle needle sticks
12. Fraud and abuse prevention, and
13. Corporate compliance

### **VOLUNTARY RESIGNATION**

Field staff who resign are requested to give a two-week notice. Administrative staff are requested to give a three-week notice. If an emergency arises, a shorter notice may be agreed upon between the employee and Administration. An employee who resigns without prejudice and who has a satisfactory record may be entitled to re-employment with Management approval. No recommendation will be furnished on an employee whose services are terminated with prejudice or for disciplinary reasons.

The employee is responsible for requesting alternative clients should the employee be dismissed from the client for whom he or she is hired to work. Failure to do so will result in the assumption of your voluntary resignation.

### **GROUND FOR TERMINATION**

Evidence of the following are grounds for immediate termination with valid circumstantial data. The Administrator may use the event for strong disciplinary action rather than termination, but usually not.

1. Dishonesty
2. Theft
3. Incompetence
4. Racial intolerance
5. Failure to obey reasonable instructions
6. Reporting to work intoxicated or under the influence of a controlled substance
7. Failure to notify employer of absence from work
8. Insubordination to THE AGENCY staff or THE AGENCY clients
9. Client abuse or misuse
10. Four or more call outs in a 90-day period
11. No Call No Show will result in automatic termination
12. Using profanity while speaking to THE AGENCY staff or clients

13. Falsification of records
14. Giving out confidential information pursuant to New Jersey Law
15. Violation of patient rights pursuant to New Jersey Statutes (A copy of which I have received)
16. Any acts of violence
17. Scheduling to work for clients without consent from THE AGENCY and/or working for THE AGENCY clients privately

All of the above conditions are grounds for immediate termination. Any new employee shall be subject to discharge at the option of the employer during the first 90 days. No employee shall be suspended, demoted or dismissed without sufficient cause. If after proper investigation it is verified that an employee has been disciplined unjustly, he or she will be reinstated, however, that no claim for compensation for time lost shall be paid. In the case of a dismissal, the employee affected may request and shall receive from the employer in writing the reason for the dismissal. Employees so disciplined during the probationary period, shall forfeit all other benefits, except earned wages during the time that he/she worked. Accumulation of three verbal and one written notice is cause for dismissal.

### **ARBITRATION POLICY**

If an employment dispute arises while you are employed at THE AGENCY, THE AGENCY requests that you agree to submit any such dispute arising out of your employment or the termination of your employment (including, but not limited to, claims of unlawful termination based on race, sex, age national origin, disability, breach of contract or any other bias prohibited by law) exclusively to binding arbitration under the federal Arbitration Act, 9 U.S.C., Section 1. Similarly, any disputes arising during your employment involving claims of unlawful discrimination or harassment under federal or state statutes shall be submitted exclusively to binding arbitration under the above provisions. This arbitration shall be the exclusive means of resolving any dispute arising out of your employment or termination from employment by THE AGENCY or you, and no other action can be brought by employees in any court or any forum.

## **LEAVES OF ABSENCES**

### **LEAVE OF ABSENCE PROCEDURE**

A request for a leave of absence shall be in writing and submitted to the Director at least two weeks in advance. Failure of the employee to return on the expiration date of the leave of absence will result in termination of the leave and employment.

### **MATERNITY LEAVE**

Employees who are pregnant must bring a written statement from their physician after each visit indicating continued work will not be hazardous to her health or to that of the baby expected. Maternity leave will be granted for a period not to exceed 60 days from birth date of child in normal pregnancy. Complication may extend your leave on an individual based evaluation.

### **PARENTAL LEAVE**

A leave of absence without pay is granted to all expectant parents, who are generally expected to return to work fulltime.

## **GENERALWORK RULES**

### **TIME PAID**

All Certified Home Health Aides, companions, and nurses will be paid for time starting when they arrive at the client's residence and ending when they leave the client's residence unless otherwise specified.

### **SICK CALLS/CANCELLED VISITS**

If an employee cannot make it to a scheduled visit/shift, a call must immediately be made to the THE AGENCY staffing department. Notice of calling out sick or cancelling visits for any reason are **NOT** to be left on Voice Mail. A four-hour advance notice is requested if at all possible. Late notice is grounds for disciplinary action and possible termination, if repeated.

### **REPLACEMENT STAFF**

If your replacement staff is 15 minutes late, please call the office. We will make every effort to locate the staff and call you back with an explanation and/or substitute. You are required to remain with the client until arrangements can be made.

