Metropolitan Center for Independent Living

Personal Assistant Services
PCA Training Modules

Materials Covered:

Orientation: Modules A-F are to be completed within 60 days of hire; mandatory for the completion of the introductory period Performance Review and wage increase.

MOD A: Mission of MCIL, Independent Living Introduction, Consumer-Direction, Supervision, Harassment & Employment Guidebook

MOD B: Disability Awareness, Language & Stereotypes, Wheel Chair Courtesy & Boundaries

MOD C: Blood Borne Pathogens, OSHA, Right to Know & HIPAA

MOD D: Mandated Reporters, MN Vulnerable Adult Act & Maltreatment of Minors

MOD E: Lifts, transfers & overall health and safety

MOD F: Health Care Plan and Health Care Directives

Modules G-I are given to PCA's that have been hired to work with a consumer with any of the following extensive health care needs:

MOD G: Seizure Protocols
MOD H: Bowel Care Programs
MOD I: Bladder Care

About the Training Modules…

- These modules have been developed to assist both the consumer and the PCA with orientation and on-going skill development.
- PCA's are encouraged to complete these modules during downtime at a consumer's home. PCA's may work on materials "off the clock" but understand that they will not be paid for this personal development time.
- Completing orientation and annual training will assist the PCA with obtaining a higher hourly wage and in additional assignments that require a higher level of training.
- PCA's will receive certificates for modules that are successfully completed.

These training modules have been developed by PAS Management Brigette Anderson and Brenda Hicks, September 2006.

This training resource would not be possible without the materials collected from the following websites: www.directcareclearinghouse.org; www.dhs.state.mn.us; www.doli.state.mn.us ; www.hipaadvisory.com; www.lmnc.org; www.osha.gov; www.webmd.com; www.wecomply.com

Metropolitan Center for Independent Living

Mission Statement

"To work with people with disabilities in fulfilling their desire to lead productive, self-determined lives"

Independent Living

- The independent living movement is an outgrowth of the civil rights movement that began in the 1950's, the growth of self-help groups, and the deinstitutionalization and normalization trends of the past decade.

- The increase in self-reliance is crucial to true independent living.

"The dignity of risk is the heart of the independent living movement. Without the possibility of failure, the disabled person lacks true independence and the ultimate mark of humanity, the right to chose for good or evil." (DeJong, 1983)

Independent Living Goals

In 1981, The Minnesota Advisory Task force on Independent Living identified the following goals:

- Maximum individual independence from public assistance.
- Maximum individual choice: ability to take charge of one's own life.
- Maximum involvement by consumers in the planning and delivery of services.
- Focus on the individual in service planning and delivery.
- A holistic functional approach to individual planning and service delivery.
- Maximum utilization of existing resources.
- Maximum quality of service without compromise.
- Equal independent living opportunity for all people throughout Minnesota.

Consumer-Direction

The PAS program provides opportunity for dignity, choice, continuity and growth in all aspects of customer service and program development. MCIL's PAS program offers a service in which the consumer has the access, freedom and choice to purchase and direct their supports and services. Our Consumer-directed model offers an alternative to traditional, medical-model services. Our PAS program gives consumers the opportunity to hire, negotiate wages, train, schedule and supervise their Personal Care Attendants (PCA's). Our PAS model also provides consumers the option of utilizing our Management and administrative staff to assist with screening, training, co-supervision and any other consumer-defined program supports and services.

When enrolling in this program, it is agreed upon that the Consumer, and not the doctor or nurses or anyone else, is responsible for his or her own life and the services needed to manage it. Each Consumer makes decisions regarding everyday activities as well as major life decisions; and is willing and able to accept the responsibility for the consequences of those decisions. (For some Consumers, especially those under the age of 18, there is a designated Responsible Party who makes those decisions.

Supervising PCA's

The individual that you work *with* is the supervisor that you work *for*. It is that person's decision to hire you and that person's responsibility to give you the direction and training needed for you to be effective in your job.

We expect that you will view the consumer as your supervisor. Look to that person for your schedule of work, evaluation of your work and as the first point of contact for all work-related concerns.

Chain of support:

If a PCA can't make it on time for a scheduled shift and/or can't come in for a scheduled shift:

- **PCA notifies the consumer with as much notice as possible, offers to assist with finding coverage (PCA offers to contact PAS management if consumer is unable to make the call themselves).**
- **Consumers can utilize natural supports or their personal PCA staff roster and/or call PAS management for additional PCA supports.**

- PCA's cannot leave a voice message for the consumer or PAS management and assume the shift will be covered. PCA's must speak directly with someone to ensure consumers health and safety needs are met.

- If a PCA is a "no call/no show" for two or more consecutive shifts, it will be assumed and acted upon that the PCA is **voluntarily terminating their position with the consumer and MCIL.**

- If a PCA is a "no call/show" for any shift with a consumer (or special event assignment) and their absence involves additional PAS Management intervention, they will be placed on an **immediate two-week unpaid suspension.**

Harassment Policies & Procedures

Minnesota Statutes 2005, 363A.03 (subd. 43).

In order to recognize sexual harassment in the workplace employees need to have an idea of what is and is not sexual harassment. "Sexual harassment" includes:

Unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when:

- (1) Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment, public accommodations or public services, education, or housing;
- (2) submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment, public accommodations or public services, education, or housing; or
- (3) That conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile, or offensive employment, public accommodations, public services, educational, or housing environment.

