

# WGCC HHA/PCA IN-SERVICE



White Glove Community Care, inc.  
195 Park Avenue  
Brooklyn Ny 11205



**WHITE GLOVE**

LEADING HOMECARE SINCE 1997

# WGCC MISSION STATEMENT

At WGCC, we are committed to providing safe and the highest quality home care services in the patient's own home environment, in a manner that promotes patient autonomy, allows coordinated, collaborative care and access to health community resources, and decreases illness burden and unnecessary duplication of services, thereby promoting positive patient outcomes. The care, treatment and services provided by WGCC are provided without regard to age, race, religion, sex, national origin, disability, or other protected class. WGCC provides accountability for care, treatment and services by implementing quality measures and evaluating performance outcomes over time for improvement opportunities.



# WGCC HHA/PCA ROLE



# HHA/PCA ROLE

In Summary: HHA/PCA is part of a team of health professionals working under the supervision of a Registered Nurse. Here at White Glove, we call them CCM's (Clinical Case Managers). The following are some important aspects of the role:

- Measuring Vital Signs (HHAs Only)
- Assist with Personal Care: meal preparation.
- Assist with ADL's : bathing, dressing caring for skin, nails, hair and teeth; eating and drinking; walking; transferring and elimination.
- You are the "Eyes and Ears" of our team.
- You must observe and report changes in a patient's condition or abilities.
- Housekeeping: Light housekeeping: cooking, cleaning, laundry and grocery shopping.
- ALWAYS FOLLOW CODE OF ETHICAL CONDUCT.

# HHA/PCA ROLE CONT.

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- Comply with work Dress Code
- Complete in-service hours annually
- Complete accurate documentation for care tasks completed and service hours performed in the electronic verification system (EVV)
- Maintain compliance with health and drug screening



# WORKPLACE HARASSMENT

In Summary: All employees should feel safe at work and be treated with respect and dignity. WGCC's policy on workplace harassment prohibits discrimination or harassment.

Workplace hostile and harassing behavior is any action that intends to harass, annoy, threaten or alarm

## Prohibited Conduct Includes

- Epithets, slurs, or negative stereotyping
- Intimidating or hostile acts
- Written or graphic material that can be deemed offensive

## Reporting & Anti-Retaliation

- WGCC encourages reporting of harassment
- Retaliation for reporting harassment is prohibited
- WGCC investigates all reports of harassment
- Employees who violates this policy are subject to disciplinary action

# SEXUAL HARASSMENT

Definition: Sexual Harassment is a form of gender-based discrimination. The two types of sexual harassment includes behaviors that contribute to a **hostile work environment** and **quid pro quo harassment**.

Quid Pro Quo Harassment: Action of trading job benefits for sexual favors

Sexual Harassment is unlawful and strictly prohibited at WGCC

## Examples of Sexual Harassment

- Physical acts of sexual nature including touching, patting, grabbing, etc.
- Unwanted sexual comments or advances
- Sexually oriented gestures, noises, remarks, or jokes
- Sexual stereotyping
- Sexual or discriminatory pictures, postings, graphics, etc.

## Reporting & Anti-Retaliation

- WGCC strongly encourages reporting of sexual harassment to the Chief Compliance Officer, Beverly Moore.
- Retaliation for reporting sexual harassment is prohibited
- WGCC thoroughly investigates all reports of sexual harassment
- Employees who violates this policy are subject to disciplinary action, including termination
- Employees can also file a report with the NYS Division of Human Rights and the EEOC



SEXUAL  
HARASSMENT

**Prevention**



# Corporate Compliance Program

In Summary: The purpose of the Corporate Compliance Program is to prevent non-compliance with statutory, regulatory, and other requirements, promote the detection of noncompliance, discipline offenders, and educate the importance of compliance and the Agency's policy and practices to ensure compliance.

- The compliance program covers all Agency operations including billing, payments, ordered services, medical necessity, quality care, governance, credentialing, and any other **Risk Areas** to the Agency
- The compliance program ensures that the Agency maintains compliance with Medicaid & Office of Medicaid Inspector General (OMIG) and the Department of Health (DOH)
- The Agency has adopted policies and procedures to demonstrate our commitment and obligation to uphold the laws, rules and regulations
  - Compliance Expectations: Standards of Conduct
    - Operation of the Compliance Program
  - Guidance & Training on potential compliance issues
    - Reporting & Investigation

# Corporate Compliance Program

- The Compliance plan is reviewed annually by the CCO and the Agency
- Standards of Conduct to protect against fraud, waste and abuse
- Maintaining honest and accurate billing and payment practices based on authorized services consistent with the Plan of Care
- Maintaining records and relevant documentation in accordance with Federal, state, and local laws and regulations
- Providing initial and ongoing exclusion screening for new and existing employees
- Providing initial and annual training on the Agency's risk areas and policies and procedures under the compliance program
- The Agency prohibits retaliation and intimidation for reporting potential compliance issues or participating in an audit or investigation of a potential compliance issue

