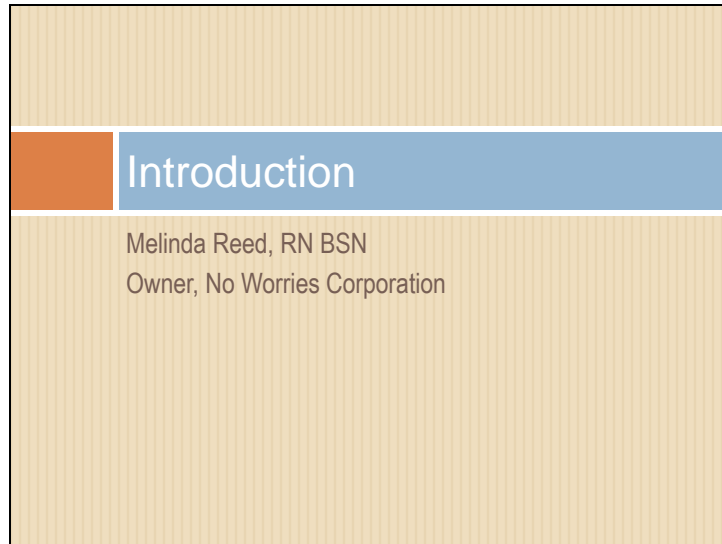


Ebola CAREgiver Training

Melinda Reed, RN BSN, Jason Sanders, RN BSN, Adriana
Derrah, RN BSN, Teresa Taylor, RN BSN, Jeanne Taylor, RN





Introduction

Melinda Reed, RN BSN
Owner, No Worries Corporation

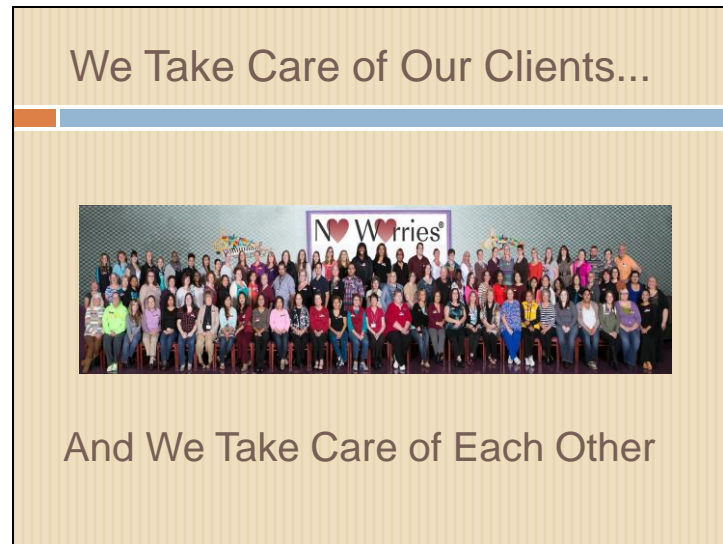
A Caregiver's Request for Help

From: Rose
Sent: Tuesday, August 12, 2014 3:08 PM
To: Stacy-Scheduling Coordinator
Subject: RE: Are you ok?

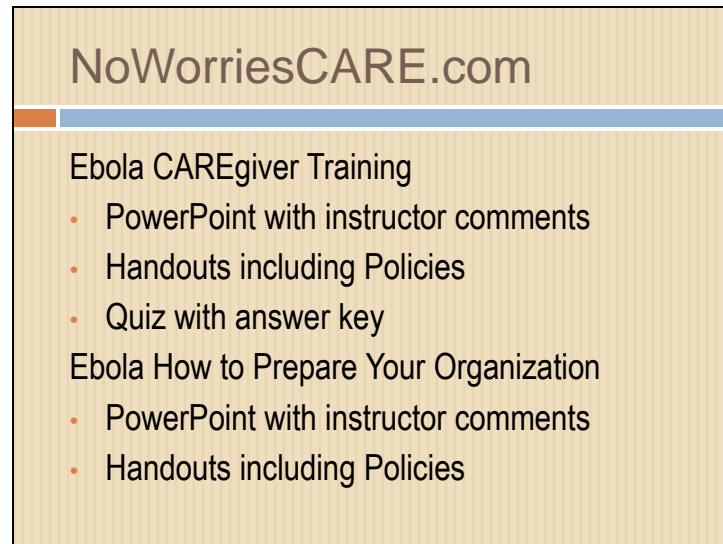
Hi Stacy, please thank everyone for all the prayers and warm love. You guys just know what to give me on all of my crying days... I humbly appreciate all the love and compassion.

This message is for Jason, yes there's something you can do for me!!!

I need you to please help me... To get gloves hand sanitizers, masks, surgery gowns. To send it to Africa... People are dying ... I'm talking to people to see how I can be a help. I have picked up medical things and took it to the organization of Liberian Work Groups and donate it there. Please everyone be a helping hand.



I responded to Rose's request for help by explaining how much I wished I could help but I can only do so much and my focus is taking care of our Clients and Staff. Then unexpected things started to happen. Three of our Caregivers lost loved ones due to the Ebola virus. We felt the pain of their loss. Then Ebola came to the United States and there was confusion on how to use the plentiful protective equipment we have and also how to respond to those who had been exposed. News reports of Health Care Workers across the Country who were anxious because they had not been trained became more frequent. I realized I needed to look into what training we might need. I found that we are required by OSHA to provide Ebola training. There is a lot of information about training for hospitals but I could not find Ebola training for the In-home Care setting. The Nursing Team at No Worries went to work to develop an Ebola training program. We started to see that perhaps this training could be helpful to other organizations. We decided that we had an opportunity to make a difference and we would offer this training to anyone who wanted it. We only had 1 ½ weeks to put this program together before our regularly scheduled staff Inservices. We worked some long hours but we did it. I woke up and had this happy feeling come over me and the thought came to me, "Rose, we did it." We unexpectedly found a way we could help. So, today, we are starting our Inservice with a special training on Ebola.



