

Population & Public Health, Winnipeg Regional Health Authority

Health Care Attendant Orientation

Tuberculosis Module

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Tuberculosis Module

Section 1.01 Introduction

This training manual is developed to support consistent, safe and efficient care for clients receiving Tuberculosis (TB) treatment in the community.

In the Winnipeg Regional Health Authority (WRHA) TB treatment is done by a trained worker who observes the client swallow each dose of TB medication, called directly observed treatment (DOT)/directly observed preventative treatment (DOPT).

Health Care Attendant (HCA) staff are an important part of the TB Public Health Team.

If you have any questions about the content in the manual please discuss with the Resource Coordinator (RC) or Public Health Nurse (PHN).

Abbreviations:

- ❖ AH: After Hours
- ❖ CSCP: Client Specific Care Plan
- ❖ DOPT: Direct Observed Preventative Treatment
- ❖ DOT: Direct Observed Treatment
- ❖ DSS: Direct Service Staff
- ❖ DVS: Daily Visit Summary
- ❖ HCA: Health Care Attendant
- ❖ IPN: Integrated Progress Note
- ❖ LTBI: Latent Tuberculosis Infection
- ❖ MAR: Medication Administration Record
- ❖ N95: Respiratory Mask
- ❖ NC: Nurse Clinician
- ❖ OESH: Occupational and Environmental Safety & Health
- ❖ OW: Outreach Worker
- ❖ PHN: Public Health Nurse
- ❖ PPH: Population & Public Health
- ❖ RC: Resource Coordinator
- ❖ SA: Self-administration
- ❖ TB: Tuberculosis
- ❖ WRHA: Winnipeg Regional Health Authority

Definitions:

- ❖ PHN/RC: Contact Public Health Nurse for client related clinical questions; Resource Coordinator for scheduling related issues
- ❖ PHN/RC/AH: During work hours contact Public Health Nurse for client related clinical questions; Resource Coordinator for scheduling related issues; outside of work hours contact After Hours
- ❖ RC/AH: During work hours contact Resource Coordinator; outside of work hours contact After Hours

Section 1.02 *What is Tuberculosis*

- TB is an infectious communicable disease passed from person to person through breathing.
- TB is a germ that enters the body through breathing.
- TB can stay in your lungs or move to other parts of the body (such as lymph nodes, bones).
- Once TB is in your body it can cause latent TB infection or active TB disease.

How is TB spread?

- When the TB germ is in the breathing system (lungs or throat) they can be spread in the air.
 - People with TB in their breathing system can put the germ into the air when they sneeze, cough, talk or sing.
 - People near them can breathe the TB germ into their lungs and then the germ can go anywhere in the body.
- It is not easy to get infected with TB. People need to spend days and weeks close to a person with TB to become infected.
 - People living in the same home are the most likely to get infected.
- TB disease that is not in the breathing system is called non-respiratory TB. It cannot be spread to other people.
- TB cannot stay alive on surfaces, such as counters or door knobs.
- TB is not spread in food or by touching objects, surfaces or sharing a cigarette.
- Once people with active TB disease start to take their medications they quickly become non-infectious and are then unable to spread TB.

Latent TB Infection:

Latent Tuberculosis Infection (LTBI) or Sleeping TB is when the TB germ is in the body but not causing sickness.

About (1) in every three (3) people in the world have LTBI. Most people that have LTBI do not know exactly when or where they breathed the TB germ into their body.

LTBI cannot spread to other people.

People with LTBI have no signs of illness because the TB germ is not active in their body.

Most people that have the latent TB germ in their body (LTBI) never get sick with active TB disease. Only about 1 in 10 people with LTBI will eventually become sick with active TB disease. This happens when the germ becomes active or wakes up.

Active TB Disease:

Active TB Disease is when the TB germ is awake and growing in the body.

People with active TB disease often feel sick or unwell. Active TB disease in the breathing system is infectious and can be spread to other people. Active TB disease in other areas of the body, not in the breathing system, is not infectious and is unable to spread to other people.

Signs of Active TB Disease:

- New cough or changes to your cough lasting longer than 3 weeks
- Coughing up blood
- Pain with breathing
- Fever
- Night sweats
- Weight loss
- Poor appetite
- Lumps in your neck or armpits
- Feeling very tired

Higher Risks for Active TB:

Anyone can get TB because it is spread through breathing. There are certain people who are more at risk to become sick with TB disease.

- People who have been infected with LTBI within the last 2 years
- People who have taken TB treatment previously
- Children under 5 years of age
- Older adults
- People with diabetes
- People with weak immune systems because of other infections like HIV or cancer
- People with weak immune systems because of certain medicines like Prednisone, transplant medicines or arthritis medicines
- Indigenous Peoples in Canada who have lived in communities with high rates of TB
- People born in countries with high rates of TB
- People who visit or work in countries or communities with high rates of TB
- People who live or work in shelters, prisons, health settings or group places

Section 1.03 Respiratory Safety

The N95 mask is a special respiratory mask that will reduce the risk from exposure to the TB germ. An N95 mask must be worn when working with an infectious client.