### **EMPLOYEE HEALTH**

If you become ill while on duty, call us immediately at 201-962-2900. We expect you to stay with the client until other arrangements can be made. If you call out sick for more than 2 days, a doctor's note is required to return back to work.

### **FIRST REPORT OF INJURY**

If you are injured on the job, you are required to call the office immediately, that you have to complete a First Report of Injury.

Should the injury prevent you from your work duties, you will be directed to be seen by a workman's comp physician – see Workman's Comp Policy. Once you are cleared to work, you will need to have Workman's Comp physician complete a return to work form that is available from our Human Resource Department.

### **CONTACTING THE AGENCY**

Make calls for business-related matters to our office number at 201-962-2900 during our office hours only: 10:00 a.m. to 6:00 p.m., Monday through Thursday, Friday 10 a.m. to 5 p.m. and Saturday 10 a.m. to 2 p.m.

If calling out sick, cancelling a visit, or emergency calls should be made to our office number 201-962-2900 during work hours and after hours to our emergency number 201-214-1777.

If sick, a doctor's note must be provided for more than two days out of work.

Any problem with your visit/shift may be made to the case manager or staffing coordinator whenever necessary at that number.

### **APPEARANCE**

To maintain a professional environment, employees are expected to be clean, well-groomed and appropriately dressed at all times. Clean and proper attire is to be worn. Additionally, it is important for all employees to select clothing and footwear that is appropriate for the position (i.e., pants instead of skirts for ease in mobility). No jewelry except a wedding band or engagement ring, watch or small earrings are to be worn.

Proper attire is defined as no stains, holes or rips in clothing, and proper undergarments are to be worn at all time.

#### **INAPPROPRIATE ATTIRE**

Blue jeans, Pajamas bottoms, T-Shirts with advertisements, Cutoff jeans, Shorts, Torn clothing, Sleeveless tops, Halters, Open-toed shoes (ex: flip flops/sandals)

#### **PROPER ATTIRE**

THE AGENCY T-Shirt, Nursing Scrubs, Nursing Scrub pants, Khaki pants, Solid print blouse/shirt, Tennis Shoes, Capris, Casual slacks

Take pride in your own well-being and appearance. Help the client to do the same.

### **REST PERIODS AND LUNCH BREAKS**

THE AGENCY believes that breaks are an important part of the working day. Given the nature of our business, our work environment may not always be conducive to regularly scheduled breaks. Employees are expected to exercise proper judgment and, when appropriate, such breaks shall not exceed fifteen-minute periods during an eight-hour shift. An employee may not leave the client's household (or assisted living facility) during a break.

A normal full-time shift is 8 hours. Employees working this shift are entitled to a 30-minute meal break. This period of time is not paid. Employees who need to be on duty during their meal break will work an 8-hour shift.

Rest or meal breaks cannot be used to shorten the work day in any way by arriving late or leaving early from a shift.

### **SOLICITATIONS AND DISTRIBUTIONS**

Solicitation for any cause during working time and in working areas is not permitted. You are not permitted to give out personal cell phone number, home phone number, address, etcetera to clients. All communication with a client outside of the client's home to schedule must be done through the Agency.

You are not permitted to distribute non-company literature in work areas at any time during working time. Working time is defined as the time assigned for the performance of your job. Employees are not permitted to sell chances, services, and merchandise or otherwise solicit or distribute literature or encourage acceptance of any belief or philosophy.

Persons not employed by THE AGENCY are prohibited from soliciting or distributing literature on company and client property or from being on THE AGENCY or Client property.

### **GIVING AND RECEIVING GIFTS**

You may not give or receive money or any gift to or from a client or client family member.

### **DATING IN THE WORK PLACE**

Clients and employees are strongly discouraged from forming romantic or sexual relationships. Such relationships can create the impression of impropriety in terms and conditions of employment and can interfere with productivity and the overall work

environment.

If you are unsure of the appropriateness of an interaction with a client of THE AGENCY, contact management for guidance. If you are encouraged or pressured to become involved with a client in a way that makes you feel uncomfortable and is unwelcome, you should also notify your manager immediately. No client or employee of THE AGENCY has the right to subject any client or employee to sexual or other unlawful harassment, including requests for sexual favors, sexual advances, offensive touching, and any other unwanted verbal, graphic, conduct or communications of a sexual nature.

You should also be aware of, and are expected to comply with, THE AGENCY's policy against sexual and other forms of illegal harassment in the workplace.

Appropriate action, which may include a transfer or reassignment, leave of absence, suspension or termination, will be taken against those who violate this policy.

