

Southeast Kansas Respite Services, Inc. (SEKRS)
Employee Procedures and Policies



Our Mission is for individuals across the life span and their families to have access to quality respite services and a variety of other services and supports through collaborative partnership within communities of Southeast Kansas.



**ENCLOSED ARE PROCEDURE AND POLICY DOCUMENTS THAT
EMPLOYEES MUST READ.**

Table of Contents

SEKRS, Inc. - EMPLOYMENT RELATIONSHIP POLICY	3
EMPLOYMENT RELATIONSHIP	3
CODE OF ETHICS FOR RESPITE.....	4
STATEMENT OF CONFIDENTIALITY.....	4
PROVISION OF SERVICE	4
SUBSTANCE ABUSE POLICY.....	5
ABUSE AND NEGLECT	6
DEFINITIONS.....	6
IMMUNIZATION POLICY REGARDING HEPATITIS B VIRUS, POST-EXPOSURE, AND FOLLOW-UP	8
POST EXPOSURE EVALUATION AND FOLLOW-UP	9
FACTS ABOUT BLOODBORNE DISEASES	10
HOW BLOODBORNE PATHOGENS ARE TRANSMITTED.....	11
HOW TO REDUCE YOUR RISK OF EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS.....	12
PERSONAL PROTECTIVE EQUIPMENT.....	13
HEPATITIS B VACCINE	14
WHAT TO DO IF AN INCIDENT OCCURS.....	15
DISPOSING OF POTENTIALLY INFECTIOUS WASTE	16
LAUNDERING CONTAMINATED CLOTHING.....	16
MEDICATION POLICIES AND PROCEDURES	17
WHAT ARE MEDICATION ERRORS?.....	18
GUARD AGAINST ADVERSE DRUG REACTIONS (ADRs)	19
HIPAA REGULATIONS	20
HIPAA AND PROTECTED HEALTH INFORMATION QUIZ	22
INDIVIDUAL RIGHTS	23
CONFLICT OF INTEREST POLICY.....	24
CELL PHONE USAGE AND DRIVING.....	25
POSSESSION OF FIREARMS	26
OVERTIME AND HOLIDAY COMPENSATION	27
PLEASE SIGN AND RETURN STATING YOU HAVE READ AND UNDERSTAND THE POLICIES.	28

On Page 28 there is a STATEMENT FOR YOU TO SIGN AND RETURN that states you have READ AND UNDERSTAND THE ABOVE POLICIES.

Southeast Kansas Respite Services, Inc.

SEKRS, Inc. - EMPLOYMENT RELATIONSHIP POLICY

You are being presented with copies of the policies of SEKRS, Inc. They are presented as a matter of information only and the contents should not be interpreted as a contract between SEKRS, Inc. and any of its employees.

THESE POLICIES ARE NOT INTENDED TO AND DO NOT CONSTITUTE ANY SORT OF CONTRACT OF EMPLOYMENT, EITHER EXPRESS OR IMPLIED.

SEKRS, Inc. expressly reserves the right to change any of our policies without prior notice, including those covered here, at any time. We will notify you of these changes by appropriate means. Amendments or new policies will be effective on dates determined by the Board of Directors, and you may not rely on policies that have been amended or deleted. Only the Board of Directors of SEKRS, Inc. has the authority to change any policy.

The Coordinator has the authority and responsibility to implement the policies and procedures adopted by the Board of Directors. If you are uncertain about any policy or procedure, please check with the Coordinator or your supervisor.

These policies supersede all previous policy and procedure manuals, if any, and management memos, which may have been issued on subjects, covered herein.

EMPLOYMENT RELATIONSHIP

Employees of SEKRS, Inc. are “employees-at-will.” Either SEKRS, Inc. or the employee may terminate the employment relationship at any time, either with or without cause, and also with or without advance notice.

NO REPRESENTATIVE OR EMPLOYEE OF SEKRS, INC. HAS ANY AUTHORITY TO ENTER INTO ANY ORAL OR VERBAL CONTRACT OR AGREEMENT WITH YOU CONCERNING YOUR EMPLOYMENT. NO REPRESENTATIVE OR EMPLOYEE OF SEKRS, INC. HAS ANY AUTHORITY TO ENTER INTO ANY WRITTEN CONTRACT OR AGREEMENT WITH YOU CONCERNING YOUR EMPLOYMENT EXCEPT THE COORDINATOR.

