

IROQUOIS ANNUAL MINI-MANDATORIES

GENERAL FACILITY INFORMATION:

Welcome to Iroquois Nursing Home. A few things to know:

- Clinical staff should follow the facility Dress Code. This includes wearing scrubs on the nursing units, sneakers or nursing shoes, fully covered toes and heels in clinical areas. Shoes with backs or back straps in office areas. No crocs, croc "knock offs", croc type shoes, or flip flops in any area. Must wear ID.
- NYS Law does not permit smoking within 15 feet of the edge of the property line. Please plan ahead.
- For employee and contractor breaks, there is an Employee Cafeteria with vending machines available & free Ice Water.
- Please note, no food, drinks, or personal items of any kind (including coats/boots/purses/backpacks) are permitted in the clinical area (any place that a resident is permitted to be is a clinical area). Lockers are available to store personal items.
- Temp Agency staff will be asked to use our time clock system to verify hours worked.
- No Cell phones are permitted in facility, but may be used in the Employee Cafeteria or outside during breaks.
- Staff, students, contractors, and temp agency staff are asked to park in the large side parking lot, and enter the building through the back of the building "Employee Entrance". Only Visitor parking is permitted by the main lobby entrance is reserved for visitors and guest to the building.
- I.D.s should be visible and worn at all times in the building.
- The Iroquois Nursing Home Mission is:
 - To provide superior, specialized care to our geriatric population.
 - Effectively serve the ever evolving needs of our community hospitals.
- Iroquois Core Values are:
 - Superior Quality of Care
 - Compassion
 - Integrity
 - Commitment to Building and Maintenance Relationship

MANDATORIES:

FIRE AND SAFETY



1) Fire Safety

- a. During a Fire the code at Iroquois is "REDHEAD"
- b. The Fire Procedure for staff to follow is: RACE
 - i. R – Rescue the residents in immediate danger first. Move the residents and place them behind a "fire door" for safety. Place an "evacuated tag" on the door when everyone has been evacuated.

- ii. A – Alarm the facility. Page “ REDHEAD” and the location of the fire. This will notify staff, guests and residents of an Fire emergency, and notify them to take action.
- iii. C- Contain the area. Never lock or block an exit door. Close all windows and close all doors.
- iv. E – Evacuate or Extinguish. If you believe that you can use the Fire Extinguisher, point at the base of the fire, and pull the pin to Extinguish. ABC Extinguishers are for ALL Fires, BS Extinguishers (with the large Cone), are for Electrical and Chemical fires, K-Guard (Grey in color), are for grease fires.



Or you may begin resident Evacuations.

- 2) **Incident Command Center** – during any kind of building wide emergency, a group of management staff will form a “Incident Command Center”. This ICC will provide direction to all staff, guests, and residents during a large scale emergency, such as a fire or other potential serious physical emergency.
- 3) **Fire and Safety Disaster Manual** is located on the Iroquois Intranet, available on all computers.
- 4) **SDS sheets, formally MSDS sheets** – Safety Data Sheets are located for all staff on the Iroquois Intranet, available on all computers. These are available on all products used at Iroquois, and are helpful to provide information in the event of chemical exposures.
- 5) **Emergency Power Outlets** – are available in the Red Power Outlets, located throughout the building.
- 6) **Other Important Codes:**
 - a. Missing Resident: page “Mr/Mrs (Resident’s Name) Return To Room ___”
 - b. Medical Emergency: page “Supervisor Stat to _____ (the location)”



INFECTION CONTROL



- 1) Washing hands is the single most important step in preventing the spread of germs or infections. To wash hands:

- a. Always wash hands with soap and water after using the bathroom, getting hands visibly dirty, prior to eating or feeding residents, after treatments provided to residents.
 - i. Turn on the water. Rinse hands, leave water running
 - ii. Apply soap to your hands
 - iii. Lather well, scrub between fingers, under nails, backs and fronts of hands. Wash hands for 30 seconds, (singing the Happy Birthday song 2X)
 - iv. Rinse hands well.
 - v. Leave water running, and obtain paper towels to dry off hand. Toss paper towels in trash.
 - vi. Get a clean paper towel and turn off water. Do not touch sink or facets. Discard paper towel.
 - vii. Take a 3rd paper towel. Open door to exit room.