NoWorriesCARE.com

- Ebola CAREgiver Training
 - PowerPoint with instructor comments
 - Handouts including Policies
 - Quiz with answer key
- Ebola How to Prepare Your Organization
 - PowerPoint with instructor comments
 - Handouts including Policies

This training is now available on our website to any organization as a community resource. The training includes the PowerPoint presentation, the presenter comments, handout, quiz and answer key for the Caregiver training as well as my presentation at the Oregon Health Care Association to In-home Care Agencies from across the State regarding *Ebola and How to Prepare Your Organization*.

Training Not Just for Ebola

- Do we ever expect to see a person with Ebola in our community? **NO!**
- We do see Clients with:
 - Norovirus**
 - MRSA**
 - C-diff**
 - Influenza**
 - Hepatitis**
 - HIV**

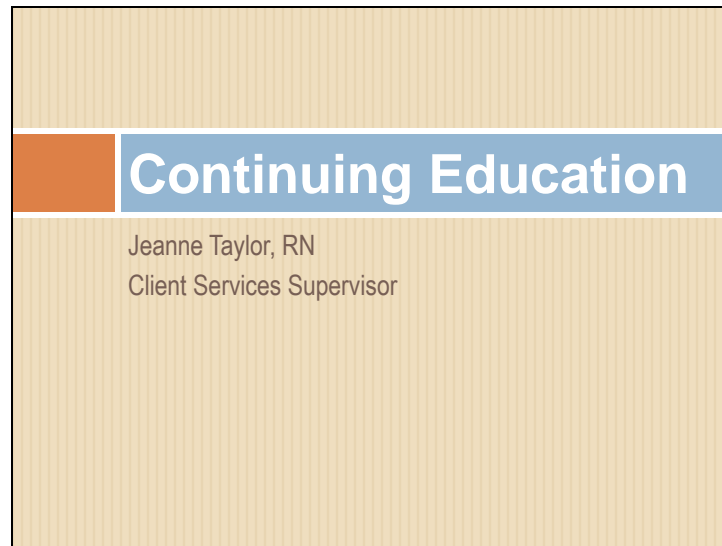
The information and the skills we learn in this training will protect us, our co-workers and our Clients from the infectious diseases we do expect to encounter such as:
Norovirus, MRSA, C-diff, Influenza, Hepatitis, and HIV.

What does “CAREgiving” refer to...

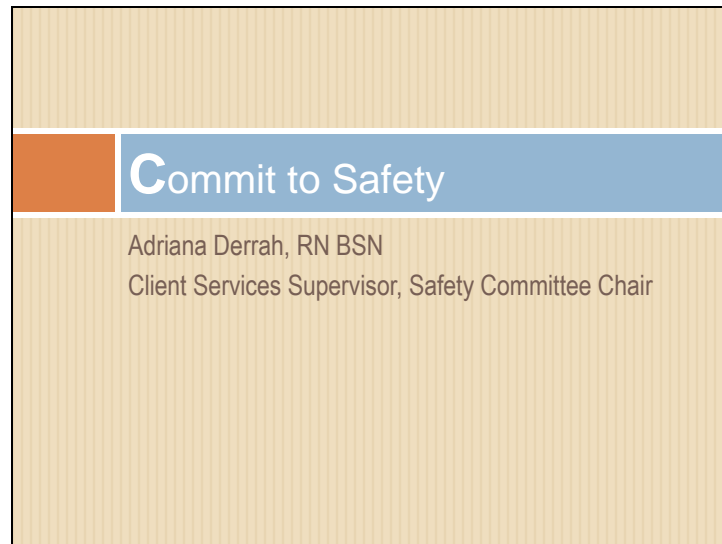
- **Commit to Safety**
 - Taught by Safety Committee Chair and Registered Nurse, Adriana Derrah
- **Access Information**
 - Taught by the Owner of No Worries and Registered Nurse, Melinda Reed
- **Respond to Risks**
 - Taught by Nursing Manager and Registered Nurse, Jason Sanders
- **Educate Everyone**
 - Taught by Education Director and Registered Nurse, Teresa Taylor
- **Quiz for CEUs**
 - Client Services Supervisor and Registered Nurse, Jeanne Taylor

The Ebola and infectious disease CAREgiver Training is based on the word **CARE**. Each of our Nursing Team will present a part of this training. We will be starting with our Safety Committee Chair and RN, Adriana Derreh.

Slide 8



You have all been given a Continuing Education Packet which contains a quiz and our new Policies and Forms. At the end of the Ebola Training there will be time to complete the quiz and then we will go over the answers and discuss any questions you may have.




Commit to Safety

Adriana Derrah, RN BSN
Client Services Supervisor, Safety Committee Chair

Standard (Universal) Precautions

Commit
to
Safety



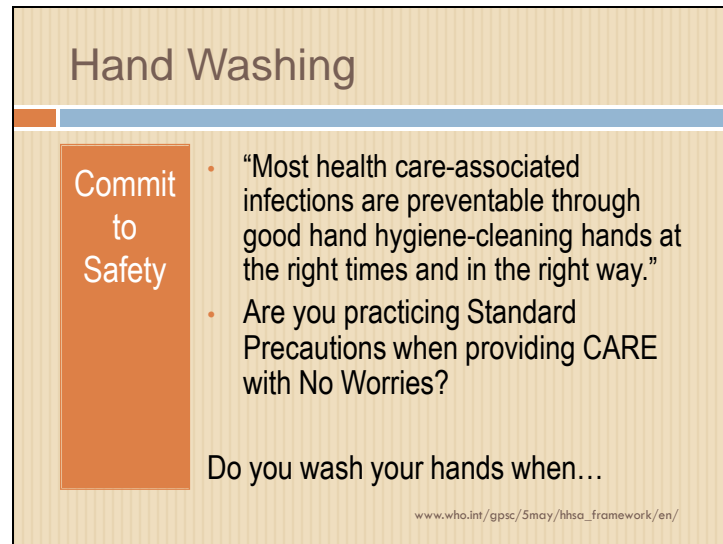
Standard Precautions

- Previously called Universal Precautions
- Assumes blood and body fluid of ANY patient could be infectious
- Recommends PPE and other infection control practices to prevent transmission in any healthcare setting
- Decisions about PPE use determined by type of clinical interaction with patient

PPE Use in Healthcare Settings

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27008

The first step in preventing the spread of any infectious disease is making the decision to *commit to safety*. You may be familiar with the term “Universal precautions” but we will be using the broader term of “Standard precautions” to make sure we are practicing the highest level of safety. For more information on the difference between universal and standard precautions, you can visit the website at the bottom of this slide. Hand washing and standard precautions are the number one way to keep infectious diseases at bay. Remember, standard precautions mean that all body fluids are considered potentially infectious. These precautions are meant to be kept in mind at all times, not only if you or your client is sick. Think toileting, meal times, or personal hygiene. Gloves are a big component in practicing standard precautions. No Worries requires that gloves are available in every home so you never have to worry about not having them when needed.