CODE OF ETHICS FOR RESPITE

The respite provider should discuss the child (children)/adult case only with the supervising professional and those directly involved with the child (children)/adult respite care.

The respite provider should refrain from:

- Airing respite problems and confidential matters, including personalities, outside of the home.
- Discussing administrative, interdepartmental, and inter home problems in the presence of others.
- Gossiping about problems with those who cannot assist in the solution.

The respite provider should be consistent in managing the behavior of the child (children)/adult.

The respite provider should refrain from expressing differences of opinion or dissatisfaction with the supervising professional or child (children)/adult caregiver in the presence of the child (children)/adult.

STATEMENT OF CONFIDENTIALITY

SEKRS, Inc. employees will consider all information regarding a person served to be completely confidential and will not discuss this information with anyone outside the agency except the person served, their guardian, or the caregiver/family.

SEKRS, Inc. will not release this information outside the agency without the written authorization consent of the person served, their guardian, or caregiver/family.

PROVISION OF SERVICE

It is the policy of SEKRS, Inc. that no employee will provide respite care to more than one individual at the same time (this does not include siblings).

This policy prohibits billing SEKRS, Inc. for two individuals at the same time, or billing SEKRS, Inc. and another agency for services during the same hours and dates, whether it is for two different individuals or one individual receiving service from two separate agencies.

SUBSTANCE ABUSE POLICY

It is the policy of SEKRS, Inc. to maintain a workforce free of substance abuse.

Reporting to work or performing work for SEKRS, Inc. while impaired by or under the influence of illegal drugs is prohibited.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace, or while the employee is on duty.

Violation of such prohibitions by an employee is considered detrimental to SEKRS, Inc. and SEKRS, Inc. reserves the right to require drug testing of employees on a periodic, random basis, and where probable cause exists. Failure to submit to the drug test could result in termination.

Failure to pass a drug test while employed by SEKRS, Inc. could result in termination.

Employees are required to notify SEKRS, Inc. in writing of his or her conviction for a violation of a criminal drug statute during the employment with SEKRS, Inc. no later than five calendar days after such conviction. Failure to report a conviction could RESULT in termination.

- An employee who is convicted of violating any criminal drug statute while employed by SEKRS, Inc. will be terminated.
- A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury, or both, in any federal or state court.

Agencies that receive federal grants or contracts must, in turn, notify federal granting agencies in writing, within ten calendar days of receiving notice from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for such notices.

Employees will be given a copy of the substance abuse policy. Employees will be informed that they must abide by the terms of the policy as a condition of employment and of the consequences of any violation of such policy.

NOTIFICATION OF THIS POLICY IS REQUIRED AS PART OF NEW EMPLOYEE ORIENTATION. THE SUBSTANCE ABUSE POLICY AFFIRMATION IS REQUIRED FOR ALL EMPLOYEES ON OR AFTER THE EFFECTIVE DATE OF THIS POLICY. REFUSAL BY EMPLOYEES TO SIGN THE SUBSTANCE ABUSE POLICY AFFIRMATION FORM WILL BE DOCUMENTATED BY SEKRS, INC.

ABUSE AND NEGLECT

Respect and dignity will be afforded to persons served at all times. In no case shall anyone, including staff, family members, or individuals outside of SEKRS, Inc., verbally, mentally, or physically abuse them, ignore their physical or mental needs, exploit them, or treat them with disrespect. SEKRS, Inc. has an extremely low tolerance for behavior towards persons of this nature from anyone. Misconduct of this type will be dealt with in a severe manner.

SEKRS, Inc. will not employ any individual who is known to have had a conviction for or a prior employment history indicating abuse, neglect, or exploitation of children or adults.

DEFINITIONS

PHYSICAL ABUSE – Any physical contact with a person served that intentionally causes them physical injury, pain, or suffering (examples: pain inducing restraint, striking, kicking, slapping, biting, use of a weapon, or use of any restrictive or intrusive procedure for the purpose of punishment).

VERBAL ABUSE – Any use of oral, written, or gestured language, which is damaging to the persons served self-respect (examples: use of derogatory or obscene or vulgar language, or repeated or excessive screaming, profanity, or yelling or telling a person to shut-up).

PSYCHOLOGICAL ABUSE – Any act whereby individuals may suffer psychological harm or trauma (examples: humiliation, harassment, coercion, goading, teasing, threats of punishment or deprivation, or any form of intimidation).