## A COMMITMENT TO HONESTY AND INTEGRITY

- Everyone at White Glove Community Care makes an important contribution to excellent patient care and to ethical, honest business practices.
- Our success as a company rest on our excellent reputation, on **teamwork**, and requires sincere commitment to our patients and to each other.
- If someone in our company acts unethically or dishonestly, it affects **all** of us, and diminishes the quality of services we are able to provide to our patients. In other words, it destroys much of the good work we are trying to do daily.
- **Corporate Compliance** is a philosophy and practice of complying with the law and maintaining the highest degree of integrity each and every day. If you become aware of any unethical or dishonest situation at White Glove, and you would like to report it, you may do so by contacting your supervisor, or you may contact the Chief Compliance Officer directly by any of the following means:
  - By Phone: call the Corporate Compliance Hotline: **929-468-9080 (anonymous)**
    - Compliance Officer at extension 4007
  - By E-mail: [complianceofficer@whiteglovecare.net](mailto:complianceofficer@whiteglovecare.net)
  - In Person – Beverly Moore, Chief Compliance Officer
- We all try to do the right thing at WGCC. We bill only for those services provided to our patients. We sign in and out only for those hours that we actually work. We make sure we follow the plan of care for our patients. If a member of our team is not maintaining White Glove's commitment to Corporate Compliance, **LET SOMEONE KNOW.**

THANK YOU

To access the Corporate Compliance Plan please follow the link below.  
<https://www.whiteglovehomecare.com/request-application-form/>

## CORPORATE COMPLIANCE

Beverly Moore, Chief Compliance Officer

[complianceofficer@whiteglovecare.net](mailto:complianceofficer@whiteglovecare.net)

Ext. 4007



# HIPAA

Health Insurance Portability  
and Accountability Act

# HIPAA: Protecting our Patient Privacy

## Protecting clients in the Field:

- Never speak about patient information in public areas (ex: to a neighbor, in an elevator) because you might not know who is listening
- Do not text anyone about a patient
- Never carry any information with you
- Never take pictures of a patient without permission. If the office asks you to send, please delete picture after sending.
- Never release information about a patient treatment, medication and diagnoses.
- Never give information over phone; in general; if a family member is calling about how the patient is doing; let the patient know or give phone to patient. You can speak to someone who is an authorized representative.

# HIV/Confidentiality

## Protecting clients in the Field:

WGCC complies with Article 27-F of the NY Public Health Law that protects the confidentiality & privacy of anyone who has

- Been tested for HIV
- Been exposed to HIV
- HIV infection or HIV/AIDS related illness
- Been treated for HIV/AIDS related illness

HIV related information can ONLY be disclosed if the person signs an approved HIV release form; The New York State Department of Health form, Authorization for Release of Medical Information and Confidential HIV Related Information (DOH 2557)

The Agency strictly prohibits the unauthorized disclosure of HIV and HIV related information for patients.

- For general information and questions about HIV confidentiality, to report a possible violation of Article 27-F, or to get forms to report a possible violation of Article 27-F:
- New York State Department of Health HIV Confidentiality Hotline 800-962-5065 Monday - Friday, 8:30 a.m. - 4:30 p.m.
- You can send a complaint report to:  
Special Investigation Unit AIDS Institute  
New York State Department of Health 90 Church Street, New York, NY 10007

# Patients' Rights

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# Patient Rights

Our patients have the right to receive competent and individualized care. We can assure this by:

1. Making sure our aides have been properly trained and screened:

A. All aides must complete 12 hours of in-service every year as well as receive a field evaluation in the patient's home to ensure competence at work. If you are unsure of a certain task on the care plan; please call the agency. We can do a review, a supervision of the task, or retraining of the task.

B. All aides are required to complete their annual health assessment, TB screening, and Drug Screen in a timely manner

2. Making sure there is continuity of Care:

A. Once you take a case; show commitment to the case whether you are a replacement or permanent.

B. Please arrive on time to a case. Please let agency know if you are running late.

C. Any call-outs should be made in a timely manner; not at the last minute. This gives time for the coordinator to find a replacement for you. If you must leave early, let the agency know and wait for a replacement if necessary. Unexpected or unknown leave is considered patient abandonment.

# Patient Rights Cont'd

## 3. Having access to the agency 24/7

A. WGCC has an on-call service for both coordination and nursing. Any issues with scheduling, patient not answering, etc. should be called in to the agency. Any changes in condition, and clinical issues should only go to the clinical line. The number for the clinical line during office hours is 718-828-2666, ext. 6465.

## 4. Making Sure the RN will provide supervision of the Plan of Care

A. The aide's tasks and scope of practice is detailed on the plan of care. If you cannot find the plan of care; please call the agency as there is always a copy in the office. The RN must go over the plan of care with both the aide and the patient.