A presentation slide titled "Hand Washing" with a light beige background and a blue horizontal bar. On the left, an orange vertical box contains the text "Commit to Safety". To the right, there is a bulleted list of two points. Below the list, the text "Do you wash your hands when..." is displayed. At the bottom right, a small URL is visible.

Hand Washing

Commit to Safety

- “Most health care-associated infections are preventable through good hand hygiene-cleaning hands at the right times and in the right way.”
- Are you practicing Standard Precautions when providing CARE with No Worries?

Do you wash your hands when...

www.who.int/gpsc/5may/hhsa_framework/en/

Gloves are a wonderful barrier to disease and bacteria but they are not invincible which is why hand washing is such an important part of standard precautions. It becomes all the more important when you take a minute to think about this quote from the World Health Organization. Are you remembering to wash your hands at these important times?

Do You Wash Your Hands When...

Commit
to
Safety

- arriving at a client's home?



Do You Wash Your Hands...

Commit
to
Safety

- before preparing food?



Do You Wash Your Hands...

Commit
to
Safety

- after assisting with a meal?



Do You Wash Your Hands...

Commit
to
Safety

- before and after *you* eat?



Do You Wash Your Hands...

Commit
to
Safety


- before & after you use the restroom?



Do You Wash Your Hands...

Commit
to
Safety


- before leaving your client's home?

A woman with blonde hair, wearing a dark jacket and pants, is standing in a doorway. She is looking back over her shoulder towards the camera. The doorway is white, and there is a small rug on the floor. The background shows a glimpse of the interior of a home.

These are all situations where hand washing should occur. There is an additional handout in your packet on 5 key moments for hand hygiene for you to reference as well. Later, Jason will be presenting a quality improvement initiative we have put in place to help you remember to wash your hands at these key times.

Personal Protective Equipment

Commit
to
Safety

A healthcare worker wearing a full-body yellow protective suit, blue gloves, and glasses stands in a clinical setting, possibly a laboratory or a patient care area. The worker is holding a pair of blue gloves. In the background, there are shelves with various medical supplies and a doorway.

If your client has an infectious disease and you need to use other safeguards in addition to standard precautions, remember your PPE kit.

PPE available in the Client bag



There is a PPE kit in each of your client's home inside the No Worries bag. Remember, this kit is to accompany your clients on all of their outings (including grocery shopping, doctor appointments, and other errands).

[illegible]

PPE (Personal Protective Equipment)

Commit
to
Safety


- Here's what you'll find in your PPE kit:
 - Gown
 - Gloves
 - Mask with face shield
 - Biohazard bag
 - Paper towels
 - Hand Sanitizer

We have made a modified PPE Kit for you if you would please have it ready on the table in front of you.

How to Use PPE

Commit
to
Safety

- Step 1: Determine contaminated and non-contaminated areas
 - Have a garbage can both inside and right outside the contaminated area




The image shows a healthcare worker wearing a yellow protective gown, gloves, and a face mask. They are standing in a room, likely a patient's bedroom, which is designated as a contaminated area. The room contains a bed and some medical equipment. The worker is positioned near a doorway, which serves as the threshold between the contaminated area and the non-contaminated area. A yellow sign is visible on the door.

We are now going to demonstrate how to put on the PPE equipment should it ever be necessary when working with your clients. If a client has an infectious disease, such as the Noro virus, MRSA, or C-diff, the first step we are going to take is to designate a contaminated area which is where the client will be located and where PPE will be required. This will often be the client's bedroom but may also be in another area such as a living room. Make sure there is a distinct threshold between the contaminated area and the non contaminated area. Most often the threshold will be the door frame between two rooms/areas.

How to Use PPE

Commit
to
Safety

- Step 2: Wash Your Hands

A photograph showing a pair of hands being washed with white soap foam in a white sink. A chrome faucet is visible on the left, and a bottle of yellow liquid soap sits on the sink's edge in the background.

Teresa will be going over hand washing techniques at the end of the presentation. After step two you are now ready to start putting on your PPE.


How to Use PPE

Commit to Safety

- Step 3: Put on the gown
 - Put arms through sleeves so the ties are in the back
 - Fasten ties around the waist, then around the neck

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Helpful hint: create thumb holes near the cuff of the gown to ensure that gloves will cover the wrist of the gown.


How to Use PPE

Commit
to
Safety

- Step 4: Put on the Mask
 - Secure elastic bands behind ears
 - Pinch flexible band around the bridge of the nose
 - Pull bottom of mask below chin

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



The illustrations show a woman on the left and a man on the right, both wearing face masks. The woman is shown from the side, adjusting her mask. The man is shown from the front, looking at his mask.

<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

It is very important to pinch at the nose and to pull the mask down over the chin. Without performing those two tasks the mask is ineffective.

Putting on the mask




How to Use PPE

Commit
to
Safety

- Step 5: Put on Gloves
 - Make sure you have the proper size of glove
 - Extend the gloves over hands and cover the gown at the wrist
 - Change gloves if heavily soiled

4. GLOVES

- Extend to cover wrist of isolation gown



<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

You are now prepared to provide personal cares to your client!