SEXUAL ABUSE – Any verbal solicitation, sexual coercion, forced sexual activity, or sexual intercourse which are unlawful under the state's DCF regulations and/or sexual battery, forcible rape, sodomy, statutory rape, or other applicable state or federal laws.

CHEMICAL ABUSE – Unauthorized administration of medication, or unlawful or inappropriate sale or distribution of alcohol or drugs to persons served (examples: over-medication, use of non-prescription medications such as sleep inducers/inhibitors, laxatives, suppositories, or enemas without medical authorization).

NEGLECT – Neglect is the failure or omission by one's self, a caregiver, or another person to provide goods or services which are necessary to ensure safety and well-being, and to avoid physical or mental harm. These goods or services may include but are not limited to: medical care, assistance with hygiene, food, clothing, shelter, protection from mistreatment or injury, transportation, and supervision.

EXPLOITATION – Misappropriation of money, property, or taking unfair advantage of a person's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation, or false pretense by a caregiver or another person.

The three most vulnerable groups of people are children, elderly, and persons with special needs. Many times, because these groups of individuals cannot communicate to others, they cannot protect themselves and may not even understand that they have been abused or neglected. Agencies that can be contacted to report abuse, neglect, or exploitation are local DCF offices, police departments, and Child or Adult Protective Services. Protection and Advocacy Services were established to protect and advocate for persons not able to protect themselves, such as children, the elderly, and individuals with disabilities. As a rule, a person's vulnerability increases with dependence on others for basic care. It is a myth that the lower the family income and social status, the higher the likelihood of sexual abuse. Sexual abuse appears to occur at all levels of income and education. All employees of SEKRS, Inc. shall immediately report any incident of suspected abuse, neglect, and exploitation of which the provider has become aware to the appropriate state agency or the DCF Hotline, 1-800-922-5330. The person witnessing or suspecting abuse, neglect, or exploitation shall also notify the SEKRS, Inc. Coordinator immediately. The Coordinator will determine if any immediate action needs to be taken to protect the person served. The Coordinator will assist the employee in taking every precaution to preserve and document any evidence. Within 24 hours, the provider will write a full report of the incident. When writing a report for suspected abuse or neglect, either type it or write in black ink, crossing through any mistakes, and initial, date, and sign the report. Refrain from expressing any opinions. Write a neat, clear, and accurate account of what occurred. State the facts only. The Coordinator will follow up to be sure a full report to DCF has been received, as mandated by law. Any report of an incident of suspected abuse, neglect, or exploitation may be made directly or anonymously. Employees shall fully cooperate with any state agency conducting an investigation resulting from a report of abuse, neglect, or exploitation.

Employees who are accused of alleged misconduct involving abuse, neglect, or exploitation should be aware that DCF will be notified. The DCF will determine whether neglect, abuse, or exploitation, as defined by law, has occurred and is serious enough to warrant further action by DCF and/or the courts. DCF will complete its investigation and prepare a written report of the findings. This report will be sent to the SEKRS, Inc. Coordinator.

SEKRS, Inc. will continue with a separate, independent internal investigation to find whether any abuse, neglect, exploitation, or other employee misconduct has occurred.

In most instances, the accused employee will be placed on unpaid suspension. If the employee is found to be innocent of wrong doing by DCF and SEKRS, Inc., he/she will be reinstated. If the internal investigation shows the employee has committed any abuse, neglect, exploitation, or other misconduct, the agency will discipline the employee as it feels appropriate.

IMMUNIZATION POLICY REGARDING HEPATITIS B VIRUS, POST-EXPOSURE, AND FOLLOW-UP

Job classifications in which SEKRS, Inc. employees have potential occupational exposure:

- Respite workers who work with individuals that need:
 - To be suctioned
 - To have sanitary pads changed
 - To have catheter bags emptied
 - To have feedings through gastric tubes or buttons

- Respite workers who work with individuals that are aggressive

SEKRS, Inc. does not "reasonably" anticipate exposure to blood or other potentially infectious materials among other providers. In addition, SEKRS, Inc. Office Staff does not have occupational exposure.

All employees of Southeast Kansas Respite Service, Inc. will receive training on the "OSHA Standard for Bloodborne Pathogens" and "Southeast Kansas Respite Services, Inc. Exposure Control Plan". Documentation of the training will be kept in personnel files, along with a signed and dated copy of this policy.

Universal precautions will be strictly enforced by all providers at all times. Willful disregard of these procedures can result in termination.