## 5. Giving an avenue for patients to express their complaints about the agency or services

A. The client has the right to complain of our services: to the agency, the contracts, DOH and Joint Commission. Always offer a sincere apology, even if it is not your fault.

# Patient Rights Cont'd

## 6. Privacy and Confidentiality

- A. Patients cannot be discussed outside of the patient home (ex.: the elevator, on the phone, etc.)
- B. Never text or email patient information.
- C. Never take pictures of patient without permission from client.

## 7. Be Treated with dignity, courtesy, consideration, and respect; also, their property treated with respect

- A. Remember that you are the in the patient's home! Respect their homes and ask where to place your personal things. Remind the patient that you can't place your bags on the floor and if you see space; ask before placing them. Any item used for patient care or errands (cards, etc.); place back where you found them.
- B. Patient satisfaction is of the utmost importance. Always speak professionally, introduce yourself to the patient and the family. State that you are there to assist them for the day with their personal care and light housekeeping. Ask if they had breakfast or taken a shower, etc.. Proceed to wash your hands and then the task at hand.
- C. Be respectful of your patient's beliefs and traditions. Always ask if certain actions are okay.

## 8. Always be informed of treatments, when and how services will be provided, then names and functions of employees providing care.

- A. Always have your ID present with you, and you should be always wearing your ID badge. If yours is lost, please inform your coordinator immediately.

# Client Rights and Responsibilities



# What to Expect- Working with WGCC

**Standards of Conduct** Employees are required to follow and adhere to WGCC's policies and procedures. Any violation of WGCC policies will result in disciplinary action

## **Prohibited Conduct**

*Includes but is not limited to*

- Falsifying employment and timekeeping records
- Theft, damage, or destruction of property
- Fighting or provoking a fight
- Carrying a firearm or a dangerous weapon
- Insubordination
- Failing to notify Agency when unable to report to work
- Excessive cell phone usage during work hours
- Sleeping during work hours
- Using or possessing intoxicating beverages or narcotics, marijuana, or drugs (regardless if they are legal under state or local laws)

# What to Expect- Working with WGCC

## **Attendance & Punctuality**

- Cancellation: A cancellation should be called in by the employee as soon as possible and no later than 2 hours before their scheduled shift starts
- Absences: An absence occurs when an employee who has been scheduled for and confirms a shift, fails to report to work for that shift without adequate notice. An absence is also a cancellation without adequate notice
- Tardiness: A tardy occurs when an employee arrives more than 5 minutes after their scheduled start time. Employees must notify coordinators 2 hours prior to the start of the shift if arriving late.

Employees are required to notify his/her designated coordinator in the event of an absence or lateness

**An employee who is absent, tardy, leaves a shift early without the approval of the Agency, or cancels a shift, or who otherwise violates this policy will be subject to disciplinary action. Legitimate use of any available federal, state, or local leave of absence law will not result in disciplinary action.**

# What to Expect- Working with WGCC

## Compliance

Aides are required to maintain the following compliance requirements

- Annual Physical Exam
- Drug Screen (8 panels minimum)
- Tuberculosis Screening Questionnaire
- Annual In Service

HHA: 12 Hours

PCA: 6 Hours

- Flu Vaccination/ Flu Declination
- Annual Supervision

Compliance Coordinators will reach out to notify aides of any upcoming or outstanding compliance items

Failure to maintain compliance will result in the inactivation of your WGCC file.

With your file inactive, you are unable to work on a case.

To reactivate your file, you must become compliant

If you fail to become "Active" after 6 months of being "Inactive", your file may be considered for termination

**WGCC encourages caregivers to maintain compliance so that continuous services can be provided to our clients and to ensure our aides remain working!**

# What to Expect- Working with WGCC

## Dress Code

WGCC employees are required to comply with the work dress code.

- Scrubs recommended
- Professional clean look, no denim jeans, no open toes footwear
- Wear WGCC ID at all times while at work
- Nails are ¼ inch or shorter, no fake nails or chipped polish
- No loud chunky jewelry that can pose safety hazard to patients and staff
- No perfumes or body odor





# Time & Attendance

You are required to maintain an accurate record of all time worked.

The State of New York implemented a mandate which requires all Home Health Agencies to reduce and eliminate the use of paper time sheets.

Electronic Visit Verification is the most effective method to ensure that hours worked and POC (Plan of Care) duties are accurately recorded to certify caregivers are compensated timely and correctly!

# USING YOUR PATIENT'S PHONE

Clocking in and out using the patient's phone is the most secure way to register your shifts, without needing to fill out a paper time sheet.

It is your responsibility to establish a good relationship with your patient, in order to use their phone for your clock ins and outs.

If your patient's phone is damaged and they need to get a new one; it is your responsibility to let your coordinator know your patients phone number might need to be updated once they get a new phone.