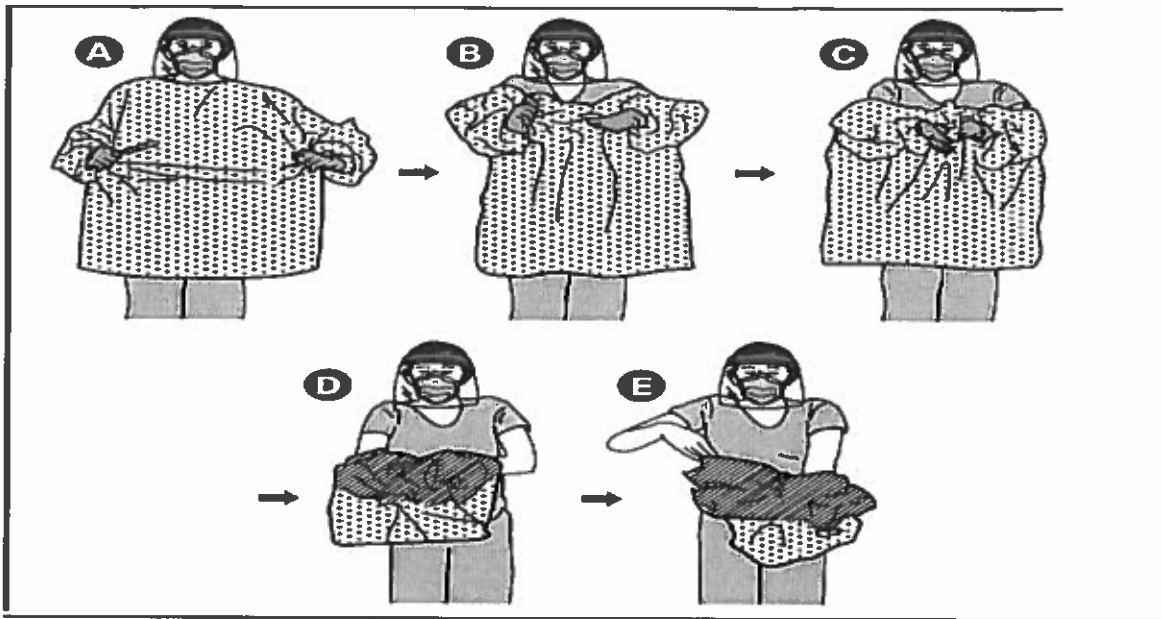
- b. Use anti-bacterial, waterless hand sanitizer, when hands are NOT visibly soiled

2) **Residents on Isolation** – these are used in Resident’s Rooms when the potential for the spread of bacteria, viruses, or pests may be present. When this occurs:

- a. Consult the Nurse Manager or RN Clinical Manager prior to entering these room(s)
- b. A STOP “magnet” will be posted outside an Isolation Room notifying everyone that this room is current an “Isolation Room”, and you need to check with the RN Nurse Manager, RN Clinical Manager, or Nursing Supervisor prior to entering.
- c. Isolation Bins are located in the Clean Utility Room with each Resident’s Name marked on them. I



- d.
- e. If PPE is necessary for all Staff and Visitors, Personal Protective Equipment is located in the Clean Utility Rooms, which may consist of:
 - i. Gown
 - ii. Gloves (note: gloves may never be worn in the hallway. Discard after use)
 - iii. Mask to cover nose and mouth
 - iv. Eye shield
 - v. Apron
- f. When removing Isolation PPE following use, do not touch the outside of the PPE, and always roll from the “inside” of the PPE to roll up and discard, avoiding touching the outside of the items.




Gloves

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



- g. Wash your hands with soap and water after removing PPE (even when you are just wearing gloves).

- 3) **Retractable Technology**  - for the nursing staff, any medication that requires a syringe should be in an automatic "Retractable" needle, to avoid injury to yourself or others, or cross contamination. If you have questions regarding this, ask the Director of Nursing or the RN Quality Assurance Director.