ZERO TOLERANCE FOR HARASSMENT

If you believe you have been the victim of any kind of work-related harassment, MCIL will investigate and attempt to resolve your complaint promptly, please contact the PAS Program Manager and/or Human Resources Manager immediately.

If you believe the PAS Program Manager to be the source of or a party to the harassment, talk with the Executive Director.

- MCIL will ensure dignity and confidentiality of your report.
- MCIL will listen to your concerns and make reasonable accommodations to ensure you are assigned to a respectful work environment.
- MCIL will conduct an internal investigation and notify you of the findings relevant to you as an employee or consumer.
- If the problems remain unresolved, follow the formal Grievance Procedure at the end of the PAS Guidebook.

MCIL is committed to creating and maintaining a workplace free of illegal harassment.
Both state and federal law make harassment illegal.

The purpose of this policy statement on harassment is to sensitize employees to the issue and to inform them of their rights and obligations.

Employee Guidebook

All PAS employees are given an Employment Guidebook and are required to sign and date a Guidebook Acknowledgement Form. For additional employment practices, policies & procedures <u>all PCA's are required</u> to read the PAS Employment Guidebook. If you have not received a Guidebook, please contact 651.603.2039 to request a copy.

You have just completed the study materials for MODULE A.
Please go to the test questions for MODULE A and complete the test.
GOOD LUCK!

Disability Awareness

The tendency to fear or avoid someone who is different is common for both children and adults.

- We are afraid of what is different, we suspect different equates dangerous and that what we don't know may cause us harm.
- Physical/visible disability is a difference that is immediately obvious to us. We often have trouble seeing past that difference.
- The fact that disabilities exist is an unwelcome reminder that we are all vulnerable to accidents, illness and aging. It makes us uncomfortable to think how a disability can change people's lives.

When you meet a person with a disability:

- Remember that the person with a disability is a person.
- A disability does not need to be ignored- let the focus be on the person and what they can do.
- The person with a disability wants to be treated with respect. Pity does not create an opportunity for respect.
- The person with a disability will ask for help or give you cues that help is needed- always ask before providing any assistance.
- Let go of your judgments & stereotypes. Be willing to listen and learn.

Stereotypes and Language

Stereotypes are words, titles and phrases that produces mental images and/or ideas that are strongly resistant to change. Stereotypes can be both internal and external, they have the power to dictate behavior and can become extremely limiting and harmful.

Here are some examples of words/terms for you to consider. ***Are you using language that may be offensive to the people you work with?:***

Objectionable	**Preferable**
(The) disabled, mentally retarded, challenged, crippled, patients, handicapped, invalid	Persons/individuals with disabilities, consumers
Deaf and dumb, deaf-mute	Deaf, hearing-impaired, speech impaired
Sightless, four-eyed, "blind as a bat"	Blind, partially sighted, vision impaired
Confined to /wheel chair bound/chaired	Wheelchair user, uses a wheel chair
Midget, dwarf	Little person/people, short-stature

Wheel Chair Courtesy

- Always ask if the person wants/needs your assistance before trying to help.
- Give the person and his/her wheelchair personal space- don't lean or sit on the chair.
- Speak directly to the person, don't assume they need someone to speak for them or make decisions for them.
- If you are engaged in a conversation with a person in a wheel chair, attempt to sit down or kneel in order to be at each other's eye level.
- Don't demean or patronize a person by using age-inappropriate talk, names, and gestures.

- Don't discourage children from asking questions about a person in a wheelchair. Open communication helps overcome fears and provides opportunity for more education and awareness.
- When assisting with a transfer, do not move the wheelchair out of reach for the person, unless they have given you permission to do so.
- Be aware of the person's capabilities- some people who use a wheelchair may also have the ability t walk with or without assistance. Always provide options for supporting people with disabilities.
- Don't assume that using a wheelchair is in itself a tragedy; wheel chairs provide freedom and allow people to move about independently.

Boundaries

Maintaining work-appropriate boundaries:

- Clearly and consistently set limits based on your job description and expectations as a state-reimbursed PCA.
- Maintain confidentiality at all times.
- Be mindful of what is happening around you- report inappropriate behaviors.
- Recognize that we are all deserving of respect- be honest and do not let an uncomfortable situation get out of control.

Things to avoid:

- Sharing personal conflicts outside of work.
- Sharing personal information that does not pertain to your job as a PCA.
- Creating an environment where the consumer is your care giver, shoulder to cry on, etc.
- Purchasing, selling or borrowing items or services.
- Promoting your political and/or religious beliefs.
- Discussing other PCA's, consumers or MCIL staff in a defamatory or slanderous manner.
- Providing and/or consuming drugs and/or alcohol while billing as a PCA for services.
- Verbal abuse, taunting, teasing, or fooling around that be interpreted as malicious, rude or threatening.
- Touching consumers with the exception of shaking hands and/or providing cares in which contact is required.
- Taking consumers to your home- you both increase the risk of crossing professional boundaries.
- Giving and/or receiving gifts.