The phone number you are calling from must be in our system registered for your patient, other wise your call will be **invalid**

## CLOCKING IN AND OUT USING PATIENT'S PHONE.

### Clocking in

Dial: **844-871-0172**

Press **(1)** to clock in

**\*Enter Assignment ID\***

If entered correctly press **(1)**

if entered incorrectly press **(0)**

Once completed the system will say **“Your call has been successfully registered. Goodbye.”**

### Clocking out

Same steps to clock in however,

Press **(2)** to clock out

**\*Enter Assignment ID\***

If entered correctly press **(1)**

If entered incorrectly press **(0)**

The system will say **“Enter Duty ID”**

**\*Enter the 2-Digit ID # for the first duty\* hit #**

Continue entering tasks codes and hit # after each task

Press **(000)** to end and register your call.

# ELECTRONIC VISIT VERIFICATION

# HHA MOBILE APPLICATION

The HHA Exchange application is not the most secure way to clock in or out due to GPS Cellular signals. However, it does provide you with an alternative in case the other two options aren't available.

The application is useful to verify timestamps. Meaning you can verify if the call ins and outs you made were successfully registered: avoiding the need of an original timesheet.

Aides must notify coordinators when using the app to clock in and out, since the coordinators will have to verify GPS location.

The app also allows easy access to verifying daily schedules, viewing weekly schedule and indicating interest in new cases



SCAN FOR APPLE  
USERS



SCAN  
FOR ANDROID USERS



Download the app for free,  
keep it as your alternative!

# CLOCKING IN WITH THE MOBILE APPLICATION

Enter correct email and password

Select **\*Today's Schedule\*** on the main screen.

Select appropriate visit. Ex: John Doe

Select **\*Clock In\***

At the bottom will appear **\*GPS\*** OR  
**\*SECURITY TOKEN\*** (FOB DEVICE)

Select GPS if you do not have a FOB Device.

A successful clock in displays green under the clock in option. An unsuccessful one shows in red.

# CLOCKING OUT WITH THE MOBILE APPLICATION

Enter correct email and password

Select **\*Today's Schedule\*** on the main screen.

Select appropriate visit. Ex: John Doe

Select **\*Clock Out\***

Input all **POC** (*Plan Of Care*) duties

Select Green circle (checkmarks) for duties performed

Or select Red circle (X) for duties refused. You must select **\*Refused Duty Reason\*** when marked refused.

**\*\*If you have a Mutual Case, you must enter a separate POC for each Patient.\*\***



## Sign Up

Once downloaded, open the HHAexchange APP and click Sign up on



# Timesheet Submission Methods

Under special circumstances and only if approved by your supervisor, an employee may use a paper timesheet to record hours worked. If you are using timesheets, we must receive complete original timesheets signed by the patient or caregiver before **Monday at 12 noontime SHARP** for the prior week's work. We are required by Medicaid to submit original clinical proof of each shift verified by the patient serviced. You have two options to submit your paper timesheet:

- Drop it off at our 24-hour drop box on **195 Park Avenue, Brooklyn, NY 11205**. (The best option.)
- Drop it off at any of our satellite offices during normal business hours  
*\*Normal business hours for each satellite office may vary\**

We strongly encourage using the options above if necessary. However, you can also mail it to **195 Park Avenue, Brooklyn, NY 11205**. Please Note: IT IS YOUR RESPONSIBILITY TO ENSURE YOUR TIMESHEET WAS RECEIVED BY WGCC BY THE DEADLINE. IT IS STRONGLY RECOMMENDED TO KEEP A COPY IN CASE IT GETS LOST OR ARRIVES LATE.



# DOCUMENTATION



# WHAT IS DOCUMENTATION AND WHY IS DOCUMENTATION IMPORTANT

## **What is Documentation**

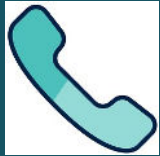
- This means to keep a record of everything an you do and observe while working with the patient.

## **Why Is it Important**

- It is proof that a visit was made. It is a legal record.
- It helps protect HHA's and their employers from liability.
- It gives an up-to-date record status and care of each patient..

# MODES OF DOCUMENTATION

Telephonic, Electronic, and Paper

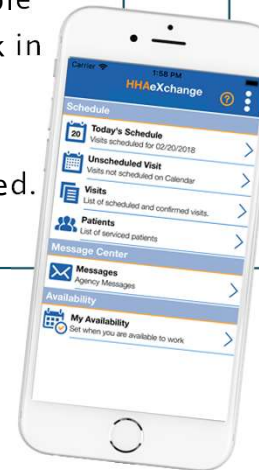


## TELEPHONIC

- Using patients' home phone, you will clock in and clock out.
- At the moment of clocking out you will have to input the number to the care/duty tasks completed for patient.

## ELECTRONIC

- You can use HHAExchange Application, downloadable to smart device for clock in and clock out.
- In app you can input the care/duty tasks completed.



## PAPER

\*\*\*Last resort, Time sheet.  
To have a completed time sheet submitted for payment purposes you will need to make appointment with coordinator and complete it in person.