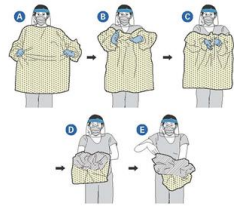
How to Remove PPE

Commit to Safety

- **Step 1: Take off Gown & Gloves**
 - Grab the front of gown and pull away from body so the ties break
 - Roll gown inside-out
 - Pull off gloves as you remove gown

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

After providing care to your client you are ready to remove your PPE. Removing PPE safely is just as important as putting PPE on safely. The front and the sleeves of the gown as well as the outside of your gloves are considered contaminated. Gown and gloves are removed while you are in the designated contaminated area. You are able to touch the inside of the gown with your bare hands as the inside of the gown is not considered contaminated. Grab the front of the gown with both hands and pull away from your body breaking the ties. Now roll the gown inside out. Pull off the gloves as you remove the gown. If at any point you think that you have touched any contaminated PPE, stop what you are doing and wash your hands with soap and water. Once you have removed gown and gloves, discard in receptacle and step just outside the contaminated area.


How to Remove PPE

Commit to Safety

- Step 2: Remove Mask
 - Remove mask touching the elastic bands *only*
 - Discard in biohazard bag

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

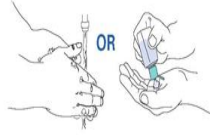
The front of your mask and the face shield are both considered contaminated! Step just outside the contaminated area before removing mask. The elastic bands are not considered contaminated. Carefully grip the elastic bands and pull off the mask and face shield without touching the front of the mask or face shield. Hold the mask and face shield away from your body as you drop it in the biohazard bag.

How to Remove PPE

Commit
to
Safety

- **Step 3: Wash Your Hands!**
 - Use soap and water or an alcohol-based hand sanitizer
 - *Not* washing your hands after removal of PPE cancels out ever having worn the PPE at all!

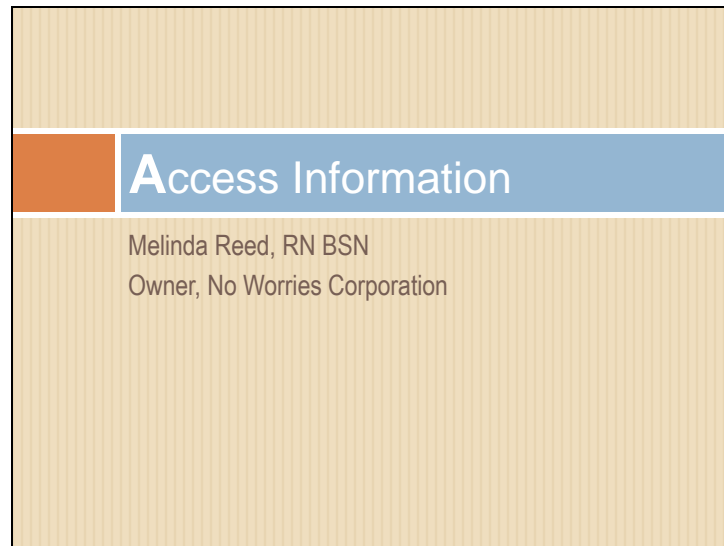
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

One of the most important things to remember about removing PPE: *not* washing your hands after removal of PPE cancels out ever having worn the PPE at all, which is why it is so important to “*think safety*”. No amount of PPE will prevent the spread of disease if you don’t stop to think about the steps you’re taking. Check out the article in your hand out called “Think the Job Through Safely” for more information on how to work safe. The article can be found at the New Jersey School Boards Association Insurance Group Newsletter for May of 2012. The link is: http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.bcit.cc%2Fcms%2Flib04%2FNJ03000372%2FCentricity%2FDomain%2F59%2FMay_2012_Safety_Net.pdf&ei=tdNPVNq5EYqtogTjr4HICA&usg=AFQjCNFDpUgd6_UfQNINv7GYlc4kAHdQHw&bvm=bv.78597519,bs.1,d.cGE

Now that we have learned how to protect ourselves and our clients from several types of infectious diseases, let’s turn to Melinda to find out about Ebola specifically.


The slide features a light beige background with a vertical line pattern. A horizontal blue bar is positioned in the upper left, containing the text "Access Information" in white. To the left of this bar is a solid orange square. Below the blue bar, the text "Melinda Reed, RN BSN" and "Owner, No Worries Corporation" is displayed in a dark grey font.

Access Information

Melinda Reed, RN BSN
Owner, No Worries Corporation

Ebola

Access
Information



<http://www.cdc.gov/vhf/ebola/symptoms/index.html>

Ebola is a severe, often fatal illness. Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa. CDC
<http://www.cdc.gov/vhf/ebola/about.html>

What is Ebola?

Access
Information

Ebolavirus Ecology

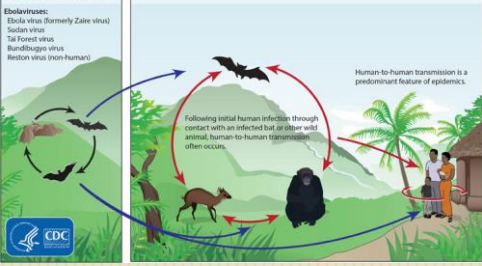
Endemic Cycle

New evidence strongly implicates bats as the reservoir hosts for ebolaviruses, though the means of local endemic maintenance and transmission of the virus within bat populations remain unknown.

Ebolaviruses:
 Ebola virus (formerly Zaire virus)
 Sudan virus
 Tai Forest virus
 Bundibugyo virus
 Reston virus (non-human)

Epizootic Cycle

Epizootics caused by ebolaviruses appear sporadically, producing high mortality among non-human primates and humans and may precede human outbreaks. Epidemics caused by ebolaviruses produce acute disease among humans, with the exception of Reston virus which does not produce detectable disease in humans. Little is known about how the virus first passes to humans, triggering waves of human-to-human transmission, and an epidemic.



Following initial human infection through contact with an infected bat or other wild animal, human-to-human transmission often occurs.

Human-to-human transmission is a predominant feature of epidemics.

<http://www.cdc.gov/vhf/ebola/resources/virus-ecology.html>

The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees). The origin of the virus is unknown but fruit bats are considered the likely host of the Ebola virus, based on available evidence.

How Do You Get Ebola?

Access
Information

How do you get the Ebola virus?