Top 10 ABSOLUTLE NO's:

- Lending or borrowing money, vehicles or other items
- Accepting gifts, favors
- Buying/selling/throwing out merchandise of any kind
- Co-signing for assets
- Becoming involved outside of work hours (unless you entered in to this relationship prior to being a PCA)
- Breaking confidentiality
- Time fraud or manipulation of timesheets
- Having someone other that you work your shift and record hours under your name and provider number
- Wearing inappropriate attire to work
- Giving rides that are not related to the health and safety of the consumer and billing for that time.

You have just completed the study materials for MODULE B.
Please go to the test questions for MODULE B and complete the test.
GOOD LUCK!

Blood Borne Pathogens

Blood borne pathogens are viruses, bacteria and other micro-organisms present in the human blood that can cause disease.

THE TWO BLOOD BORNE PATHOGENS THAT POSESS THE GREATEST RISK ARE: HIV-AIDS AND HEPATITUS B (HBV)

Disease transmission:

If a person comes in contact with blood that is contaminated with a pathogen, he or she may become infected. Diseases caused by blood borne pathogens are also transmitted by contact with semen, vaginal secretions, breast milk, or any bodily fluid containing visible blood.

Method of disease transmission:

Sexual contact and sharing needles generally transmit diseases caused by blood borne pathogens. It is also possible for transmission to occur through non-intact skin, (skin that is chapped, weeping, affected by rash, or otherwise open) mucous membranes, (eyes, nose and mouth) and accidental needle sticks.

BBP: Cycle of Infection

1) For an infectious process to begin and continue, there first has to be an invading organism- what actually causes the illness or disease. This will determine whether the disease is serious (e.g. HIV or HBV) or relatively non-threatening (e.g. the common cold).

2) In the next step of the cycle of infection, the invading organism finds a host (a place to live and multiply). Once the host is infected, the pathogen can be transferred to other hosts.

3) Transmittal of a pathogen from one host to another is the next step. For this to happen, the invading organism must have 1) a means of exiting the host, and 2) a means of entering a new host. **The pathogen may exit through the mouth, nose, eyes, throat, urinary tract, intestinal tract, reproductive tract, or through an open wound.** It can enter a new host directly (through direct contact with an infected person or discharge), or indirectly (through water droplets, lungs, coughing, sneezing, contaminated hands, equipment, food or water).

4) To continue to be a danger, the invading organism must multiply itself by finding new, susceptible hosts. A susceptible host is defined as **someone who is capable of being infected**. Susceptibility is determined by 1) the amount of the invading organism that is present at the time of infection, 2) the length or amount of exposure time to the organism, and 3) the potential new host's ability to fight off infection. The ways in
which a pathogen can enter a new host are the same ways it can exit an infected host *(see step three).*

BBP: Hepatitis B (HBV)

Hepatitis B (HBV) is an inflammation of the liver that can be caused by chemicals, alcohol, drugs, or most commonly, viruses. Among healthcare professionals, OSHA estimates 8,700 cases of HBV each year, with approximately 20% of those resulting in hospitalization and 2% resulting in fatality. **HBV is diagnosed through a blood test. Recovery from Hepatitis B may take several months.** For treatment of HBV, a doctor typically orders supportive care such as bed rest and a restricted diet, including the restriction of alcohol and medication. Some people do not know they are infected because they show no or very mild symptoms. Others are chronic carriers who can infect others; 5-10% of infected people carry the virus for life.

- **Hepatitis B can live in a dry environment for at least 7 days**, but once the virus is dead it cannot be reactivated with water.

HBV Transmission and Symptoms

Hepatitis B can be spread by contact with body fluids contaminated with the virus, including blood, semen, vaginal fluids, saliva, and broken skin. IV drug users, homosexuals, and Healthcare personnel who handle infected materials are considered high-risk groups to contract HBV.

Symptoms of Hepatitis B
Symptoms may develop slowly, and include the following: Fatigue, loss of energy, mild fever, loss of appetite, abdominal discomfort, nausea and vomiting, muscle aches and joint pain, and yellow jaundice of eyes and skin. **Symptoms may develop six weeks to six months after exposure to the virus.** Average time from infection to first noticeable symptoms is two to three months.

Reducing Risks and Spreading of Hepatitis B

Adopt the following practices to reduce the risk of contracting HBV:
- Practice good personal hygiene
- Abstain from sex, or have mutually exclusive sex with an uninfected partner
- Practice safe sex by using condoms with spermicidal
- Do not share needles
- Do not exchange blood, semen or vaginal secretions
- Use properly sterilized instruments when entering the skin
- Do not share razors, toothbrushes, or other personal items
- Use a bleach solution to disinfect contaminated objects and areas
- Report exposures and seek medical care
- High-risk individuals should obtain the Hepatitis B vaccine
- If you are infected with Hepatitis B, adopt the following practices to reduce the spread of the virus:
- Do not donate blood, semen or organs
- Tell your doctor and dentist of your condition
- Dispose of sanitary pads and tampons in sealed plastic bags
- Avoid sexual activity during menstrual periods

HIV-AIDS

Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus (HIV) that attacks the body's immune system and weakens its ability to fight off disease and infection. HIV is diagnosed through a positive antibody test, and through tests showing damage to the immune system. There is currently no cure or vaccine for HIV-AIDS, and half of all cases result in early death. The virus cannot live in a dry environment for more than a few hours, and once it is dead it cannot be reactivated with water.