- 4) **Sharps Containers** – are located on all of the Nursing Units, in the Food Service Kitchen, and in Laundry. Use these to discard any sharp objects, including all needles/syringes to avoid injury to self or others.
- 5) The **Infection Control and Exposure Control policies** are located on the Iroquois Intranet, available to all staff on any computer.
- 6) **Blood Borne Pathogens and Blood Spill Clean Up Kit** - HIV, HBV, Hep B, Hep C, and other serious illness can be spread by exchange of blood. If you see blood, or there is a blood spill, do not touch it. Get gloves. The Blood Spill Cleaning Kit has special cleaner for this purpose. The Blood Spill kit is located on the Emergency Cart located on every unit, the Staff Development Training Room, and in the Recreation Room. Ask your supervisor where the closest one is to you.

RESIDENT'S RIGHTS

- 1) The resident's residing at our facility, are our customers and our reason for having a job. All Resident's are members of our community, and they have rights, under Federal, NYS, and local laws.
- 2) Residents are giving a "Resident's Rights" information upon Admission to the facility.
- 3) Residents have the *right to*:
 - a. Privacy
 - b. Self determination, (make their own decisions)
 - c. Know about transfer and discharges.
 - d. To be treated with dignity and respect.
 - e. To receive information; i.e. about medical record; review facility Survey
 - f. Communicate with other in private, including speaking on the phone, talking to others
 - g. Dress according to the time of day
 - h. Have their own property (clothes, money, items, gifts, pictures, etc), and the right to protection of these.
 - i. Refuse care. (including food, getting dressed, showering, bathing, changed, medications etc)
 - j. Voice concerns, and have them acted upon.
 - k. Join committees
 - l. Protection from discrimination regarding payer source.
 - m. Be free of abuse.
- 4) Abuse is:
 - a. Verbal
 - b. Mental
 - c. Physical

- d. Neglect
 - e. Involuntary Seclusion
 - f. Misappropriation of resident property
- 5) Staff Reporting Requirements
- a. Abuse must be reported immediately to the Administrator
 - b. Nursing Home reports of abuse will be made within 24 hours, and investigating reports must be completed within 5 days.
- 6) Resident Photographs and Audio/Video Recordings by staff, agency, contractors, students, volunteers: Each resident has the right to be free from all types of abuse, including mental abuse, which includes abuse that is facilitated or caused by nursing home staff, agency, contractors, students, volunteers taking or using photographs or recordings in any manner that would demean or humiliate a resident.
- a. Residents have the right to personal privacy of not only his/her own physical body, but also of his/her personal space including accommodations and personal care.
 - b. Taking photographs, making recordings of resident's and/or his/her private space without the resident's or their designated representative's written consent is a violation of resident's rights, and against Iroquois policy.

HIPPA

- 1) HIPAA is the federal **Health Insurance Portability and Accountability Act** of 1996. The primary goal of the law is to make it easier for people to keep **health insurance**, protect the confidentiality and security of **healthcare information** and help the healthcare industry control administrative costs.
- 2) **HIPAA Privacy Authorization Form**. Authorization for Use or Disclosure of Protected Health Information. (Required by the **Health Insurance Portability and Accountability Act** –
- 3) The federal agency charged with enforcement of HIPAA is the **US Department of Health and Human Services' Office of Civil Rights (OCR)**. The regulations dealing with the release and protection of health information are known as the Privacy Rule and the Security Rule.
- 4) The three main categories of punishment for violating federal health care laws include: criminal penalties, civil money penalties, and sanctions.
- 5) The entities that must follow the HIPAA regulations "covered entities."

Covered entities include:

- **Health Plans**, including health insurance companies, HMOs, company health plans, and certain government programs that pay for health care, such as Medicare and Medicaid.
- **Most Health Care Providers**—those that conduct certain business electronically, such as electronically billing health insurance—including most doctors, clinics, hospitals, psychologists, chiropractors, nursing homes, pharmacies, and dentists.
- **Health Care Clearinghouses**—entities that process nonstandard health information they receive from another entity into a standard (i.e., standard electronic format or data content), or vice versa.