Direct contact with

- 1 Body fluids of a person who is sick with or has died from Ebola.**
(blood, vomit, pee, poop, sweat, semen, spit, other fluids)
- 2 Objects contaminated with the virus** (needles, medical equipment)
- 3 Infected animals** (by contact with blood or fluids or infected meat)

<http://www.cdc.gov/vhf/ebola/symptoms/index.html> /

“In the current outbreak in West Africa, the majority of cases in humans have occurred as a result of human-to-human transmission.

Infection occurs from direct contact through broken skin or mucous membranes with the blood, or other bodily fluids or secretions (stool, urine, saliva, semen) of infected people. Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient’s infectious fluids such as soiled clothing, bed linen, or used needles.”

<http://www.cdc.gov/vhf/ebola/transmission/index.html>

When is Someone Able to Spread Ebola?

Access Information


When is someone able to spread the disease to others?

Ebola only spreads when people are sick.
A patient must have symptoms to spread the disease to others.



After 21 days, if an exposed person does not develop symptoms, they will not become sick with Ebola.

MONTH						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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

CDC/090831

<http://www.cdc.gov/vhf/ebola/symptoms/index.html> /

The CDC handout states that “A patient must have symptoms to spread the disease to others.”

World Health Organization states:

Access Information

“Men who have recovered from the illness can still spread the virus to their partner through their semen for up to 7 weeks after recovery. For this reason, it is important for men to avoid sexual intercourse for at least 7 weeks after recovery or to wear condoms if having sexual intercourse during 7 weeks after recovery.”

<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

The World Health Organization has expanded on the CDC guidelines identifying how someone may not have the symptoms but may still be infectious. I will read the quote from the World Health Organization.

What are the Symptoms of Ebola?

Access Information

Early Symptoms

Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.

- Fever
- Headache
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising
- Muscle pain

<http://www.cdc.gov/vhf/ebola/symptoms/index.html> /

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. As you can see from this list of symptoms, there are other diseases that have these same symptoms. The determining factor about whether you have Ebola is to ask the questions: “Have you recently been in West Africa?” “Have you recently cared for someone with Ebola?” “Have you come in contact with bodily fluids or specimens of someone with Ebola?” You may have all of these symptoms but if you cannot answer “Yes” to one of the questions then you do not have Ebola.

What is the Treatment for Ebola?

Access Information



<http://www.cdc.gov/vhf/ebola/treatment/index.html>

“The following basic interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous fluids (IV) and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.” CDC



Respond to Risks

Jason Sanders, RN BSN
Client Services Supervisor, Nursing Manager

Know the Risks

Respond to Risks

Facts *about* Ebola in the U.S.

You can't get Ebola through air

You can't get Ebola through water

You can't get Ebola through food

You can only get Ebola from:

- Touching the blood or body fluids of a person who is sick with or has died from Ebola.
- Touching contaminated objects, like needles.
- Touching infected animals, their blood or other body fluids, or their meat.



Knowing the truth about the risk of Ebola helps us to respond to risks more effectively. Reality check: Have you been exposed to someone Ebola? If the answer is no, you don't have Ebola. Congratulations! It is only transmittable through touching the blood and body fluids of an infected person or animal, or touching objects contaminated by blood or body fluids of an infected individual. Recently though, news stories have announced that Ebola had become airborne. Not only did this increase fear and panic, but it made it more difficult to find the truth. Ebola is not airborne, you can't get it through drinking water or through food.

Pay attention to what people say...


Respond to Risks

- “I just got back from a recent trip to West Africa”
- “We had a visit from a friend/family member that has been in West Africa”
- “I’m not feeling well and may be getting a fever”

Listen to what people around you are saying. They may reveal potential risks they’ve been exposed to. But with this training you will have the information to manage fear and avoid a panic response...

Respond with a plan!

Respond to Risks

A hand holding a blue marker points to the word 'PLAN' on a clock face. The clock face is white with black tick marks and the words 'TIME TO' are written in black. The word 'PLAN' is written in blue. The hand is holding a blue marker and is pointing to the 'P' in 'PLAN'.

(from previous slide)...so you can calmly respond with a plan. No Worries has established a plan to manage risk through updated policies and procedures. By being prepared to respond to Ebola, we will also be better prepared to respond to other infectious diseases such as: **Norovirus, MRSA, C-diff, Influenza, Hepatitis, and HIV.**

New Policies & Forms

Respond to Risks



No Worries®
Comprehensive In-Home Care

Start of Shift Procedures

It is everyone's responsibility to ensure the best care for every client. The following procedures will help meet this goal by making certain that every caregiver has the most up-to-date information for their shift.

1. **Arrive for your shift on time** to allow the outgoing caregiver to give you a good report and to ensure continued administration of care.
2. **Review the Service Plan** at the beginning of each shift. Note changing and ending instructions. Please call help you give your shift. Note items such as changing orders, glasses, and other sensitive devices that need to be used.
3. **Review the Medication Administration Record (MAR)** at the beginning of every shift if it is new. Note what times medications are to be given. Check for regular order for your client which appears the MAR. During the shift to the shift will give oral administration orders and for some items will be administered medication. Sign and initial the bottom of the MAR if this is your first visit to the home that month.
4. **Review the PIV** (patient information) at the beginning of each shift. Looking over these will give you a better understanding of your client's medical status and will prepare you for medical emergencies and to check pulse, breathing, or blood, or condition. Sign and initial the bottom of the sheet if this is your first visit to the home that month.
5. **Review all flow sheets** at the beginning of each shift and note what times procedures are to be done. If the Service Plan indicates that you should have a procedure (PPI), note the last time the client had a PPI. Sign and initial the bottom of the sheet if this is your first visit to the home that month.
6. **Review the daily charting notes** for the past week or since your last shift. This will give you a better understanding of your client's status. If there are problems or concerns to be aware of, and if there are any planned activities.
7. **Wash hands before performing client care.** By thoroughly washing hands with soap and warm water, we significantly reduce the risk of spreading infectious illness.

I have reviewed the Start of Shift Procedures and a copy has been provided to me for my client's home. I understand that I am responsible for following the procedures and for reporting changes to my supervisor immediately.