Causes of AIDS

The HIV virus infects the immune system's cells and causes AIDS. The immune system is broken down over a period of time, and eventually is unable to defend the body against sickness. HIV may also affect the central nervous system and the brain. Once infected by HIV, the host is infected for life. A person usually looks and feels healthy for many years before the virus shows outward signs.

Initial symptoms of HIV and AIDS:

- Fatigue
- Fever
- Rash
- Joint pain
- Nausea
- Loss of appetite and weight
- Diarrhea
- Night sweats
- Swollen glands (lymph nodes in neck, armpits and groin)
- Viral infection (cold or flu) that does not clear after 2 weeks

How HIV is spread

HIV is spread through the direct exchange of blood, semen and/or vaginal secretions. Most cases of infection are due to sexual contact or shared needles. It is also possible for the virus to be transmitted from an infected mother to her child during pregnancy, or from blood transfusions accepted prior to 1985.

Exposure Incidents

An exposure incident is defined as contact between the blood or other potentially infectious materials of one individual and the eyes, mouth, nose, or non-intact skin of another individual as a result of his or her duties of employment. The following are examples of exposure incidents:

- Broken skin that is contaminated by another individual's blood.
- An intramuscular shot given with a contaminated needle that has punctured deeply enough to involve a possible blood to blood mix.
- A laceration with a contaminated sharp instrument that draws blood.
- A transfusion with infected blood.
- Any contact between an open part of an individual's body and the blood, semen, vaginal fluid, or breast milk of another individual.

Exposure Control Plan

Your job has been classified as a position that has limited exposure to blood borne pathogens. The Hepatitis B vaccine and vaccination series will be offered to all employees as a matter of practice. If you, the employee, are interested in this series, please contact:

Human Resources at 651.603.2014.

- Post exposure evaluation and follow-up will be available to all employees who have had an exposure incident.

- **Universal precautions and personal protective equipment will be used on the job to prevent contact with blood or other potentially infectious materials.** In situations where the differentiation between body fluids is difficult or impossible to determine, all body fluids should be considered potentially infectious.

Universal Precautions

Universal precautions such as washing hands, using protective barriers, and cleaning and disinfecting procedures have been established to reduce the occurrence of blood borne transmission. You can also reduce risk by covering cuts, scrapes, hangnails, rashes, and so forth. Universal precautions apply to high-risk body fluids and do not apply to low risk body fluids unless they are visibly contaminated with blood. It is very important to implement universal precautions with everyone, regardless of what you know about their health status.

Hand washing
Out of all the infection control practices, the most important technique is thorough and frequent hand washing. For hand washing to be effective, it must be done frequently and correctly. Hand washing is expected as part of your regular routine, even in the absence of recognized disease.

When to Wash Hands
- After using the toilet
- After assisting an individual in your care with toileting or incontinence protection
- Before and after food preparation
- Before and after eating
- Before and after administering any type of medication to yourself or another individual
- Before emptying the dishwasher or setting the table
- Before and after any contact whatsoever with someone who is ill
- After removing gloves or other protective equipment
- Immediately after any contact with blood, semen, vaginal secretion, breast milk, or any body fluid visibly contaminated with blood
- Anytime your hands become soiled

Effective Hand Washing- Follow these steps for effective hand washing:
- Turn on and adjust water temperature to warm (110°)
- Wet hands and exposed areas of the wrist and forearm
- Apply soap to palm of hand; join hands, palm to palm of hands, palm to palm working up a lather on hands, wrists, and forearms
- Interlock fingers and work them back and forth, covering all areas between fingers with soap
- Lather for at least 15 seconds
- Rinse hands under running water with fingertips pointing down
- Dry hands thoroughly with a single use paper towel
- Turn off the water using a paper towel
- Discard the paper towel without touching the cover of the waste container

- Dry, rough hands may carry infection, so use water-based hand lotion after drying hands as needed. Trim fingernails frequently.

Protective Barriers

It is essential to wear protective barriers when it is likely that you will come in direct contact with blood, or any of the identified body fluids to which universal precautions apply. Direct contact includes, but is not limited to: Performing CPR, administering Medications, giving First Aid, or cleaning up after an accident. Protective barriers include gloves, resuscitation devices and protective face or eye wear.

Gloves

- Gloves must be worn whenever you have contact, or anticipate contact, with blood or other bodily fluids. Examples include changing bed sheets, emptying vomit basins, and so forth. Universal precautions do not require gloves to be used when in contact with low risk body fluids (unless they are visibly contaminated with blood), but it is recommended that gloves be worn.
- Vinyl and latex gloves must be changed between person-to-person contact, and also between different tasks on the same person.
- Gloves should never be washed, as they are intended only for a single use.
- It is important to wear correctly sized gloves; incorrect sizes compromise sterility. It is also important not to store gloves near heaters, air-conditioners, sunlight, UV, florescent, or x-ray light, as these conditions all promote glove deterioration.
- Hand washing should occur whenever you remove gloves, regardless of whether or not you have handled blood or body fluids. Heavily fragranced hand products should not be applied before wearing gloves, as this irritates the skin.
- Protective wear includes goggles, glasses, and/or disposable facemasks. Eyewear should be worn whenever splashes of blood or body fluids in the eyes are likely. Masks should be worn whenever splashes of blood or body fluids into the mouth are likely.

Resuscitation Devices

- Use a resuscitation device or pocket resuscitation mask when administering rescue breathing.