The background of the slide is a microscopic image showing several large, rounded cells with a granular, light blue cytoplasm. A prominent horizontal green bar is overlaid across the center of the image, containing the title text. The text is in a white, outlined, sans-serif font.

# INFECTION PREVENTION CONTROL

# INFECTION PREVENTION CONTROL

## Standard Precautions

- Used with all patients, to protect yourself from recognized and unrecognized sources of infection.
  - First, hand hygiene
  - Scrubs top and bottom
  - Gloves
  - Masks
  - Gowns
  - Goggles

## Hand washing

### Hand Washing Technique WITH SOAP AND WATER



# REMEMBER:

Please follow standard precautions

- Wash hands
- Wear Personal Protective Equipment ( PPE )



## GLOVES

Always remember to change gloves to new gloves before placing in new diaper.  
Remember to use correct technique.

## MASK, EYE PROTECTION, FACE SHIELD GOWN

Keep your self protected from splashes of body fluids.

## HANDWASHING

Always remember to wash your hands correctly before and after applying gloves or touching patient and equipment.

## PROTECTIVE CLOTHING

Scrub top and bottom is the first line of defense!

# Handwashing



# REMOVING GLOVES

- Make sure to change your gloves before applying a clean diaper.
- Gloves must be changed if they are ripped or break during care.



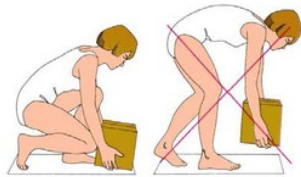


# BODY MECHANICS AND SAFETY

# BODY MECHANICS AND SAFETY

## Principals of Body Mechanics

- Remain close to object; stoop or squat to lift.
- Use the largest and strongest muscles on your body to lift, pull, push or carry an object.
- Widen your base of support
- Avoid twisting the body when you are lifting.
- When possible, rather than lifting, try to push, pull, roll or slide an object.



## Safety During Transfers

- Ensure you are aware of the patient's mobility status.
- Assist/supervise the patient using their assistive device.
- Observe that assistive device is functioning.
- Review the use of a Hoyer lift.
- Review the use of a wheelchair and its components.
- Never leave the patient unattended in the bathroom.



## Transferring Patients

# SAFETY:

## Preventing Falls

- Clear walkways of clutter, trash, throw rugs and cords.
- Avoid waxing floors. Use non-skid bathroom mats or where appropriate.
- Make sure patient is wearing well fitting clothing, anything too loose or too long can be a risk.
- Clean up any spills immediately.
- Improve lighting where needed.
- Offer trips to the bathroom often.
- Lock breaks on wheelchair before patient transfers. Move foot rest out of the way.



# Hoyer Lift



# SAFETY

## **Fire Extinguishers**

- Pull the pin
- Aim at the base of the fire
- Squeeze the handle
- Sweep back and forth at the base of the fire.

## **In Case of Fire**

- Remove anyone in danger if you are not in danger.
- Activate **911**.
- Contain fire if possible.
- Evacuate the area.



# MEDICAL EMERGENCIES

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## Addressing Medical Emergencies

**ALWAYS OBSERVE THE SITUATION:** TRY TO FIND OUT WHAT HAS HAPPENED. ENSURE THAT YOU ARE NOT IN DANGER AND TAKE NOTE OF THE TIME.

**OBSERVE THE VICTIM:** ASK THE INJURED OR ILL PERSON WHAT HAS HAPPENED. IF NO ANSWER THE PATIENT COULD BE UNCONCIOUS. TAP THE PERSON AND ASK THEM IF THEY ARE OK, SPEAK LOUDLY AND CLEARLY USING THE PATIENTS FULL NAME.

- IF NO ANSWER, THIS IS AN EMERGENCY SITUATION AND YOU SHOULD CALL FOR HELP RIGHT AWAY. CALLING 911 WILL BRING EMERGENCY MEDICAL SERVICES TO THE PATIENT.



# MEDICAL EMERGENCY

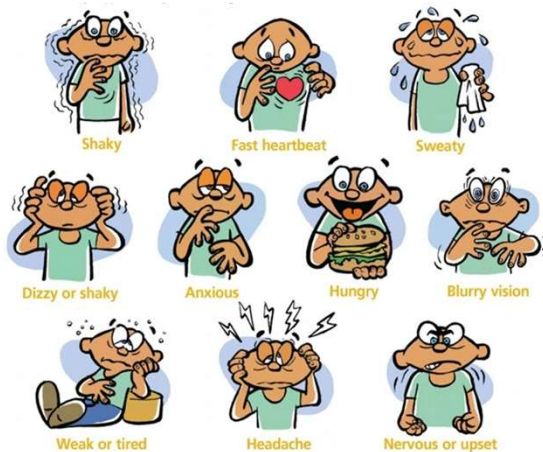
## DIABETIC EMERGENCIES

### HYPOGLYCEMIA

RESULTS FROM TOO MUCH INSULIN OR TOO LITTLE FOOD.