Caregiver Signature: _____ Date: _____
 Printed Name: _____

800-644-6666 (toll-free) 800-666-6666 (toll-free)
 Office: 913-441-4444 Fax: 913-441-4444 <http://www.noworries.com>

We've added Washing Hands to our start of shift procedure to help reinforce best practice for caregivers. Washing hands before providing personal care is a standard practice, but now it is clearly documented, reinforcing the practice for caregivers.

New Policies & Forms

Respond
to Risks



End of Shift Procedure

It is everyone's responsibility to ensure the best care for every client. The following procedures will help meet this goal by making certain that every caregiver has the most up to date information for their client.

1. **Clean and sanitize all durable medical equipment** that has been used during the shift. To improve safety, this procedure includes disinfecting equipment with appropriate cleaners. We are greatly reducing the risk of spreading infectious diseases to our co-workers, clients and their family members.
2. **Wash hands after performing client care.** Be thorough! Washing hands with soap and warm water, we significantly reduce the risk of spreading infectious diseases.
3. **Complete the daily charting note for your shift.** Be sure to document all care that was completed or planned to occur during the shift, and complete the narrative on the back using only objective information.
4. **Review the Medication Administration Record (MAR)** at the end of every shift. Be sure that you have signed for all medications that were administered. Notify a NWC nurse supervisor if there are any discrepancies.
5. **Review the PIV medications** at the end of each shift. Be sure that any PIV medications you have administered have been documented and signed. Use this information to complete the controlled substance count.
6. **Review all flow sheets** at the end of each shift and be sure that you have signed for all tests that you have completed. If the Service Care indicates that no chart board assessments (SCAs) document the size and consistency of all BIDs during your shift using the exception report if needed.
7. **Call the office if the client chooses to send you home early or asks you to stay longer.**
8. **Report your rates, the date, your client's name, time worked, any mileage and where you drove to No Worries Time Line (NWC) 900.**

I have reviewed the End of Shift Procedure and a copy has been provided to me for use at shift home. I understand that I am responsible for following the procedure and for reporting changes to my supervisor immediately.

Caregiver Signature: _____
Date: _____

Printed Name: _____

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 Office: 953.642.4242 Fax: 953.642.4243 <http://www.noworries.com>

No Worries has also established an end of shift procedure which reinforces hand hygiene and establishes as standard practice of disinfecting all durable medical equipment at the end of the shift including lifts, mobility devices and toileting equipment.

New Policies & Forms

Respond to Risks

Initials	Start of Shift Checklist
	Arrived on time
	Reviewed Service Plan
	Reviewed MAR
	Checked Mediset
	Reviewed PRN meds
	Reviewed Flow Sheets
	Read past weeks' charting
	Wash hands before care

	Wash hands after care
	Sanitize all Equipment
	Report timeline within 30 min of end of shift
	Report changes to Office
	Maintain clean & safe environment
	Check glove supply

Caregiver Charting Notes have been changed to reflect expectations from the start and end of shift procedures.

New Policies & Forms

Respond to Risks

OSHA has provided the following guidelines for workers who believe they have been exposed to Ebola.

- -Notify your employer immediately.
- -Monitor your health for 21 days. Watch for fever (temperature of 101°F), muscle pain, headache, sore throat, diarrhea, vomiting, rash, and other symptoms consistent with Ebola.
- -Seek medical attention if you develop any of these symptoms.
- -Before visiting a health care provider, alert the clinic or emergency room in advance about your possible exposure to Ebola virus so that arrangements can be made to prevent spreading it to others.
- -When traveling to a health care provider, limit contact with other people. Avoid all other travel.

This information is available at: https://www.osha.gov/SLTC/ebola/control_prevention.html

The slide is titled "New Policies & Forms" and features a section titled "Respond to Risks" in an orange box. To the right of this box is a form titled "Ebola Exposure Reporting Plan" with the subtitle "As recommended by OSHA (https://www.osha.gov/SLTC/ebola/control_prevention.html)". The form includes the following text:

If you are at a client's home and believe the client or family member may have been exposed to Ebola or is actively infected:

- Immediately clean off any body fluid you have been exposed to. Wash your hands thoroughly with soap and warm water. Put on PPE – Mask, Gloves, Gown.
- Notify No Worries Supervisor immediately at (503) 641-4949. Supervisor will notify Administrator and provide further instruction at that time.

No Worries has established a clear plan for responding to suspected Ebola exposure based off of the following OSHA guidelines.

Any worker who thinks he or she may have been exposed to Ebola virus, including through travel, assisting an ill traveler or other person, handling a contaminated object, or cleaning a contaminated environment (such as an aircraft) should take the following precautions:

- Notify your employer immediately.
- Monitor your health for 21 days. Watch for fever (temperature of 101°F/38.3°C or higher), muscle pain, headache, sore throat, diarrhea, vomiting, rash, and other symptoms consistent with Ebola.
- Seek medical attention if you develop any of these symptoms.
- Before visiting a health care provider, alert the clinic or emergency room in advance about your possible exposure to Ebola virus so that arrangements can be made to prevent spreading it to others.
- When traveling to a health care provider, limit contact with other people. Avoid all other travel.

Following these guideline, caregivers can be assured that there is a clear plan in place to respond to possible exposures to Ebola.

New Policies & Forms

Respond to Risks



No Worries®
Comprehensive In-home Care
Workplace Illness Response Policy

Caregiver:

If you are at a Client's home and become ill:

1. Notify the No Worries Scheduling Coordinator immediately at (303) 641-4545.
2. Put on PPE (Personal Protective Equipment) that will protect the Client.
- Mask, gloves, and gown:**
3. Explain to the Client you are not feeling well and another Caregiver is on the way.
4. Explain to the Client you are wearing PPE to protect them from illness.
5. Explain to the Client that the relief Caregiver will be cleaning all surfaces you have come in contact with.
6. Continue to monitor the Client but do not approach the Client unless necessary.
7. When the replacement Caregiver arrives, give report and go outside before taking off PPE.
8. Call in your time on the Timesheet and report the PPE that needs to be replaced.
9. Call Scheduling daily with reports on how you are feeling and if you need a standby.