### **NO SMOKING POLICY**

Field staff may never smoke in the client's home or office unless permission is granted. Office staff are prohibited, by policy, from smoking in the office. **DO NOT DRINK ALCOHOLIC BEVERAGES WHILE ON DUTY. USE OF DRUGS IS STRICTLY FORBIDDEN.**

### **EMERGENCIES**

For life-threatening emergencies, call "911." In the event of a client's death, expected or unexpected, please record accurately all data regarding the death. Employees shall record the exact time and the events that happened. Notify the office for further directions.

### **INCIDENT REPORTING**

If there is an accident, you (or the client) must call the office immediately. Following the telephone call, a written report is required within 48 hours by New Jersey law. Complete an INCIDENT REPORT FORM and mail it to the office immediately. This is for your protection.

## **COMPENSATION**

### **SALARIES AND WAGES**

Salaries and/or wages shall be determined at the time of employment.

### **HOLIDAY PAY**

THE AGENCY recognizes the following holidays:

New Year's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, and Christmas Day. Employees who do not work on a recognized holiday will be paid their regular rate of pay. An employee calling in absent the day before or the day after a holiday will not be paid for the holiday (unless a physician statement is submitted).

### **EARNED SICK LEAVE**

Under New Jersey's Earned Sick Leave Law, you have a right to earned sick leave. Most employees have a right to accrue up to 40 hours of earned sick leave per year. A copy of NJ Earned Sick Leave poster which you will have to sign for will be given to you separately from this handbook.

### **PAYROLL GUIDELINES**

Pay periods are once per week and begin 12:01 a.m. on Monday and end at midnight on Sunday. Overtime must be authorized in advance by the office. Not all clients are approved for services on holidays. Please call the office prior to a holiday to verify if you are authorized to work on a holiday.

Payroll checks and pay stubs are mailed every Wednesday morning. Pay day is every Thursday. If you have direct deposit, your pay will be deposited in your account on Thursdays. It is the employee's responsibility to furnish THE AGENCY with their correct home address. Please notify the office as soon as possible if there is a change of address.

**TIME SLIP PROTOCOL**

Employees must complete and submit a time slip for each client. All time slips must be signed by the client or responsible party before submitting. Time slips are available at our office can be sent via e-mail or fax and are mailed weekly with pay checks/stubs. It is the employee's responsibility to make sure they have time slips for the current work week.

Completed time slips must be sent in weekly. They must be faxed to 201-934-3331 or e-mailed to [homecare@daughterforaday.com](mailto:homecare@daughterforaday.com) or texted to 1 (551) 201-4594 or dropped off in person but must be received in the office by Monday (at 12 o'clock pm) to ensure receipt of a paycheck for that pay period. Late timecards will be paid the following payday. Please call the office with any questions regarding the due date, as this policy must be **enforced**. Employee worked hours up until 12 am midnight on Sunday will be included in the current payroll.

Time slips which are incomplete and/or incorrect will be returned to the employee for completion/correction. As a result, these time slips **will not** be processed until the next pay period.

The following information should be on every time slip to ensure that it will be acceptable and processed for that pay period:

- BOTH client and employee names
- Week Ending date
- Correct date, time in, time out (use am & pm) and hours worked for each day worked with client
- Employee & client signatures
- Fill out daily activities for each day for client

If time slips are photographed and sent, they must be clear and legible. To take legible pictures, make sure time sheet is completely flat and picture is taken in a well-lit area or with a flash and no shadows. Take picture from the top of the time sheet, not at the side or below

**ALL STAFFING MUST BE DONE THROUGH THE OFFICE**

If you must stay past the scheduled time or come in early, the THE AGENCY must be notified for approval before the care is provided. Employees will not be paid for care that has not been scheduled in advance through the office. Do not ask clients to change scheduled work hours for your convenience.

**CLIENT ABUSE/NEGLECT**

A process is established for identification of potential or actual victims of abuse/neglect.

Policy: It is the policy of THE AGENCY That all patients will be assessed for potential or actual abuse/neglect and will be reported to THE AGENCY and appropriate authorities per state regulations.

Procedure: Process of assessment and identification of clients vulnerable to abuse is addressed during orientation. All home care staff is instructed to report any suspicions of patient abuse/neglect to THE AGENCY including self-abuse/neglect.

Suspected abuse/neglect will be reported according to state regulations. Confidentially is maintained for all suspected clients of abuse/neglect investigations. Any employee involved in client abuse/neglect will have disciplinary action taken per policy and procedure according to state and professional licensing regulations. THE AGENCY shall maintain a current listing of community resources to contact as needed.