FIRST SIGNS AND SYMPTOMS: FEELING WEAK OR DIFFERENT, NERVOUSNESS, DIZZINESS, AND PERSPIRATION.

THESE SIGNAL THAT THE PATIENT NEEDS FOOD IN A FORM THAT CAN BE RAPIDLY ABSORBED: A GLASS OF MILK, FRUIT JUICE OR WATER WITH SUGAR DISSOLVED IN IT SHOULD BE CONSUMED RIGHT AWAY.

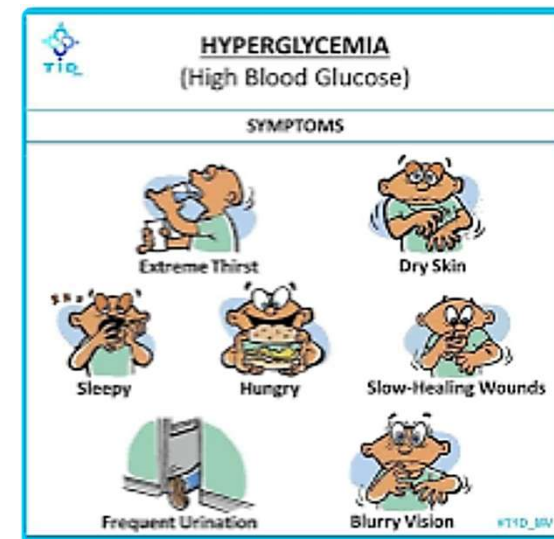


### HYPERGLYCEMIA

CAUSED BY HAVING TOO LITTLE INSULIN

SIGNS AND SYMPTOMS INCLUDE:

INCREASED HUNGER, THIRST, OR URINATION; ABDOMINAL PAIN; DEEP OR LABORED BREATHING; AND **BREATH THAT SMELLS SWEET OR FRUITY.**



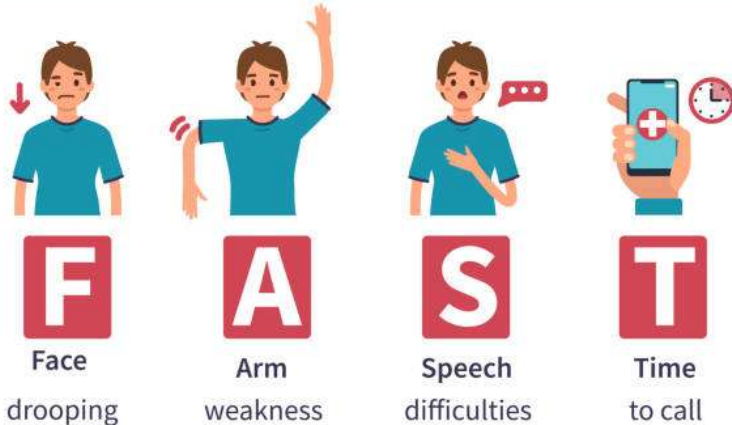
# MEDICAL EMERGENCY

CEREBRO VASCULAR ACCIDENT=STROKE

## Signs and Symptoms

### STROKE SYMPTOMS

Remember, recognize and act fast



- If the patient shows any of the symptoms listed above call **911** immediately.
- Do not leave patient unattended.
- Contact Agency to provide report right away.

# MEDICAL EMERGENCY

## CHOKING

- PEOPLE WHO ARE CHOKING PUT THEIR HANDS TO THEIR THROATS.
- AS LONG AS THE PATIENT CAN SPEAK, BREATHE OR COUGH, THE HHA SHOULD ONLY ENCOURAGE THE PATIENT TO COUGH AS FORCEFULLY AS POSSIBLE TO GET THE OBJECT OUT.
- STAY WITH THE PATIENT UNTIL THEY STOP CHOKING OR CAN NO LONGER SPEAK, BREATHE OR COUGH.
- IF THE PATIENT CAN NO LONGER SPEAK, BREATHE OR COUGH CALL **911**. *TIME IS OF EXTREME IMPORTANCE. IF THE PATIENT IS CHOKING THE HHA SHOULD BEGIN GIVING ABDOMINAL THRUSTS. THIS PROCESS SHOULD NEVER BE PERFORMED IF THE PERSON IS NOT CHOKING*



**CHOKING** 

Ask "Are you choking?"  
Call 911 if person can't speak or breathe

**Person is awake**

Make a fist.  
Place it above the person's belly button, well below the rib cage.

Pull sharply, inward and upward.

Continue until the food comes out or the person can breathe.

**Person stops responding**

Open the mouth. If food is there, take it out. If food is not visible, tilt the person's head back.

Pinch the person's nose. Place your mouth over the person's mouth and give two breaths.