Cleaning and Disinfecting Procedures

- Objects or surfaces in your environment may be a source of disease transmission. Standard housekeeping practices are adequate for routine cleaning.

- Objects or surfaces contaminated with blood or any other bodily fluid must be sterilized immediately using one of the procedures listed below. Procedures for cleaning medical equipment will be determined by a health professional's recommendation, or the manufacturer's instructions.

Hard Surface Cleaning Procedure

Place gloves on both hands, remove excess fluids with paper towels, clean area with detergent and warm water. Wash down or spray the area with a freshly prepared (within 24 hours) solution of *one tablespoon bleach to one quart water.* Do not rinse; allow to air dry.

Food Contact Surfaces Cleaning Procedure

Follow the hard surface procedure; Allow to air dry for 30 minutes. Wash area with water.

Fabric or carpeting contaminated with blood or bodily fluids should be laundered or dry-cleaned whenever possible.

If this is not possible, do the following:
Place gloves on both hands; remove excess fluid with paper towels, clean area with soap and cold water. Spray with disinfectant following cleaning.

Glass Thermometer Cleaning Procedure

Wash thermometer in cool soapy water. Soak it in alcohol for 30 minutes or wipe it thoroughly with bleach solution. Let thermometer air dry; replace it in a clean container.

Digital Thermometer Cleaning Procedure

Wipe with bleach solution and air dry. Replace in clean container.

Store rectal and oral thermometers separately in labeled containers.

Contaminated Laundry

All laundry contaminated with blood, semen, vaginal secretions, or bodily fluids visibly containing blood should be handled with gloves. Contaminated laundry items should not be rinsed or sorted at place of origin; they should be bagged immediately at place of origin in a leak proof bag and labeled 'contaminated.'

- Place gloves on both hands
- Wash contaminated laundry separately from other laundry
- Pre-soak in cold water for 10 minutes if needed for stain removal
- Use a cold water cycle for at least 10-20 minutes with detergent that has a bleach component or add ½ cup bleach per load
- Contaminated laundry should be dried in a clothes dryer whenever possible

Accidental Exposure Incidents

In the job setting, the term "exposed" means an individual's blood or body fluids have come into contact with the mucus membrane (eyes, nose, mouth, sexual organs) or un-intact skin of another person. Again, the two main blood-borne pathogens are HBV and HIV. In the event you are exposed to someone's blood or bodily fluids, use the following procedures:

- For exposure to the eyes, nose or mouth, immediately flush the exposed area with water for 3-5 minutes
- For a needle stick or an injury that results in a break of the skin, immediately wash the affected area well with soap and water for 3-5 minutes

After the above steps, always notify your primary physician and MCIL PAS Management for further instruction.

You have just completed the study materials for MODULE C.
Please go to the test questions for MODULE C and complete the test.
GOOD LUCK!

Occupational Safety & Health Administration (OSHA)

You have a right to a safe and healthful workplace. That's why Congress passed the Occupational Safety and Health Act of 1970, requiring employers to provide workplaces free from serious recognized hazards and to comply with occupational safety and health standards. The Occupational Safety and Health Administration (OSHA) wants every worker to go home whole and healthy every day. The agency was created by Congress to help protect workers by setting and enforcing workplace safety and health standards and by providing safety and health information, training and assistance to workers and employers.

"What are my rights under OSHA?"

The OSH Act grants workers important rights. Workers have a vital role to play in identifying and correcting problems in their workplaces, working with their employers whenever possible. Often, employers will promptly correct hazardous conditions called to their attention. But workers also can complain to OSHA about workplace conditions threatening their health or safety. They can file complaints in person, by telephone, by fax, by mail or electronically.

Contact OSHA: http://www.osha.gov
Workplace Safety Consultation
443 Lafayette Road North
St. Paul, MN 55155-4307
(651) 284-5060

What are workers' responsibilities?

OSHA requires workers to comply with all safety and health standards that apply to their actions on the job. Employees should:

- Follow the employer's safety and health rules and wear or use all required gear and equipment.
- Follow safe work practices for your job, as directed by your employer.
- Report hazardous conditions to a supervisor or safety committee.
- Report hazardous conditions to OSHA, if employers do not fix them.

What are employers' responsibilities?

The Occupational Safety and Health Act requires employers to provide a safe and healthful workplace free of recognized hazards and to follow OSHA standards. Employers' responsibilities also include providing training, medical examinations and recordkeeping.

- **What is an OSHA standard?**
  OSHA issues standards or rules to protect workers against many hazards on the job. These standards limit the amount of hazardous chemicals workers can be exposed to, require the use of certain safety practices and equipment, and require employers to monitor hazards and maintain records of workplace injuries and illnesses. Employers can be cited and fined if they do not comply with OSHA standards.

OSHA Mandates

Employees have a RIGHT TO KNOW.

- As an employee of MCIL, the exposure of a Personal Care Attendant to hazardous materials is low due to PCA's working primarily in the consumer's home.

Any cleaning products will be typical household cleaning agents that do not require special considerations.