Administrative Follow-up:

1. The Scheduling Coordinator:
 - Documents the reason for the change in schedule.
 - Notifies the RN Supervisor for follow-up with Caregiver and to plan restocking of PPE.
2. RN Supervisor documents in the Client chart when the PPE has been restocked.

NO WORRIES COMPREHENSIVE IN-HOME CARE
Office: 303.641.4545 Fax: 303.641.4546 Web: NoWorriesCare.com

The Workplace Illness Response Policy clearly establishes No Worries expectations for caregivers who become sick in the home. The caregiver will notify a scheduler immediately when they become ill. In the home, they will put on protective equipment and ensure that they are avoiding contact with the client as much as possible until they are relieved. The relief caregiver will clean and sanitize any area the ill caregiver used. The goal of this plan is to reduce the risk of transmission to co-worker, clients or their families.

Following Policies

Following Policies

Respond to Risks

No Worries®
Comprehensive In-home Care
All Employees of No Worries Corporation
Safety Policy Agreement

We take care of our clients and we take care of each other.

Each employee, regardless of position within the company, is expected to cooperate in all aspects of the company's safety and health programs. Some major points of our safety program require that:

- ✓ Accidents must be reported immediately to your supervisor.
- ✓ All employees will wear required personal protective equipment.
- ✓ There are NO EXCEPTIONS.
- ✓ Equipment that is in questionable condition will not be used. Report this equipment to your supervisor.
- ✓ Illnesses, conditions or other safety concerns will be reported to your supervisor immediately.

Supervisors are available 24 hours a day, 7 days a week by calling (813) 541-4545.

Each employee is personally responsible for his or her own safety as well as the safety of co-workers. Everyone does his or her part by doing what is necessary to ensure a safe work environment for all clients.

No job is so urgent that we cannot take time to do it safely.

I agree to this policy.

Signature: _____ Date: _____

Print Name: _____

NO WORRIES CORPORATION, Broomfield, CO 80020
Office: (813) 541-4545 FAX: (813) 541-4545 Web: <http://www.noworries.com>

Establishing a clear plan that supports safe decision making and reporting will improve the quality of response from the organization. Pay special attention to the quote: “No job is so urgent that we cannot take time to do it safely.”

CARE for your Co-Workers...


- Notify the office when PPE has been used and supplies need to be replenished



Caregivers are expected to notify their supervisor if any PPE is used so that it can be replenished in the home. Implementing a policy of calling when the final box of gloves is opened will greatly reduce the risk of running out of important PPE.

Following Policies

Respond
to Risks



No Worries®
Comprehensive In-home Care

Infection Control Policy

Purpose/Statement

Clients are given a bag containing basic personal protective equipment and a list and kit at the start of service and as an as needed item. Each staff person is responsible for keeping this supply adequate and for replacing equipment as necessary. Staff are taught how to use personal protective equipment, use of personal protective equipment, and how to respond to equipment during situations. Each staff member is also offered the opportunity to receive training. The agency staff members implement infection control procedures, as appropriate.

Objectives

- To control the spread of infection
- To ensure protection of individuals from transmission of communicable infectious diseases
- To meet OSHA regulations
- To ensure that all staff persons understand proper use of protective equipment

Equipment

Personal protective equipment (PPE) kit contents, but are not limited to the following items:

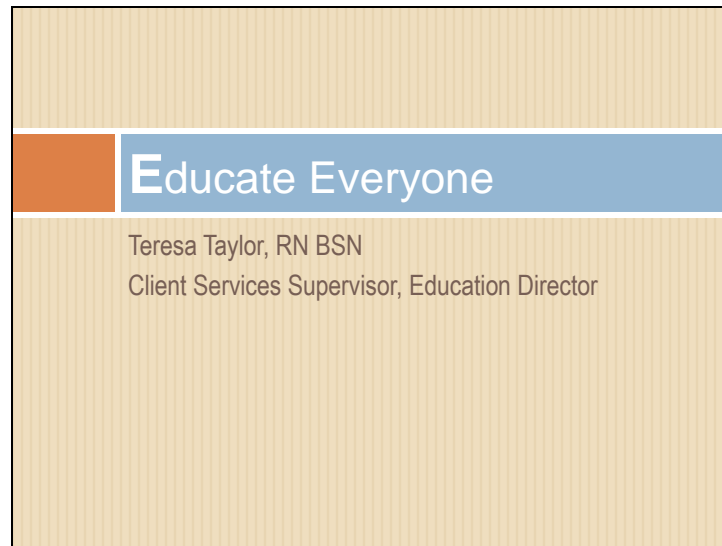
- 2 pairs nitrile gloves (small, medium or large)
- 1 disposable mouth and nose mask with eye shield
- 1 disposable isolation gown
- 2 pairs disposable aprons
- 1 disposable garbage bag
- 2 pairs shoes
- 1 risk hazard analysis (define the proper PPE to use in different situations)
- 1 disinfectant spray

First aid kit contents, but are not limited to the following:

- 1/2 x 1 inch sterile bandages
- 1/2 x 1 inch sterile gauze
- 1 roll sterile tape
- 1 disposable neck antibiotic ointment
- 1 disposable alcohol wipe
- 1 disposable disinfectant wipe
- 1 safety pin

1801 NW Central Drive, Beaverton, OR 97005
 Office: (503) 644-4949 Fax: (503) 644-4949 <http://www.noworries.com>

It is extremely important to be prepared to respond to risks posed by Ebola or any other illness. By establishing clear policies and procedures for infection control, everyone will be better able to CARE for their co-workers and their clients.



Educate Everyone

Teresa Taylor, RN BSN
Client Services Supervisor, Education Director



As with most contagious diseases, our best protection from Ebola comes in the form of excellent hand hygiene. You must ask yourself only one question; should I wash with soap and water or can I rub my hands with an approved hand sanitizer.



If your hands appear clean, you can use hand sanitizer up to 4 times between soap and water hand washing. It's a great option for bedside care, when you remove your gloves or when soap and water are not readily available.

Wash Your Hands!