In addition, business associates of covered entities must follow parts of the HIPAA regulations.

Often, contractors, subcontractors, and other outside persons and companies that are not employees of a covered entity will need to have access to health information when providing services to the covered entity. These entities “**business associates.**” Examples of business associates include:

- Companies that help doctors get paid for providing health care, including billing companies and companies that process health care claims
- Companies that help administer health plans
- People like outside lawyers, accountants, and IT specialists
- Companies that store or destroy medical records

Covered entities must have contracts in place with their business associates, ensuring that they use and disclose your health information properly and safeguard it appropriately. Business associates must also have similar contracts with subcontractors. Business associates (including subcontractors) must follow the use and disclosure provisions of their contracts and the Privacy Rule, and the safeguard requirements of the Security Rule.

6) What entities are not required to follow these Laws? Examples of organizations that do not have to follow the Privacy and Security Rules include:

- Life insurers
- Employers
- Workers compensation carriers
- Most schools and school districts
- Many state agencies like child protective service agencies
- Most law enforcement agencies
- Many municipal offices

7) What information is protected under HIPAA?

- Information doctors, nurses, and other health care providers put in medical record
- Conversations doctor has about care or treatment with nurses and others
- Information in health insurer’s computer system
- Billing information
- Most other health information held by those who must follow these laws

8) How is this information protected?

- Covered entities must put in place safeguards to protect health information and ensure they do not use or disclose health information improperly.
- Covered entities must reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose.
- Covered entities must have procedures in place to limit who can view and access health information as well as implement training programs for employees about how to protect health information.
- Business associates also must put in place safeguards to protect health information and ensure they do not use or disclose health information improperly.

9) What rights does the privacy rule give to Residents over their Health Information?

Health insurers and providers who are covered entities must comply with the right to:

- Ask to see and get a copy of health records
- Have corrections added to health information
- Receive a notice that tells you how health information may be used and shared
- Decide if residents want to give their permission before health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why health information was shared for certain purposes
- Residents who feel that their HIPAA rights have been violated can:
 - File a complaint with your provider or health insurer
 - File a complaint with HHS

10) Who can look at and receive health information? The Privacy Rule sets rules and limits on who can look at and receive health information. To make sure that health information is protected in a way that does not interfere with residents health care, information can be used and shared:

- For treatment and care coordination
- To pay doctors and hospitals for health care and to help run their businesses
- With family, relatives, friends, or others resident identify who are involved with resident's health care or health care bills, unless the resident object

11) EPHI – is Electronic Protected Information. This is our Electronic Medical Records, or Medical information and billing sent by computer. To protect this:

- a. Change passwords frequently.
- b. Cover all computer screens when not in use
- c. Log out of computers when not in use.

CORPORATE COMPLIANCE

- 1) The Federal and NYS governments have evaluated data, estimating that approximately 10% of Medicaid and Medicare funds are paid out frequently (incorrectly) to healthcare providers.
- 2) In order to eliminate this government waste, healthcare providers who receive Medicare and Medicaid funds are required to have Corporate Compliance Programs.
- 3) The Corporate Compliance Program at Iroquois consists of:
 - a. Codes of Conduct. These require our employees and contractors to act in ethical manner, and do you job duties to the best of your ability.
 - b. Corporate Compliance Committee. Meets to review and potential policy violations, and conducts audits of facility programs and processes.
 - c. External and Internal Audits – Auditors from outside agencies audit Iroquois accounting practices to evaluate the percent of accuracy, and verify that staff are performing their jobs accurately and honestly.
- 4) Every employee/contractor has an obligation to timely report concerns to the Compliance Officer. If you see or are aware of "fraud", "abuse" of services, or "unethical" behavior or actions related to facility; assets, cash or bank accounts, Resident's Rights, violations of Tax Exemption status, or other actions that may be considered healthcare fraud, dishonesty or unethical behavior, you should report these to the

Corporate Compliance Chairperson, Joy Stanistreet, Human Resource Director. You may contact any member of the Corporate Compliance Committee, who include, the Chief Financial Officer, or the Quality Assurance and Improvement Director. Reports may be left on the Whistleblower Corporate Compliance hotline at: 1-877-976-8773. The Whistleblower Protection Act protects whistleblowers for reporting issues.