POST EXPOSURE EVALUATION AND FOLLOW-UP

1. SEKRS, Inc. will make post exposure evaluation and follow-up services available to any respite provider who has had an exposure incident. Please refer to "How Bloodborne Pathogens are Transmitted" and "How to Reduce Your Risk of Exposure to Blood and Other Potentially Infectious Materials" in the Exposure Control Plan.
2. Exposure Incident Identification Process
 - a. Respite Providers experiencing an incident of occupational exposure must report this incident immediately (no later than 24 hours) to the Coordinator.
 - b. The Coordinator will make a written report of the incident and will refer the employee to a licensed health professional for medical evaluation and follow-up at no cost.
 - c. In instances where source individuals are identifiable, a request will be made to the appropriate authority to obtain permission to test the source individual for HBV or HIV infectivity.
 - d. Results of testing of the source individual will be made available to the exposed employee and informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - e. The employee will be offered the option of having their blood collected for testing. The blood will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HBV/HIV status.
 - f. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
 - g. The health care professional will provide the employer with a written report. The report will identify whether the hepatitis B vaccine was recommended and received by the employee. The employer will not be informed of the HBV or HIV status of the employee.
 - h. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
 - i. All medical records will be confidential and will be kept for the duration of employment plus 30 years.

FACTS ABOUT BLOODBORNE DISEASES

Blood borne pathogens are microorganisms in human blood that can cause disease in humans. They include the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), which causes AIDS.

Hepatitis B Virus (HBV):

Hepatitis B is an infection of the liver.

The onset of symptoms may appear 1 to 6 months after exposure to the virus.

Symptoms may include:

- Fatigue
- Mild fever
- Muscle or joint aches
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Jaundice (yellow color of the skin and whites of the eyes)
- Darkened urine

Some who contract hepatitis B become carriers, passing the disease on to others. Carriers also are at higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

Human Immunodeficiency Virus (HIV):

Human Immunodeficiency Virus attacks the body's immune system, causing the disease known as AIDS, or Acquired Immune Deficiency Syndrome. AIDS victims usually develop life-threatening infections or cancer. A person with HIV may carry the virus without developing symptoms for 10 years or more. As the immune system weakens, the following symptoms may appear:

- Swollen lymph glands in the neck, underarm, or groin
- Recurrent fever, including "night sweats"
- Constant fatigue
- Diarrhea
- Loss of appetite
- Rapid loss of weight for no apparent reason
- White spots or unusual blemishes in the mouth

HOW BLOODBORNE PATHOGENS ARE TRANSMITTED

You can contract Hepatitis B and HIV infections when:

- Infectious body fluids and tissues contact your eyes, mouth, or other mucous membranes
- Infectious body fluids and tissues contact open cuts, scratches, and other breaks in your skin
- Your skin or mucous membranes are pierced by a contaminated needle, broken glass, or other sharp object

Potentially infectious materials include:

- Blood
- Any body fluid that may be contaminated with blood
- Exposed tissue from an open wound
- Semen
- Vaginal secretions
- Amniotic fluid (fluid around a fetus, present during pregnancy)
- Cerebrospinal fluid (fluid from the area of the brain and spine)
- Synovial fluid (fluid from the area of joints and tendons)
- Pleural fluid (fluid from the chest cavity)
- Pericardial fluid (fluid from the area of the heart)
- Peritoneal fluid (fluid from the abdominal cavity)
- Severed tissues or organs

It is not always possible to distinguish among fluids, so treat all body fluids as if they are known to be infectious.

HOW TO REDUCE YOUR RISK OF EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

Cover open cuts, scratches, or other wounds on your skin with a bandage, and use protective equipment such as gloves, masks, and gowns whenever you expect contact with blood or other body fluids.

Wash with soap and water if your skin comes into contact with blood or other body fluids. If blood contacts your eyes or other mucous membranes, flush them with water as soon as possible. Wash your hands immediately after removing protective equipment. If soap and water are not available, use antiseptic towelettes or hand cleansers. Then wash with soap and water as soon as possible.

Remove your clothing if it becomes contaminated with blood or other body fluids and immediately place the clothing in a leak-proof biohazard bag. Deposit the bag in a designated area for laundering.

Be careful with needles and other sharp instruments. Do not recap, bend, shear, or break needles after use. Dispose of sharp instruments immediately after use in the nearest designated sharps container.