Educate Everyone

A photograph showing a person's hands, wearing a pink long-sleeved shirt and a floral apron, mixing orange-colored cereal (likely Rice Krispies) in a glass bowl. A box of Kellogg's Rice Krispies is visible in the background. The slide has a light beige background with a blue horizontal bar and an orange vertical bar.

Sanitizing does not replace washing. If your hands are visibly soiled, you must use soap and water to clean and sanitize your hands.

Hand Wash vs. Hand Rub

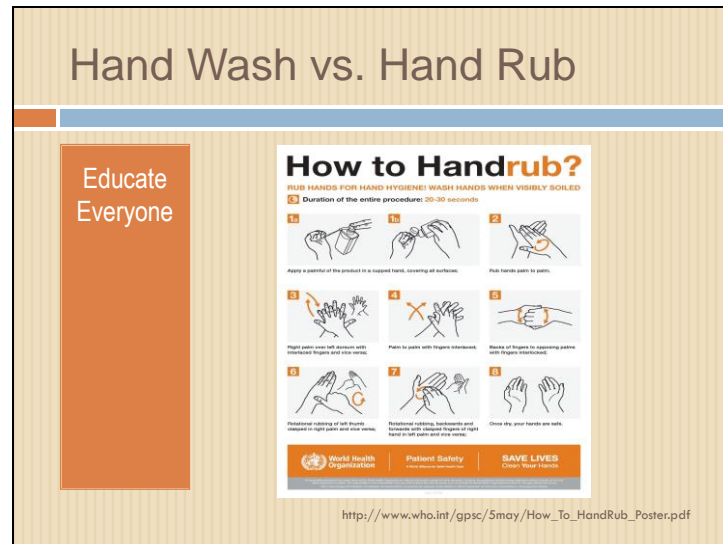
Educate
Everyone

How to handwash?
WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!
Duration of the entire procedure: 40-60 sec.

1. Wet hands with water
2. Rub palms together
3. Rub back of left hand with right palm
4. Rub back of right hand with left palm
5. Rub palms together with fingers interlaced
6. Rub backs of fingers to opposite palm with fingers interlaced
7. Rotate right wrist and rub with left palm
8. Rotate left wrist and rub with right palm
9. Rub thumbs with opposite palms
10. Rub thumbs with opposite palms
11. Rub thumbs with opposite palms
12. Rub thumbs with opposite palms

http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf


Let's talk about how to properly wash your hands. Make sure you have something to dry your hands with before you start. If your client does not want you using paper towels for hand washing, make sure you have a clean hand towel that only you will use and a separate dry cloth for turning the water off. Following the World Health Organizations guide will make certain you clean some of the commonly missed area of the hands such as the webs between your fingers and your thumbs. Singing "Happy Birthday" twice (once for each hand) is about the right amount of time for a thorough washing. Once your hands are washed and rinsed, dry your hands with your clean towel and then turn the water off with a dry paper towel or cloth.



Hand sanitizer is considered appropriate when your hands are not visibly soiled. We've all used hand sanitizer before but have we used it correctly? Go ahead and grab your sanitizer and let's practice together. To sanitize, first apply ample hand sanitizer. About a nickel to a quarter-sized dollop is typically adequate but it varies depending on the size of your hands. If your hands are dry before you finish all the steps, you need more sanitizer! Once you have a good amount on your hand, go through the steps on the slide. You'll notice that the step of the rub are the same as a soap and water hand wash. Remember, this product must dry on your hands in order to kill germs. Do NOT wave your hands about, dry them with a towel or blow on them to speed drying as this introduces more germs and cancels out the effects of the sanitizer.

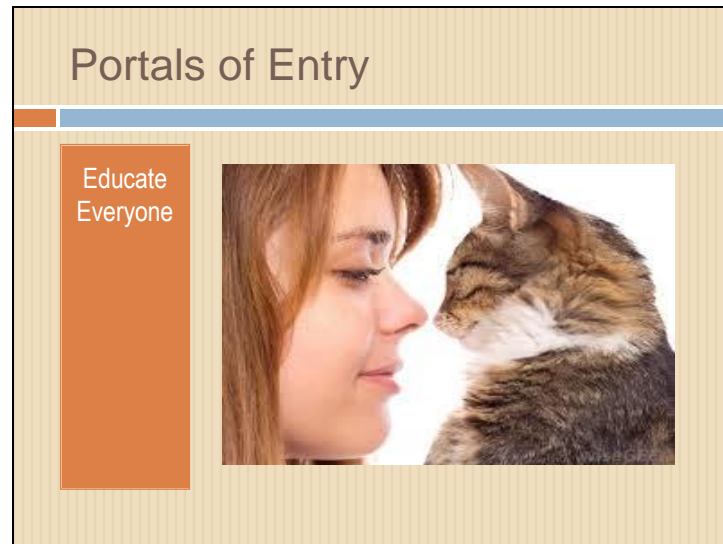
The Importance of Lotion

Educate Everyone



http://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf


All of this hand cleaning can dry our skin causing cracks and hangnails. Dry skin is also more prone to injury. Any break in the skin opens us up to infections by providing a pathway for the germs to enter our body. This break in our natural defenses (skin) is also known as a portal of entry. Applying lotion regularly keeps those potential portals closed. If you do have a break in your skin, keep it covered during client care, housekeeping and food preparation to protect yourself and your client.



We have other portals of entry that we cannot keep covered such as our eyes, ears mouth and nose. There are normally a total of seven portals of entry located on your head alone. Our hands are one of the dirtiest parts of our bodies so keeping them away from your face reduces your risk of infection.

How Many are There Now?

Educate Everyone

A photograph of a young child with dark hair, smiling broadly. A red scratch is visible on the child's forehead, just above the right eyebrow. The child is wearing a light blue shirt. The background is slightly blurred, showing what appears to be a room with a wooden floor and some toys.

Now there are 8 portals of entry! Any break in the skin adds another portal for infection to enter our bodies. We also have other natural portals of entry not located on our face which is why it is so important to wash your hands *before* using the bathroom.



Now that you know some of the best ways to protect against infection, spread the word! If you have friends and families in West Africa, make sure they are informed. Telling everyone you know could very well save a life!