- 5) Violations of Corporate Compliance by staff, may result in federal or NYS fines, loss of job, or even when serious, lead to legal arrest and jail time.

VIOLENCE IN THE WORKPLACE

- 1) Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.
- 2) Workplace violence includes: treats or obscene phone calls, intimidation, harassment of any nature, being followed, being sworn or shouted at, rapes, psychological traumas, physical hitting or beatings.
 - a. Examples include
 - i. Verbal threats to inflict bodily harm, including vague or covert threats
 - ii. Attempting to cause physical harm; striking, pushing, and other aggressive physical acts against another person
 - iii. Verbal harassment; abusive or offensive language, gestures, or other discourteous conduct towards supervisors, fellow employees or the public.
 - iv. Disorderly conduct, such as shouting, throwing, or pushing objects, punching walls, and slamming doors.
 - v. Making false, malicious or unfounded statements against coworkers, supervisors, or subordinates when tend to damage their reputations or undermine their authority.
 - vi. Fascination with guns or other weapons, bring weapons into the workplace
- 3) Sexual Harassment includes; making jokes about sex or sexual relations, displaying or showing cartoons or other graphics depicting sex or sexual relations, sending inappropriate emails which others may find offensive.
- 4) Discrimination based on Race, Sex, Sexual orientation, veteran status, transgender identity, religion, or another other protected class under Title VII of the Civil Rights act is prohibited, and should be reported to the Director of Human Resource's Immediately
- 5) Feelings of "disrespectful" treatment towards you by others may not rise to the level of Violations of the Law related to Harassment or Violence in the Workplace. Staff should follow their "Chain of Command" to address these.

Supervisors or Managers who become aware of Harassment or Acts of Violence should address to correct the situation, where appropriate, and report these to Administration or the Director of Human Resources.

SAFETY

- 1) A Safe Patient Handling Policy is in place. Please ask the department that you report to for more information. This includes use of lifts, sit to stand equipment, to keep staff and agency personnel safe.
 - a. Gait belts must be used at all times unless contraindicated.
- 2) To safely lift an object, you should always obtain help from a co-worker or contractor.
- 3) To prevent accidents to yourself or others, please notify facility Maintenance when equipment is not working properly, tripping hazards are present, or other safety issue exist.

- 4) **If you have a facility related accident or incident, you should complete a Employee Accident/Incident form with your department manager, and ask the department manager to submit the completed form to the Iroquois Human Resource Department.**

IROQUOIS NURSING HOME, INC

Read, reviewed, and had the opportunity to ask questions regarding the following Mandatory Inservices.

- Fire and Safety
- Infection Control
- Resident's Rights
- HIPAA
- Corporate Compliance
- Violence in the Workplace

All Iroquois Nursing Home Policies are located on the Iroquois Intranet, available on all computers at Iroquois. If I have any additional questions, I may ask my supervisor, or the Iroquois Staff Development Department.

Print Name

Company/Job Title

Signature

Date

Employee/Contractor Name: _____ Date completed: _____

Iroquois Mandatory Quiz

- 1) The Code for fire is: _____
- 2) The procedure for staff to follow for fire is: _____