Do not eat, drink, smoke, apply lip balm or cosmetics, or handle contact lenses in areas where there is a risk of exposure to blood or other body fluids.

Do not keep food or drink on shelves, countertops, cabinets, etc. where blood or other body fluids may be present.

Minimize splashing, spraying, spattering, and generation of droplets in all procedures involving blood or other body fluids.

Use a brush and dustpan, forceps, tongs, or other mechanical means to pick up potentially contaminated broken glassware. Never pick up by hand, even when wearing gloves.

Clean up spills of blood and other body fluids immediately with bleach solution or EPA-approved disinfect.

PERSONAL PROTECTIVE EQUIPMENT

Wear personal protective equipment any time you expect that blood and other potentially infectious materials might contact your work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes.

Gloves:

Use gloves if you expect to have hand contact with blood or other body fluids, or with contaminated surfaces.

Do not wash, decontaminate, or reuse disposable gloves.

If you are allergic to standard gloves, your employer will provide hypoallergenic gloves or similar alternatives.

Eye & Mouth Protection:

Use goggles, masks, glasses with side shields, chin-length face shields, etc. when splashes, sprays, splatters, or droplets of blood or other body fluids pose a hazard to your eyes, nose, or mouth.

Gowns, lab coats, etc.:

Use these when there is a chance that your clothing may become contaminated.

Removing, decontaminating, and disposing of personal protective equipment:

- Always remove protective equipment before leaving the work area or whenever the protective equipment becomes contaminated.
- Remove a garment immediately if it becomes penetrated by blood or other body fluids.
- Wash your hands immediately after removing protective equipment.
- If soap and water are not available, use antiseptic towelettes or other hand washing measures. Then wash with soap and water as soon as possible.
- Place used personal protective equipment in designated containers for storage, decontamination, or disposal.

HEPATITIS B VACCINE

Hepatitis B vaccination is a noninfectious yeast-based vaccine given in 3 injections in the arm. The second injection is given one month after the first, and the third injection is given six months after the initial dose.

The vaccination is prepared from yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens, nor is there any chance of developing hepatitis B from the vaccine. The vaccine does not harm those who are already immune or who may be hepatitis B carriers.

Over 90% of those vaccinated develop immunity to hepatitis B. It is not clear how long immunity lasts, so booster shots may be required at some point in time.

If you are likely to be exposed to blood or other potentially infectious materials because of your job duties, your employer will make the hepatitis B vaccine available at no cost to you. If booster doses are later recommended by the U.S. Public Health Service, they will be offered as well.

You must sign a decline form if you are eligible for the vaccine but choose not to receive it. At any time thereafter, you may opt to receive the vaccine at no cost.

If you provide first aid as a collateral duty, you will be offered a blood test and the hepatitis B vaccine within 24 hrs. after exposure.

WHAT TO DO IF AN INCIDENT OCCURS

Immediately take the following action if you come into contact with blood or other potentially infectious material through your eyes, mouth, nose, mucous membranes, broken skin, or through a puncture from a needle or other sharp object:

Wash the affected skin with soap and water.

If eyes or other mucous membranes are affected, flush with water.

Contact your immediate supervisor so he/she can make a written report of the incident and refer you to a licensed healthcare professional for medical evaluation and follow-up. Your employer will provide the health care professional with information documenting the circumstances of exposure. To the extent possible by law, your employer will also see that the source individual is tested to determine if he/she is infected with hepatitis B and/or HIV.

The medical evaluation and follow-up will include the following at no cost to you:

- Your blood will be screened if you so consent.
- The health care professional will counsel you about what happened and how to prevent further spread of any potential infection.
- The healthcare professional will provide the hepatitis B vaccination, if indicated.
- The health care professional will prescribe appropriate treatment and evaluate any reported illness to determine if the symptoms may be related to hepatitis B or HIV.

In order to receive a medical evaluation, you must agree to have blood drawn. However, you have the option to give a blood sample and refuse permission for HIV testing at any time. Your blood sample will be maintained for 90 days in case you change your mind about testing.

The health care professional will give a written report to your employer. The report will identify whether the hepatitis B vaccine was recommended and whether you received it. The report will also note that you were informed of the results of the evaluation and that you were told of any medical conditions resulting from exposure that require further evaluation or treatment. Any added findings must be kept confidential; your hepatitis B or HIV status will not be reported to your employer.

No one can see your medical records without your written consent.

Your medical records will be kept for the duration of your employment plus 30 years.