- During the performance of personal cares the PCA will follow **Universal Precautions** and will follow the directions of the consumer regarding **Personal Protective Equipment.**

Health Insurance Portability & Accountability Act (HIPAA)

- The consumers' and their families have a **right to privacy**, under state and federal law. As an employee, you must treat any and all **personal health information** about the people you work with as *confidential.*

  "Confidential" means that any health information about a consumer you work with should not used, disclosed, discussed, or shared with anyone outside of the family or MCIL, unless you have the permission of the consumer or responsible party. There are penalties for using or disclosing protected health information when it is not necessary for the care of the consumer or for the business operations of MCIL.

- Health information about individuals includes all records, files, and other information that contains any health data from which an individual can be identified. It includes information that is collected, stored, and disseminated by paper, electronic, oral, or any other means.

- State law: The Minnesota Data Privacy Act: Passed in 1979, it regulates the use of information by all government and private agencies that are licensed by the state. The Act gives certain rights to individuals when agencies collect, store, share, and use information about those individuals.

Informed Consent

"Informed consent" refers to a person's ability to voluntarily participate in a rational decision-making process regarding treatment or services, and the ability to weigh the risks and benefits of the proposed treatment or service after being provided the necessary information.

The Act provides for the emergency release of information if the health and safety of the person receiving services is in jeopardy. The person should, however, be informed about the emergency release of information as soon as possible.

Mandated Reporters

Any professional or professional's delegate who cares for vulnerable adults, who provides social services, who works in any health care facility, who works in a rehabilitation facility certified by the commissioner of jobs and training, who works in law enforcement or education, as well as medical examiners and coroners, are mandated reporters.

Voluntary Reporting: Anyone may voluntarily report known or suspected maltreatment of a vulnerable adult.

Triggers of mandatory reporting: A mandated reporter must report known or suspected maltreatment in the following circumstances:

- The mandated reporter has reason to believe that a vulnerable adult is being or has been maltreated.

- The mandated reporter has knowledge that a vulnerable adult has sustained a physical injury that is not reasonably explained.
- Suspected maltreatment prior to admission. If the adult is a vulnerable adult solely by reason of being admitted to a facility, a mandated reporter is not required to report suspected maltreatment prior to admission unless the individual was admitted from another facility and the reported has reason to believe the maltreatment may have occurred at the other facility or the reporter knows or has reason to know that the person is vulnerable because of a physical or mental infirmity in addition to being admitted to a facility.

Reports must be made immediately: "Immediately" means as soon as possible but no longer than 24 hours from the time knowledge that the incident has occurred has been received.

To Whom Reports Must Be Made: ALL PCA's must immediately follow internal reporting procedures and make a report to PAS Management. Management will file a report with the common entry point, (the entity designated in each county to receive VA reports).

Minnesota Vulnerable Adult Act

Minnesota's Vulnerable Adult Act ("VA Act") sets up a system whereby maltreatment of vulnerable adults is reported and, if appropriate, investigated and prosecuted. It requires mandatory reporting of suspected maltreatment by certain caregivers, and encourages others to voluntarily report suspected maltreatment. Reports are generally investigated and, where the report is substantiated, certain notification and records are made, as well as referral for criminal prosecution, if appropriate. Failure to follow the reporting requirements of the VA Act can result in criminal, civil, and licensing penalties for a provider of care.

Who is a Vulnerable Adult? *The VA Act defines a "vulnerable adult" as a person 18 or older who falls into at least one of the following categories:*

- The person is unable to provide for his or her own care or to protect him or herself from maltreatment. This inability may arise from a physical or mental infirmity or other physical, mental or emotional dysfunction.
- **The person is a resident or an inpatient of a facility, including a hospital or other facility licensed by the Department of Health, a nursing home, a residential or nonresidential facility licensed by the Department of Human Services, a licensed home care provider, or a personal care attendant service.**
- The person receives services at or from a facility licensed by the Department of Human Services, except that a person receiving outpatient chemical dependency or mental health care, or a person civilly committed as a sexual psychopathic personality or a sexually dangerous person is not considered a vulnerable adult solely by reason of that status or care.
- **The person receives services from a licensed home care provider or from a person or organization that provides or arranges for personal care attendant services under the medical assistance program.**
- A developmentally disabled adult who is living at home and not receiving any outside services may also be a vulnerable adult if that person's disability impairs his or her ability to care for themselves or impairs his or her ability to protect themselves from maltreatment.

Maltreatment Categories

"Abuse" includes all of the following:

Criminal acts: An act against a vulnerable adult that constitutes a violation of, an attempted violation of, or aiding and abetting of the following:

- Assault, the use of drugs to injure or facilitate a crime, the solicitation, inducement,

and promotion of prostitution, and criminal sexual conduct, which includes a range of acts from violent rape to nonconsensual sex to nonconsensual and non-therapeutic sexual touching.

Other acts: Acts which produce or could reasonably be expected to produce physical pain or injury or emotional distress, including but not limited to the following:

- hitting, slapping, kicking, pinching, biting or corporal punishment; use of repeated or malicious oral, written or gestured language toward a vulnerable adult which could be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing or threatening; the use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult; and the use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized by statute.

"Sexual contact" Any sexual contact — consensual or not —between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility is considered abuse. "Sexual touching" includes:

- Any touching of a person's genital area, groin area, inner thigh, buttocks or breasts that is not consensual or therapeutic.
- **The act of forcing, compelling, coercing, or enticing** a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

Abuse does not include consensual sexual contact between a vulnerable adult who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence and a 1) facility staff person if it existed prior to the care giving relationship or **2) a personal care attendant regardless of whether the consensual personal relationship existed prior to the care giving relationship.**

"Neglect" means the following:

- The failure or omission by a caregiver to supply a vulnerable adult with care or services, or the absence or likely absence of care or services, including but not limited to food, clothing, shelter, health care or supervision which is reasonable and necessary to maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the person.