The Public Health Nurse (PHN) will advise when N95 masks are to be worn and when they are no longer required. This information will be noted on the report of service provided to the Health Care Attendant (HCA) by the Resource Coordinator (RC).

Discuss questions or concerns related to the use of N95 masks with the PHN.

Wearing the N95 mask is in addition to routine practices outlined in the Direct Service Staff (DSS) Handbook.

For your safety:

- Occupational and Environmental Safety & Health (OESH) requires the staff have N95 mask fit-testing every 2 years or if there is a change in the shape of their face.
- Check for a snug fit each time a N95 mask is worn by inhaling and exhaling forcefully to check for any air leaks.
- N95 masks will be provided to you by the RC.
- Masks are to be worn only once.
- Masks that become wet or damaged need to be changed during the visit.
- Put the N95 mask on before going into the client's home.
- Remove the N95 mask when you leave the home. Take the mask with you and throw it away in a garbage can.
- Respect a client's privacy by being discreet where you put on and remove your mask (at the doorway, just inside the door).

Section 1.04 Role of the Health Care Attendant (HCA)

The HCA is an important role in success of the Public Health TB Program in the WRHA. To meet the needs of the client, the HCA schedule and client specific care plans may change. With that in mind, the HCA is required to **review their daily visit schedule and Client Specific Care Plans (CSCP), and listen to voice messages left on their WRHA issued cell phone at the start of each shift.**

a) Directly Observed Treatment / Directly Observed Preventative Treatment (DOT/DOPT)

- Directly Observed Treatment (DOT) is when a trained worker **observes** a client with active TB disease swallow their medication.
- Directly Observed Preventative Treatment (DOPT) is when a trained worker **observes** a client with LTBI swallow their medication.
- DOT/DOPT is done by a trained health care worker (i.e. HCA, OW, and PHN). It cannot be done by a family member or friend.
- For clients under 18 years of age, the medication is given by the parent/guardian.
DOT/DOPT is done by a trained health care worker with a parent/guardian present.
 - The PHN may authorize the client to do DOT/DOPT without a parent or guardian present.
 - The RC will advise when this has been authorized. This information will be documented in the CSCP on the Report of Service.
 - A letter will be placed in both the client's home and office file.

b) Steps to observe a client taking their medication

1. Identify client as outlined in the DSS Handbook (two unique identifiers).
2. Review the Report of Service for any notes documented in the CSCP.
3. Wash hands or use hand sanitizer.
4. Access medication package from client's home file.
5. Follow Medication Assistance (including 6 rights) as outlined in the DSS Handbook
6. Confirm that the client and medication information on the medication label and the Medication Administration Record (MAR) are the same.

7. Before the client takes their medication, ask the client:
“Do you feel well enough to take your pills today?”
Client answers YES – proceed with DOT/DOPT.
Client answers NO – HCA or client to call the PHN directly. HCA is to document in the Integrated Progress Note (IPN) and report to PHN/RC/AH.
8. It is the client’s job to remove the medication from the package.
 - Suggest the client rip the foil on the back of the correct bubble to prevent breaking or damaging the medication. Red capsules break easily when pushed through the foil.
9. Check that **ALL** of the pills have been removed from the correct bubble(s) into a medication cup. Medication cups can be re-used by the client and are supplied by the office.
10. All of the medication must be taken at the time of visit.
11. RC will advise if medication is to be crushed and mixed with food or liquid to be swallowed. This information will be documented in the CSCP on the Report of Service. All of the food or liquid must be swallowed.
12. Check that the client has swallowed all of the medication by asking if all the pills have been swallowed.
13. Wash hands or use hand sanitizer when you leave the house.
14. Document as per guidelines in section H.

Section 1.05 Client Specific Care Plan (CSCP)

The HCA’s are expected to review each client’s Report of Service at the start of each shift. Closely review all information documented on the CSCP. This information can change at any time during treatment. HCA’s are not permitted to make changes to the CSCP without discussing with PHN/RC.

RC will advise of any circumstances that are different from the usual steps (listed above). These will be included in the CSCP.

For example:

- The HCA may be asked to pop the medication into a medication cup for the client.
- The HCA may be asked to crush the medication.
- The medication is to be mixed into food or liquid.
- To wear an N95 mask.
- PHN has given permission for a client under the age of 18 to have DOT/DOPT done without the presence of a parent/guardian.

Section 1.06 *Common situations in DOT/DOPT*

For direction on what to do in any of these common situations, contact RC/PHN/AH:

- Client vomits;
- Medications fall on the floor;
- Medications are damaged in the bubble pack;
- Client refuses dose;
- Incomplete dose swallowed;
- Client not home;
- Parent/guardian is not home for child on treatment;
- Client is ill;
- Unable to complete COT/DOPT for any reason;
- MAR form missing from client file, or multiple copies in file;
- The bubble pack is incorrect (medication or label).