DISPOSING OF POTENTIALLY INFECTIOUS WASTE

Spills of blood and other body fluids can be decontaminated with a bleach solution or EPA approved disinfectant. After decontamination, blood and other body fluids may be disposed by the same means as regular waste.

Dispose of contaminated waste in leak-proof bags or containers that have been closed to keep the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second container. Bags and containers must be red in color or marked with the biohazard symbol.

Contaminated sharps must be disposed in a rigid, puncture proof container that has been closed to prevent leakage. The container must be leak-proof and maintained upright. The container must be color-coded or marked with the biohazard symbol.

Always follow these precautions regarding waste containers:

- Never reach into the container.
- Do not overfill the container.
- Replace the container when necessary.
- Close the lid before handling.
- Use a secondary container if there is a chance of leakage.

Contaminated waste may be incinerated or disposed in a sanitary landfill.

LAUNDERING CONTAMINATED CLOTHING

Contaminated clothing must be removed immediately and placed in a leak-proof biohazard bag. Handle contaminated clothing as little as possible and with a minimum of agitation. Do not sort or rinse except in a designated area. Wear gloves and other protective equipment when handling potentially contaminated clothing. Wash contaminated clothing in hot water (160 degrees Fahrenheit) for 25 minutes. Clothing may also be dry-cleaned.

MEDICATION POLICIES AND PROCEDURES

SEKRS, Inc. will give medications if the person being served, the family, or the guardian has granted permission by signing a medication release form. The medication release form shall indicate the name of the medication, the dosage, and the time of day that the medication is to be administered. The medication(s), both prescription and non-prescription, must be in the original container with the name of the person being served on the label. The information on the medical release form must match the information on the container.

In regard to the medications, SEKRS, Inc. staff will be trained by the person served, the family, or the guardian prior to the respite taking place.

All respite staff shall confirm medication instructions at each respite.

The provider should read the label three times before, during, and after giving the medication.

The provider should complete the SEKRS, Inc. medication form.

At the conclusion of the respite, the provider should go over the medication form with the person served, the family, or the guardian to confirm the medication(s) were given correctly. If there was a medication error, the family or the guardian can consult the physician. The provider will complete an incident report and send it to SEKRS, Inc. administration within 72 hours. A copy of the incident report will be maintained in the provider's file. A SEKRS, Inc. coordinator will complete a medication error follow up form. The form will show the type of error, the classification of drug, and the corrective action. If the error results in the person receiving medical care, DCF will be notified.

The provider, coordinator, the family or the guardian, and the nurse or physician will sign the form.

If the family or guardian is receiving respite for several days, the physician of the person being served will be advised in case any medication issues arise.

WHAT ARE MEDICATION ERRORS?

They are mistakes in the administration of drugs to patients.

Medication errors can have serious results for patients. Healthcare workers are affected too. It's an experience that can cause guilt, anxiety, and self-doubt.

Always rely on the 5 “rights” of safe drug administration. This means making sure you have got:

1. **The right drug**
2. **The right patient**
3. **The right dose**
4. **The right route**
5. **The right time**

When in doubt, ask! Be sure to check and recheck.

OTHER STRATEGIES FOR PREVENTING MEDICATION ERRORS...

Always identify a medication by its label or drug number.

Remain with the client until the medication is taken.

Read the label on the medication container 3 times.

Keep medicines with you and out of reach of clients at all times.

Assist the weak or helpless.

IF YOU MAKE A MISTAKE...

Accept responsibility. Report the error to your supervisor. Take steps to correct the situation right away. Most medication errors can be easily corrected.

Help determine the cause.

Know whom to call if problems arise.

Forgive yourself. No one is perfect. Most healthcare professionals have had at least one experience with a medication error.

GUARD AGAINST ADVERSE DRUG REACTIONS (ADRs)

Side effects of medications

Nausea

Vomiting

Rash

Diarrhea

Dizziness

Drowsiness

Unsteadiness

Report all ADRs promptly. The sooner an ADR is caught and corrected, the better for the patient. Notify the patient's physician at once. (But never leave a patient alone in an emergency.) Afterwards, focus on limiting future ADRs.

HIPAA REGULATIONS

What is HIPAA?

HIPAA is the “Kassebaum-Kennedy Act” also known as the Health Insurance Portability and Accountability Act of 1996, or HIPAA for short. This law was enacted to help protect your rights to health insurance when you change jobs (portability). HIPAA also established new requirements to safeguard the privacy and security of personal health information (accountability).