**SUBSTANCE ABUSE**

No employee shall work, report to work or be present on company premises while "under the influence" of illegal drugs, alcohol or controlled substances which could affect job performance, health or safety. In addition, the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of drugs or alcohol on company premises.

**EMERGENCY DISASTER PREPAREDNESS DISASTER PLAN**

**PURPOSE:** Emergency and Disaster preparedness is a planned coordination of efforts which includes procedures to be followed to assure that the health care needs of clients continue to be met in emergencies which interfere with the delivery of service.

**INTRODUCTION**

1. Under routine procedures, each patient generally receives that highest quality of care that THE AGENCY is able to provide. In the event of a disaster, the philosophy of THE AGENCY may be altered to that of providing care for the greatest number of clients.
2. Steps which have been considered in developing this Disaster Plan are as follows:

3. To review the various types of disasters which can occur, emphasizing the types of disasters which are most likely to affect our clients.
4. Assess the resources at hand (facilities, material and personnel) and resources necessary to effectively cope with the disaster.
5. Allowing sufficient flexibility within the plan to meet unexpected contingencies.
6. For the purpose of this Plan, a disaster is defined as any situation which seriously overtaxes or threatens to seriously overtax the routine capabilities of deliverance of patient care in the home.

### **CAUSES OF DISASTERS**

1. Common natural disasters including but not limited to earthquake, hurricane, tornado and flood
2. Industrial accidents involving explosion or environmental release of toxic chemicals
3. Fire
4. Extensive or prolonged utility failure
5. Collapse of building or other occupied structures
6. Bomb threats

### **TYPES OF DISASTERS INTERNAL DISASTERS**

1. An event which causes or threatens to cause physical damage and injury to the home, family, client or personnel
2. Examples of internal disasters are fire, explosion, telephoned bomb threats or extensive or prolonged utility failure
3. An internal disaster may require removal of the client from threatened or affected areas
4. Internal coordination is necessary to assure that each professional staff member is aware of his/her individual role in the Disaster Plan and to assure that all available resources are most efficiently and effectively utilized. Each Supervisor must assure that the field staff is aware of his/her individual role and responsibility during a disaster

### **EXTERNAL DISASTERS**

An external disaster may require that contact be made to the local fire department, police, ambulance services, volunteer agencies, local hospitals and other residential health care facilities.

### **PERSONNEL IDENTIFICATION**

Identification cards must be used upon entrance to the home in order to have access.

### **GENERAL INSTRUCTIONS**

1. Don't panic, keep calm
2. Stop, look and listen
3. Follow instructions
4. Reassure clients
5. Know locations of exiting premises and fire extinguishers and method for use
6. Do not tie up telephone lines
7. Do not obstruct doors and passageways

### **REPORTING REQUIREMENTS**

In the event of any of the following occurrences call the office immediately. Some examples are:

1. Client injury or illness
2. Theft or Illegal activities in the home
3. Injury or illness to yourself
4. Unusual or dangerous client/family behavior
5. Any occurrence requiring police or emergency service
6. Change in client condition.
7. Client Hospitalization
8. Client admitted to a Nursing Home/Rehab
9. Out of Home Respite/Care
10. Structural damage to the client's home
11. Client Non-compliance with medical care
12. Unsanitary conditions in the client's home (insect, rodent, etc...)
13. Failure of Universal Precautions or an incident of exposure to blood, bodily fluids. or other infectious waste

When you call the office answer all questions thoroughly and follow instructions carefully. Document what took place and what was done and send your documentation to the office within 24 hours after the incident. The office staff will also need to fill out our special incident report form. Please cooperate with the office staff!

## CAREGIVERS DESCRIPTION

Caregivers are recognized as a prominent part of our home health care programs. Personal Care consists of client safety, maintenance and support primarily involving a combination of personal assistance and homemaker activities. As with other services, these activities are performed under the direction of the Care Plan is to be followed exactly.

Caregiver's responsibilities include:

- |   |                                  |
|---|----------------------------------|
| 1. Bathing (tub, shower)                    | 7. Shaving/Cosmetics application |
| 2. Partial bath (hands, face, back, bottom) | 8. Intact skin care              |
| 3. Oral hygiene                             | 9. Dressing client               |
| 4. Hair care                                | 10. Hand and foot care.          |
| 5. Cooking                                  | 11. Light Housekeeping           |
| 6. Companionship                            | 12. Transportation               |

Other Activities Essential to Assisting the Client with Attendant Care are:

- |                      |   |
|----------------------|---|
| 1. Homemaker duties. | 5. Safety   |
| 2. Mobility          | 6. Reminding client to self-administer medication |
| 3. Nutrition         | 7. Assistance with correspondence                 |
| 4. Elimination       |   |

The Following MAY NOT be performed by Caregivers:

1. Medication Administration by employees
2. Other Care as determined by THE AGENCY

## CARE PLAN

You are to provide the care *as* it is outlined in the care plan. If the client or family requests care that is not on the care plan, or the care needed is not on the care plan, please contact the office immediately and report the need for changes. Do not provide care that is not on the care plan without the THE AGENCY approval.