# EMERGENCY

## NATURAL DISASTERS

- Remain calm
- Use the internet to stay informed/ radio or television for the latest information.
- Stay in contact with your supervisor.
  - ✓ Tornadoes- basement is best choice.
  - ✓ Lightning- stay out of water, seek shelter in buildings. Avoid trees, open spaces.
  - ✓ Floods- fill bathtub with fresh drinking water. Have battery operated radio, flashlight, do not handle electrical equipment.
  - ✓ Blackouts- Flashlight, use back up battery for electrical medical equipment if no back up, call Emergency Services.
  - ✓ Hurricanes- know the category, fill tub with fresh water, evacuate if told to do so.
  - ✓ Earthquakes- Drop to the ground, get under sturdy piece of furniture, stay away from windows.

## NATURAL DISASTERS & EXTREME WEATHER





# CULTURAL DIFFERENCES

# CULTURAL DIFFERENCES

## **Important tips:**

- Be aware of your own cultural biases and preconceptions.
- HHA/PCA should ask permission before touching patient.
- Report any customs/practices that are unsafe to patient.
- Understanding dietary customs.
- Understanding the personal space and physical contact preferences.
- WGCC aides are expected to take care of clients with backgrounds and traditions different from their own



# CLIENT CARE



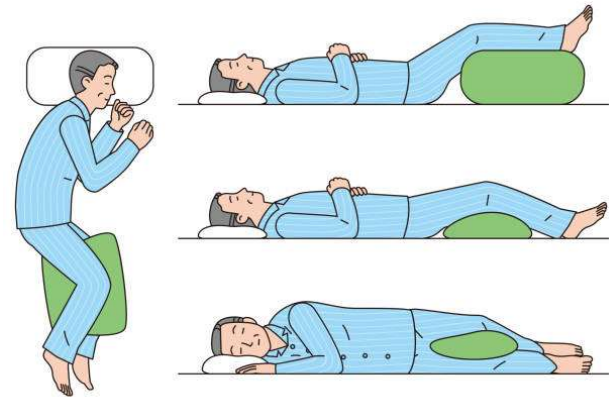
# MAINTAINING MOBILITY

## POSITIONING

- Bedbound patient:
  - Reposition every 2 hours
  - Check skin for any redness or irritation.
- Wheelchair bound patient:
  - Shift position every hour.

## RANGE OF MOTION

- The goal is to prevent contractures or atrophy and increase circulation.
- Active Range of Motion
  - Exercises that are performed by a patient without any assistance.



# PERSONAL CARE PROCEDURES

Patients should be encouraged to do as much of their care by themselves as possible.

- **1<sup>st</sup>-Explain to the patient what you will be doing.**
- **2<sup>nd</sup>. Provide Privacy during the care**
- **3<sup>rd</sup>. Allow patient to make decisions about when, where and how a procedure is done.**
- **4<sup>th</sup> After the care ask the patient if there is anything else they need help with.**



## Personal Care Tasks:

- Bathing
- Grooming
- Oral Care
- Elimination
- Vital signs (HHAs Only)
- \*\*\*\* Remember NO:
  - Hair Cuts/Blow dry
  - Nail cutting
  - No razors/shaving

# VITAL SIGNS (HHA ONLY)

## OBSERVING FOR PAIN

### If Patient Has Pain HHA should Ask:

- Where is the pain?
- When did the pain start?
- How long does the pain last, and how often does it occur?
- Can you describe the pain?
- What makes it better?/What makes it worse?
- What were you doing when the pain started?

### To reduce pain

- Report complaints of pain or unrelieved pain to supervisor
- Encourage slow deep breathing.
- Provide a calm and quiet environment. Soft music may distract the patient.
- Remind the patient when it is time to take their pain medication.
- BE PATIENT, CARING, GENTLE AND RESPONSIVE.
- **If you are not sure, reach out to the Clinical Department.**

# SPECIAL PROCEDURES

**See below for some of the special procedures you will find:**

- Catheter Care-
  - Empty bag, remember to use gloves, bag should be below thigh, and off the floor.
- Ostomy Care-keep skin clean and dry,
  - \*\*\*Remember YOU do not give Tube feedings. Do not manipulate/manage the machine.
- Oxygen
  - Maintain precautions, no open fire, no smoking when oxygen in use.
- Medications
  - \*\*\*Remember YOU do not Administer medications to patients. Provide Reminders and Bring water.

**WGCC policy:**

- **NO WOUND-** report to CCM if patient has a wound or the skin is open.
- **NO IV-** report to agency if patient has this at home
- **NO COLLECTING SPECIMENS-**
- **If you are not sure, reach out to the Clinical Department.**

# INCIDENT REPORTS/RISK MANAGEMENT



## WHEN TO REPORT IT:

Report it immediately as it happens.