SEKRS, Inc. must comply because we are considered a covered entity. All SEKRS, Inc. staff must complete HIPAA Awareness Training to ensure compliance with HIPAA regulations regarding the privacy and security of Protected Health Information (PHI).

What is Protected Health Information (PHI)?

PHI is Individually Identifiable Health Information (IIHI), oral or written, created or received by SEKRS, Inc., that relates to past, present, or future health condition, health care, or payments.

What is Individually Identifiable Health Information (IIHI)?

IIHI is any information that connects health data to a specific person, including such facts as: name, birth date, social security number, Medicaid number, geographic address, zip code, or photo.

What is HIPAA Privacy?

The HIPAA Privacy rule mandates how PHI may be used and disclosed. The Privacy rule protects PHI in any form, including but not limited to e-mail, fax, information on the computer, voice, and paper. The Privacy rule prohibits the sharing of PHI in any form unless certain procedures are followed. The HIPAA rule says don't tell, don't listen, and don't show any client's PHI to anyone who does not have a legitimate right to see or hear the information. Health information belongs to the client. Clients should be informed about all the uses and disclosures of their health information.

Good Privacy Practices

Keep papers with PHI in a secured area. Don't leave PHI or client paperwork exposed on your desk at home, or in the back seat of your car in an unsecured folder or envelope.

Don't discuss a case or client in a public area where other people can overhear you.

Keep client lists and schedules out of public view.

Do not discuss respite services with anyone who is not directly involved in their care.

Dispose of old client paperwork only through appropriate means, such as tearing or shredding when throwing papers in the trash, or returning them to SEKRS, Inc. for proper disposal.

When transporting client files, never leave them unattended.

Respect your client's identity and others identity when having your timesheet signed and verified by the family by having ONE family served per timesheet page.

Wrongfully Disclosing PHI

If you observe someone wrongfully disclosing PHI, tell the person who is disclosing PHI what you heard or saw and why you believe PHI has been wrongfully disclosed. Talk with the SEKRS, Inc. staff immediately about the wrongful disclosure. If you wrongfully disclose PHI, write down whose PHI was disclosed, to whom, what day and time, and what was done to correct the problem. Inform the SEKRS, Inc. staff immediately about the wrongful disclosure.

Minimum Necessary Access to PHI

Minimum Necessary Access to PHI means not sharing or obtaining more PHI about a patient than needed to do your job. HIPAA should not interfere with your ability to get information you do need to do your job. All employees must avoid accessing information they don't use for their jobs and be thoughtful about how much information needs to be revealed to do their jobs. When determining the Minimum Necessary Access to PHI, ask yourself the following questions:

- What is the least amount of health information needed to do my job?
- Am I limiting PHI that is shared with others to protect confidentiality?
- Do I limit discussion of family services to only those who have a need to know?
- How necessary is it that I share specific health information with others?

Penalties for Non-Compliance with HIPAA

Unintentional violations may result in a \$100 fine per violation up to \$25,000 for multiple violations of the same standard in a calendar year.

Knowingly making unauthorized disclosure of PHI may result in a \$50,000 fine, imprisonment of not more than one year, or both.

Offenses, which include false pretenses, may result in a \$100,000 fine, imprisonment of not more than five years, or both.

An offense with intent to sell information may result in a \$250,000 fine, imprisonment of not more than 10 years, or both.

Public Perception of the SEKRS, Inc. Organization

Your behavior represents SEKRS, Inc. and if you talk about clients outside the office, your accountability as a provider and the protection of the information that you collect impacts the perceived impression of the SEKRS, Inc. program. Remember that public relations are a part of your job. Always remember that information is passed along at "warp speed" in the grapevine, it is often embellished on, and traditionally what is said is not what the client hears back about them.

When You Don't Have to Obtain Permission to Release Information

- To save a person's life.
- When protection of a minor or dependent adult is involved.
- An exception of state statutes regarding the right of privileged communication.
- Some mental health proceedings.
- To prevent a crime from occurring.
- When required by law.

SOUTHEAST KANSAS RESPITE SERVICES, INC (SEKRS)

HIPAA AND PROTECTED HEALTH INFORMATION QUIZ

Check the correct answer.

What does the HIPAA acronym stand for?

- Health Information Privacy Action Act
- Health Insurance Portability and Accountability Act

What does PHI stand for?