- 3) Paging "Supervisor Stat to (location); is used for a _____
- 4) Washing hands is the single most important step in preventing the spread of germs or infections.
True ___ False ___
- 5) A STOP "magnet" will be posted outside an Isolation Room notifying everyone that this room is current an "Isolation Room", and you need to check with the RN Nurse Manager, RN Clinical Manager, or Nursing Supervisor prior to entering.
True ___ False ___
- 6) Gloves may never be worn in the hallway. True ___ False ___
- 7) Residents have the right to: (list 3)
1) _____ 2) _____ 3) _____
- 8) Resident abuse is: (list 3)
1) _____ abuse, 2) _____ abuse. 3) _____ abuse
- 9) HIPAA is the federal Health Insurance Portability and Accountability Act and The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.
True ___ False ___
- 10) Covered entities for HIPPA are: Healthcare Plans, Most Healthcare Providers, and Healthcare Clearinghouses? True ___ False ___
- 11) The Corporate Compliance Codes of Conduct require our employees and contractors to act in ethical manner, and do your job duties to the best of your ability. True ___ False ___
- 12) The Corporate Compliance programs' goal is to eliminate government waste, by healthcare providers who receive Medicare and Medicaid funds.
True ___ False ___
- 13) Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. True ___ False ___
- 14) Supervisors or Managers who become aware of Harassment or Acts of Violence should address to correct the situation, where appropriate, and report these to Administration or the Director of Human Resources. True ___ False ___

IROQUOIS NURSING HOME

HIPAA STATEMENT, CONFIDENTIALITY and ACKNOWLEDGEMENT

I understand and agree to, that as a member of the Iroquois Nursing Home team (employee, student, contractor, temp agency staff member or vendor), I have the legal and ethical responsibility to safeguard the privacy of all residents/patients and to protect the confidentiality of the resident/patient's health information. I understand that I am expected to comply with the facility policies as they relate to maintaining the privacy of the facility's resident/patient's individual health information. I understand that it is my right and responsibility to seek guidance from the Health Information Management Department at Iroquois about privacy issues when I am uncertain about which actions to take.

I further agree to the following:

1. I will not disclose or discuss any confidential information with others, including co-workers, visitors, friends or my family who do not have a need to know, or the right to know.
2. I understand that use of cell phones, or other recording or picture taking devices is prohibited.
3. I will not in any way divulge copy, release, sell, loan, alter, or destroy confidential information except as properly authorized.
4. I will not discuss confidential information where others can overhear the conversation, whether or not the resident's name is used. This includes Social Media.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
6. I will use screen savers, computer passwords, and cover all HIPAA protected information.
7. I agree that my obligations under this agreement will continue after my relationship ceases with Iroquois Nursing Home.
8. Upon termination, I agree to immediately return any documents or media containing confidential information to Iroquois Nursing Home.
9. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with Iroquois Nursing Home.
10. If I have any questions regarding HIPAA related information, I will ask the Iroquois Nursing Home Health Information Management Department to clarify any questions that I may have.

I understand that violations of the above, or any violations of HIPAA will be cause for discipline, up to and including termination, or removal from assignment at Iroquois if I am a contractor, student, temp agency, or other associate working at Iroquois. I will fully cooperate in any investigation of any conduct, which may be a violation of facility policy and procedures.

Signature

Date

IROQUOIS NURSING HOME

CORPORATE COMPLIANCE ACKNOWLEDGEMENT

I understand that Iroquois Nursing Home has a Corporate Compliance Program which has the objective of preventing and detecting healthcare fraud, and to ensure that the organization maintains a high-level of honesty and ethical behavior in its delivery of services with residents, third payors, employees, agents, and independent contractors. The core of the Corporate Compliance Program is to ensure that a particular code of conduct be enforced in all business dealings of the facility. The following are several areas, but not a complete list, of areas of conduct that will be enforced:

- Assets: all assets of the organization shall be used solely for the benefit and purpose of the organization.
- Cash and Bank Accounts: N person with access to cash and bank accounts shall steal or otherwise misappropriate funds of the organization. All internal control procedures shall be adhered to at all times.
- Residents Rights: all persons associated with the organization shall adhere to the standards of conduct defined in the facility's Bill of Resident Rights and Handbook. (available on the Iroquois Intranet)
- Tax Exemption: The organization shall not engage in any prohibited activity that violates or could result in a challenge of its tax exemption status.
- HIPAA Confidentiality: Billing practices, electronic security, and resident privacy.

I understand that every employee, student, contractor, temp agency, vendor or other business associates of Iroquois has an obligation to timely report concerns to the Compliance Officer at 315-469-1300 ext 2103, or to the hotline number at 1-877-976-8773. I further understand that whistleblowers are protected under the Whistleblower Protection Act.

Signature

Date