Documentation of your activities and care provided is required each time you see a client and must be completed before you leave the home each day. Caregivers should maintain **clear and accurate** records for the care provided. Documentation must be thorough, concise, and reflect the care plan goals. Our records are legal documents admissible in a court of law.

## ADMINISTRATION/DISPENSING OF MEDICATION AND NON-PRESCRIPTION MEDICATION

THE AGENCY employees are NOT ALLOWED under any circumstances to dispense any medications to a client. THE AGENCY employees may only make medication reminders to the client.

## DOCUMENTATION POLICIES

General Documentation Policies

All care must be documented at the time it is provided and must follow the "care plan" or "instruction summary" that is located in the client's home. This information should be reviewed each time the employee enters the home for changes so that the employee may provide the care that is needed for the client to be safely maintained in the home setting.

When a "condition change" is observed, call THE AGENCY. A condition change is something you find or observe with the client that is not on the original care plan such as level of assistance needed, client injury, or any other client concern.

Call the office immediately if the client is not at home or does not answer the door when you arrive to provide care. Call to report if your client has been out of the home at all.

Write neatly, and legibly. If an error is made, line through it once, write the correct information beside it, date and initial. Never erase, white out, or write over previous notes. If an entry is forgotten, write it as a "late entry".

## CRIMINAL BACKGROUND CHECK

THE AGENCY requires that each caregiver under the direction of THE AGENCY undergo a criminal background check before becoming eligible to provide Home Care services to clients.

## REFERENCE CHECKS

At THE AGENCY, two reference checks are conducted on every job applicant, regardless of the position for which they are applying. This process is conducted to verify the accuracy of the information provided by the applicant. Examples include

checks of past employment, education, job-related accomplishments, etc.

THE AGENCY will ensure that all reference checks are conducted in compliance with all federal and state statutes, such as the Fair Credit Reporting Act, as applicable. For example, the Americans with Disabilities Act prohibit organizations to collect non job-related information from previous employers/other sources. Therefore, the only information that can be collected is that pertaining to the quality and quantity of work performed by the applicant, the applicant's attendance record, education, and other work-related issues.

Once a decision has been made regarding interest in hiring an applicant an offer will be made contingent upon satisfactory completion of reference checks. As part of this process, each prospective employee must submit at least three professional references to be considered for employment at THE AGENCY. Applicants will be asked to provide the employers name, telephone number, and address.

Reference check information is located on your application for employment.

**RECEIPT OF EMPLOYEE HANDBOOK**

I, \_\_\_\_\_(employee name), have been given a copy of the Daughter For A Day Home Care, LLC (THE AGENCY) Employer Handbook. I have been advised and acknowledge that in the course of my employment with THE AGENCY, the Company may at any time change the policies, procedures, benefits and benefit plans contained therein with or without prior notice since nothing in the Handbook should be construed as a contract of employment or promise of continued benefits. If I have specific questions about any statement or provision in the Handbook, I will direct them to my Supervisor or to the Personnel Department.

**ARBITRATION**

I also acknowledge I have read and understand the Arbitration Policy contained in this Employee Manual and I agree to abide by the policy.

**CONFIDENTIAL INFORMATION**

I am aware that during the course of my employment confidential information will be made available to me, for instance, product designs, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is proprietary and critical to the success of THE AGENCY and must not be given out or used outside of THE AGENCY 's premises or with non- THE AGENCY employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

I acknowledge that the programs and statements outlined in the booklet are to be regarded only as guidelines, not guarantees, which the Company may, in its sole discretion, change as needed in order to manage its work force to the Company's benefit as THE AGENCY deems fit.

Additionally, I acknowledge that no promise of job security has heretofore been given to me and that there are no such promises contained in the Handbook since I am employed AT WILL and may resign at any time or be fired from my job at any time, with or without notice and with or without cause.

Signature of Applicant or Employee: \_\_\_\_\_

Printed Name of Applicant or Employee: \_\_\_\_\_

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