- Personal Health Information
- Protected Health Information

When is a time when you do not have to obtain permission to release information?

- When your friends ask you whom you work with?
- When required by law

The HIPAA Rule says do not tell, do not listen, and do not show any client's information to anyone without a legitimate reason.

- Yes
- No

Minimum necessary access to PHI means not sharing or obtaining more PHI about a client than needed to do your job.

- Yes
- No

INDIVIDUAL RIGHTS

- A. A provider shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights.
- B. Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney, or other judicial determination.
- C. These rights and responsibilities shall include the following:
 - 1. Being free from physical or psychological abuse or neglect, and from financial exploitation.
 - 2. Having control over the person's own financial resources.
 - 3. Being able to receive, purchase, own, and use personal property.
 - 4. Actively and meaningfully making decisions affecting life changes.
 - 5. Have privacy.
 - 6. Being able to associate and communicate publicly or privately with any person or group of people of the person's choice.
 - 7. Being able to practice the religion or faith of the person's choice.
 - 8. Being free from inappropriate use of a physical or chemical restraint, medication, or isolation as punishment.
 - 9. Being free to work for compensation.
 - 10. Being treated with dignity and respect.
 - 11. Receiving due process.
 - 12. Having access to the person's own records.

CONFLICT OF INTEREST POLICY

It is the policy of Southeast Kansas Respite Services, Inc. (SEKRS) that it would be a conflict of interest for any employee/respice provider to provide respice care services, either paid or unpaid, to any family/families that they serve through SEKRS while they are off duty or on a private basis.

This policy shall not apply to employee/respice care providers who have a Release and Consent executed on a form prepared by Southeast Kansas Respite Services, Inc. releasing Southeast Kansas Respite Services, Inc. from any accident, injury, damage or claim which occurs during such off duty or private care.

CELL PHONE USAGE AND DRIVING

SEKRS staff must pull to the side of the road out of traffic stream and be at a complete stand still before placing an outgoing call or answering an incoming call.

SEKRS staff may not make out-going personal or receive incoming personal calls while transporting clients.

SEKRS staff must be in compliance with state laws regarding texting and driving.

Southeast Kansas Respite Services Inc., (SEKRS)

POSSESSION OF FIREARMS

SEKRS prohibits the open carry and possession of firearms, including those possessed by employees or other persons who have a license, to carry concealed firearms in the conduct of its business, specifically in the homes of SEKRS clients, or while in the community with a SEKRS client.

Any employee, or other person may store a firearm in their personal vehicle, or other private means of conveyance, while parked on SEKRS premises, or while parked at a client's home. Such firearms must be stored in a safe and secure manner in order to maintain the safety of SEKRS clients and staff. They must be stored out of sight, in a locked safe/box, with an approved trigger lock, or other such storage device to prevent unauthorized access and use by a third party.

Any employee transporting clients in the employee's personal vehicle, or other private means of conveyance, must ensure that a concealed firearm is secured as defined above, and is not accessible to the client(s).

Approved by Board September, 2015

Southeast Kansas Respite Services Inc., (SEKRS)

OVERTIME AND HOLIDAY COMPENSATION

Eligible employees of Southeast Kansas Respite Services, Inc., (all hourly employees) will not work overtime without advance authorization from the Program Coordinator. All overtime violations will be subject to discipline including termination. Employees eligible for overtime will be compensated at the rate of 1.5 hours for each hour worked over 40 hours in a work week.

Employees of Southeast Kansas Respite Services, Inc., are not mandated to work on recognized Federal holidays. In the event that the Program Coordinator asks an employee to work on a holiday, compensation for that day will be paid at the rate of 1.5 hours for each hour worked. If the Program Coordinator does not make the request, there will be no increased compensation.

Adopted July 25, 2017

PLEASE SIGN AND RETURN STATING YOU HAVE READ AND UNDERSTAND THE POLICIES.

1. Employment Relationship Policy
2. Code of Ethics
3. Statement of Confidentiality
4. Provision of Service
5. Substance Abuse Policy
6. Abuse and Neglect
7. HBV Policies
8. Medication Policies and Procedures
9. HIPAA Policy with Quiz (Quiz must be completed and returned.)
10. Individual Rights
11. Conflict of Interest
12. Cell phone usage and texting while driving
13. Possession of Fire Arms
14. Overtime and Holiday Compensation

I have read and understand the SEKRS Procedures and Policies.

Print Name

Signature and Date