Nothing requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's licensure, certification, registration, or other regulations.

Exceptions for Abuse and Neglect (none of these apply if there is criminal conduct involved):

- **Accidents.** *Sudden, unforeseen and unexpected occurrences, which are not likely to occur, and which could not have been prevented by the exercise of due care. If the vulnerable adult is receiving services from a facility, the facility and the person providing services must also be in compliance with the laws and rules relevant to the occurrence or event in order for the occurrence to be considered an accident.*
- **Therapeutic conduct.** *The provision of program services, health care of other personal care attendant services done in good faith in the interests of the vulnerable adult. In a facility, the conduct must be within the scope of services and licensure of the facility and of the person providing the services.*
- **Conduct consistent with the vulnerable adult's health care directive.** *A vulnerable adult is not abused or neglected for the sole reason that the vulnerable adult, or a person with authority to make health care decisions for the vulnerable adult, refuses consent or withdraws consent to any therapeutic conduct, including medical care and nutrition*

and hydration.

- **Spiritual healing.** *A vulnerable adult is not abused or neglected for the sole reason that the vulnerable adult, or a person with authority to make health care decisions for the vulnerable adult, in good faith selects and depends upon spiritual means of healing for the vulnerable adult in lieu of medical care, so long as this is consistent with the vulnerable adult's prior practice or beliefs, or with the expressed intentions of the vulnerable adult.*

- **Single Mistakes.** *It is not neglect when an individual makes a single mistake in the provision of therapeutic conduct to a vulnerable adult which does not 1) result in injury or harm which reasonably requires the care of a physician or mental health professional whether or not the care is sought immediately; 2) is reported internally by the employee or person providing services in the facility; and 3) is sufficiently documented for review and evaluation by the facility and any applicable licensing and certification agency.*

Financial Exploitation

Any of the following acts are financial exploitation if it results or is likely to result in detriment to the vulnerable adult:

- Breach of a fiduciary duty. A person with a fiduciary duty to the vulnerable adult engages in an unauthorized expenditure of the vulnerable adult's funds or fails to use the vulnerable adult's financial resources to provide food, clothing, shelter, health care, therapeutic conduct or supervision.

- Unauthorized use of funds. Any person, without legal authority, willfully uses, withholds, or disposes of a vulnerable adult's funds; obtains services for the person's own benefit; acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

PCA's and consumers are not permitted to exchange funds (loan money, financial gifts, etc). If the consumer and PCA willingly & mutually engage in this exchange, they forfeit the option of seeking MCIL PAS Management assistance in resolving any money-related disputes.

Maltreatment of Minors Act

The definition of abuse and neglect, according the Maltreatment of Minors Act, includes:

depriving a child of food, water, clothing, shelter, or supervision, violent behavior that can endanger a child physically or mentally, repeated domestic assault, violence against a family or household member within the sight or sound of a child, and *sexual abuse. Abuse and neglect can be physical, mental, or emotional in nature. Minors are defined as individuals under the age of 18.

**Sexual abuse can be defined as any instance in which a child is given inappropriate sexual attention by another person. Usually the perpetrator is an adult, but it can be an older child, teenager, or even a peer. This attention may involve sexualized language, sexual contact, and/or exposure to sexual behavior or pornography. The behavior may be forced, coerced, or even willingly engaged in by the victim, but is categorized as abusive because a child is legally incapable of free consent.*

MOD D

Who should report child abuse or neglect?

- Any person may voluntarily report abuse or neglect. Individuals who work with children and/or families are legally required to report suspected abuse or neglect.

- As a professional who works with children and families, you hold a key position in protecting children from harm. Minnesota state law requires certain professionals to make a child protection report if they have reason to believe that a child is currently being neglected or abused, or has been neglected or abused in the preceding three years.

Child Neglect

Child neglect differs from child abuse, though their results may be similar. Both can cause physical injury, emotional harm, and even death. But neglect is what a parent or other caretaker does not do rather than what he or she does. The following are conditions of neglect that must be reported:

- Inadequate food, clothing, shelter or medical care
- Abandonment
- Exposure to threatening or endangering conditions
- Educational neglect
- Prenatal exposure to substance abuse
- Inadequate supervision
- Child has suffered a physical injury as a result of hazardous conditions uncorrected by parent or guardian
- Child suffers injury or risk of injury due to domestic violence
- Failure to provide for a child's special needs
- Exposure to or involvement in criminal activities

When to report abuse and neglect:

CONSULT WITH PAS MANAGEMENT & FOLLOW ALL INTERNAL REPORTING PROCEDURES FIRST.

- If you know or suspect that a child is in immediate danger or the child is abandoned, contact your local police or law enforcement department right away. Law enforcement officers can remove a minor from a threatening environment in order to protect the child.
- If the child is not in immediate danger, and the alleged perpetrator is a parent, guardian, day care provider, or staff member of a licensed facility, contact your local social service agency's child protection unit.
- If the child is not in immediate danger, and the alleged perpetrator is someone outside the family and not a licensed facility staff person, contact your local law enforcement agency. Examples of non-family, non-facility caretakers include volunteers or paid teachers, coaches, school administrators, and babysitters.
- If you are unsure whether or not a situation should be reported, call your local social service agency's child protection unit. The child protection staff will help you decide if a report should be made based on the information that you provide.