## WHO TO REPORT IT TO:

For CLINICAL/medical changes  
contact CCM (Registered Nurse)

MLTC TEAM Downstate:

718-828-2666, Ext. 6465

## WHAT TO REPORT:

- Any fall even if patient says they are ok.
- Change in ability to complete any task.
- Change in medical doctor.
- Change in medical condition.
- Any accident occurring in the home.

## WHY IT MUST BE REPORTED:

You are legally responsible to report any changes in patients' condition, accidents, falls or concerns to the agency.



# Abuse and Neglect

## ELDER ABUSE

### What is it?

**Elder abuse** is violence or any other type of harm because of older age. It can be carried out by those who are close to older people, such as family and caregivers, or by social structures and institutions.



**4%**  
reported

1 in 6 older women and men worldwide experience abuse.

Despite this, elder abuse remains invisible. Only 4% of elder abuse is reported.

“My son persuaded me to sell my house to repay his debt...I agreed and now I'm left homeless.”  
Woman, 70, Kyrgyzstan

### Types of elder abuse



#### Physical

Hitting, shoving, inappropriate use of drugs, restraints or confinement.



#### Emotional

Intimidation, humiliation, routine blaming, repeatedly ignoring the wishes of an older person or isolating them from friends or activities.



#### Sexual

Sexual harassment, sexual activity without informed consent, forcing an older person to watch sexual acts or to undress.



#### Neglect

Intentional or unintentional denial of food, water, shelter, clothing, assistance with daily living tasks and any other essential needs.



#### Financial

Using an older person's money or property, or making financial decisions, without their informed consent.

Elder abuse.  
**See it.  
Expose it.**

# Abuse Defined

- Abuse is defined as any action that is intended to harm or cause injury to another person. Abuse can be physical, sexual, financial and emotional. Abuse is used to control another person and make them fully dependent on the abuser.
- The elderly population as well as children can be victims of abuse.
- Neglect happens when basic services and needs are denied to the patient. This could be failure to assist with daily medical appointments, clothing, proper shelter. Also, for children the parent may not send the child to school or provide proper vaccinations.

# Abuse

- Often, if our patients are elderly, they won't report the abuse. They either feel they deserve it or don't want to get the abuser in trouble. Any sign of abuse, please report immediately.
- Physical Abuse: you may see marks, bruises, broken bones, etc.... that do not make sense and patient will excuse as an accident.
- Sexual Abuse: When changing the patient's diaper or bathing them, you notice bruising or bleeding in the genitals, breasts/chest, vagina or anal area.
- Verbal Abuse/Emotional Abuse: Belittling the patient or threatening them. Sometimes family members may state they wished the patient died or threaten to send them to the Nursing Home.
- Financial Abuse: Someone is in control of patient's money and patient never has enough money for food, rent or other bills. There are significant withdrawals from bank accounts, abuser has control over food stamps.

# Abuse-Important Contact Information

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As with elderly patients, children are also often victims of abuse. As healthcare workers, we are mandatory reporters.

**Abuse & Neglect Hotline-NY (844) 697-3505**

**In NYC, please call 311 for reporting. If immediate danger, call 911.**



# Domestic Violence

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- Domestic Violence is a form of abuse. The patient may be a victim of domestic violence, or the patient may have someone in the home that is a victim of violence. For example, if your patient is a child; the mother can be the victim of abuse. Often, the victim stays with the abuser, and it takes multiple attempts to leave.
- At least 1/5 women and 1/7 men will experience domestic violence.
- Any case of domestic violence is to be reported.
- If in immediate danger, call **911**.



# Abuse and Neglect: Caregivers

- There are many reasons why certain caregivers abuse people. Caregivers include family, guardians, friends, aides, etc...
- There are risk factors that can indicate the caregiver can be an abuser:
  - Inability to cope with the stress of caring for a patient with chronic issues
  - History of mental illness including depression, anxiety
  - History of Substance Abuse
  - Financial Issues
  - The caregiver has prior history of being abusive



# Abuse and Neglect: Self Neglect

## Self Neglect

- Self neglect occurs when the patient is no longer able to make safe decisions for themselves. This could be due to decline in mental status.
  - Signs of self neglect could be not eating when you are not there to remind them, living under unsafe conditions, poor hygiene, etc...
  - If you starting to notice client is neglecting themselves, please let the agency know especially if they do not have someone to look after them or family lives very far away.
  - An APS report is made for patients for guardianship. An evaluation is then done for the patient and a guardian is then appointed.

## THINGS TO REMEMBER

- Cell phone use is not allowed in the patient's home, except in emergency situations.  
This takes away your attention from the patient.
- Communication is very important. You must contact White Glove when/if there is a change in your patient's condition.
- You are the eyes and ears of White Glove. If you see something, say something.
- You are important to the health and well-being of our patients.



# Thank YOU!

**Our Caregivers are Amazing!**

Resources:

Fuzy, J. RN, MS & Leahy, W. MD (2019) *The Home Health Aide Handbook 5th Edition* New Mexico: Hartman Publishing, Inc.