You have just completed the study materials for MODULE D.
Please go to the test questions for MODULE D and complete the test.
GOOD LUCK!

Lifts & Transfers: Tips to reducing work injuries

Use upright postures and proper body mechanics.

- Always face the person/object when lifting them.
- Use a wide, balanced stance with one foot slightly ahead of the other.
- Bend at your legs, not your back.
- Do not twist when turning, pivot your body in the direction of the move and pick up your feet.
- Keep the person/object that is being moved close to your body.
- Keep items that have handles between your waist and shoulder.
- Use smooth movements, do not jerk or struggle- use adaptive equipment if necessary and/or ordered by a physician.
- Lower the person/object slowly by bending your legs, not your back.
- Return to an upright position as soon as possible.

Transfers

- THINK about it, before you do it.
- Prepare the environment before you begin the transfer:
- Make sure there are no obstacles in the way.
- Make sure that wheels on beds, chairs, walkers are in a locked position.
- Let the person know what you plan to do, step by step- determine how the person can participate in the transfer.
- Be consistent- do the transfer the correct way, the same way, every time.
- Remember that the person you are transferring may have fears of being lifted/transferred- by you or with the use of adaptive equipment.
- Talk to the person throughout the process. Listen to them- if they are dizzy or in pain, STOP and immediately address their complaints. Communication will help make the transfer easier and safer for all involved.

Transfer Devices

Back Belts "Back supports/abdominal belts"

- Worn by the person doing the lifting- supports the lower back during lifting.

Gait Belts "Transfer/Safety belts"

- Made of canvas or leather. The Belt is placed around the consumers waist, allows a secure transfer without grabbing onto clothes or arms.

Roller boards

- Round poles inside of a wooden frame covered with Vinyl/canvas. The rollers turn as the consumer is pulled across the board from one surface to another.

Slide Boards

- Long, narrow boards with a smooth wood or plastic surface. They serve as a bridge form one surface to another. Best to use with a consumer that has good use of their arms so that they can safely assist with the transfer.

Draw Sheets

- Used to move consumers up in bed and/or from a bed to a stretcher. A draw sheet can be made from a regular bed sheet- fold the sheet in half, and make sure that the fold is toward the head of the bead. They must be placed under the consumer, from neck to calves.

Trapeze

- A metal bar that hangs from an overhead frame- for consumers that have enough mobility and strength to reposition themselves in bed.

Mechanical Lift (Hoyer)

- Made of a heavy metal frame and canvas sling- frame is on wheels and has a handle which lifts the frame up and down. Make sure that the wheels are locked and that the chains are the same length on both sides of the consumer.

Health Care Plans

All consumers must have a completed Health Care Plan on file with the PCA agency. It is a shared responsibility of the agency and the consumer to make sure that the PCA's are made aware of the contents of the Health care Plan. The purpose of the Healthcare Plan is to document the supports that are needed to maintain a safe and healthy independent life.

The Health Care Plan identifies the following categories of supports:

- **Activities of daily living**, including eating, toileting, grooming, dressing, bathing, transferring, mobility and positioning.
- **Health-related functions**, which, under state law, can be delegated or assigned by a licensed health care professional to be performed by a PCA.
- **Instrumental activities of daily living** including meal planning and preparation, managing finances, shopping for essential items, performing essential household chores, communication by telephone and other media and getting around and participating in the community.
- **Redirection and intervention for behavior**, including observation and monitoring.

Health Care Directives

A Health Care Directive differs from a Health Care Plan, and is not mandatory for consumers to have on file. Make sure you ask the consumers that you work for if they have a health care directive- you will need to familiarize yourself and accommodate their wishes.

A Health Care Directive is a written document that informs other of your wishes about your health care. It allows you to name an "agent"to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you.

- **You must be at least 18 years old to make a health care directive.**

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

A Health Care Directive must:

- Be in writing, dated, state your name (your signature verified by a notary public or two witnesses).
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have included the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Contents of a Health Care Directive:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents (Agent must be at least 18 yrs old).
- Your goals, values and preferences about health care, the types of medical treatment you would want (or not want), how you want your agent or agents to decide.
- Where you want to receive care.

- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.
- You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

You have just completed the study materials for MODULE E.
Please go to the test questions for MODULE E and complete the test.
GOOD LUCK!

ATTENTION PCA:

Please notify the consumer that you work with that you have completed the mandatory 60-day orientation training modules. You will also need to contact the Assistant Manger at 651.603.2021 to submit your test. You and/or the consumer should also submit your introductory period performance review with your test.

You will receive your certificate of completion within 10 business days upon successful completion and receipt of materials at the MCIL office.

Please note: If you work with a consumer with extensive medical supports, you will be given additional modules and test questions- These modules must be completed and submitted with the orientation materials.

If you are interested in completing additional modules to further increase your level of training, please contact the Assistant Manger to request materials.

ALL TRAINING MATERIALS & PERFORMANCE REVIEW FORMS ARE AVAILABLE ON-LINE AT: WWW.MCIL-MN.ORG