During office hours, HCA's are to call the PHN with any questions related to client issues. When possible, call directly from the visit. PHN may be able to troubleshoot with client and HCA and solve the issue right away. If unable to speak directly with PHN, leave a message for PHN. Follow up with a call to RC, leave a message. No need to wait for PHN to call back, continue with next visit. If HCA speaks directly with PHN, do not follow up with a call to RC. HCA is to document the date, time and specifics of the issue on the Integrated Progress Note (IPN).

After office hours, HCA's to call AH to report any issues at time of visit. The HCA's DO NOT need to call PHN/RC and leave a message after hours. After Hours will then send a written report of all calls to the RC.

Section 1.07 *Medication*

- The medications are either bubble packed or in single dose syringes.
- The medications will come from The Prescription Shop, Grand Medicine or Taché Pharmacy. The packaging may look slightly different from each pharmacy.
- The PHN may make a single dose medication package for certain circumstances.
- Under no circumstances can meds be taken from a bottle, if this situation arises notify RC or PHN and return the bottle to the office.
- All empty bubble packs or unused medications are to be returned to RC.
- Do not rush the client. Encourage them to take their time.
- Offer lots of praise and encouragement to children.
- Distracting the child with play may help them to take their medication.
- Client can take as many pills per swallow as they are comfortable with.
- Incentives may be used to encourage the client to take their medication. PHN will advise when incentives are to be used. This information will be documented in the CSCP on the Report of Service.
 - HCA is not to provide incentives at their own discretion.
- If the child seems uncomfortable with HCA watching them, it is okay to stand partly hidden or to the side. The HCA must still be able to see the child swallowing their medication.

Section 1.08 Crushing Medication

- RC will advise when crushing medication is necessary. This information will be documented in the CSCP on the Report of Service.
- RC will supply the pill crusher.
- Client or parent/guardian of client will crush the medication and mix with a small amount of food or liquid. It is the HCA's job to watch the client crush the medication.
 - Special circumstances may require the HCA to crush the medication for the client.
 - RC will advise when this is required. This information will be documented in the CSCP on the Report of Service.
 - PHN will discuss with the parent/guardian what foods/liquids are suitable to mix with medication and the amounts to use.
- It is not necessary for the client to wash pill crusher after each use when it is only used for the TB medication for one person.

Section 1.09 Liquid Medication

- A complete dose of TB medication includes several different drugs. When a client is on liquid medication, there will be a separate syringe for each drug.
- Check the medication labels thoroughly to confirm that the client and medication information are correct on each syringe.
- Liquid medications have a short expiration date.
- Check expiration date on each syringe prior to watching the client swallow their medication.
- The PHN or RC will advise you of additional steps to help identify different medications.
 - The use of colored dots may be used. However syringe labels need to be reviewed thoroughly prior to observing any dose.

Section 1.10 Documentation

The client's chart is a legal document. Accurate documentation is an important part of health care. Keeping a clear record of medication doses on the Medication Administration Record (MAR) and information on the Integrated Progress Note (IPN) is important for client care. These documents can be used in a court of law. If a medication dose is not documented correctly it is considered not swallowed. Accurate documentation protects the worker if there is any question about their work and legally in a Court of Law.

Complete documentation includes the following steps:

1. At the first visit with a client, sign the Initial Verification Record in the client file.
2. Put initials in the correct column (today's date) on the MAR.
 - a. The dates of the visits **may** be highlighted on the MAR.
 - b. Schedules may change so confirm correct date **before** initialing on the MAR.
 - c. If time of scheduled dose is not indicated on the MAR, or the actual visit is different from scheduled time indicated on MAR, HCA to include time dose is observed on MAR.
 - d. It is very important to document each dose at the time of visit and not after the fact.
3. Document clearly and legibly. Print if necessary.
4. Document all issues with visit on the IPN, for example: vomited dose, incomplete dose, refused dose, client reported health concerns.
 - a. Place a check mark at the bottom of the MAR in the date column when a note is written on the IPN.
5. Date and sign all notes made on the IPN page.

6. If there is a note on the IPN page, return IPN page to the RC at the end of the month.
 - a. HCA will have extra blank (IPN) pages in their work bag.
 - b. Hand print name and date of birth on IPN before putting in client's home file.
7. Report all errors in documentation on the MAR or IPN to the RC. For example, dose signed on wrong date.
8. Notify RC if MAR is missing from the home at the time of visit. Document date and time of observed dose on IPN.
9. Contact RC if there are any questions about the documentation in client's file, if initials or notes are missing from the MAR.
10. Place a new MAR treatment record in the client's file at the start of each month or with all treatment changes. RC will give HCA new MARs.
11. Return all treatment records to RC.
 - o at the end of the month;
 - o with a change in treatment plan;
 - o with the end of treatment plan.

Section 1.11 Self-Administered Dose

Clients are occasionally approved to self-administer a dose of their TB medication.

- This is approve by the PHN, RC or AH.

If a client tells the HCA they self-administered a previous dose, the HCA should document this **on** the IPN **not** on the MAR.

- The HCA does not sign for the dose they did not see swallowed by the client.
- Leave date blank on MAR.
- Notify PHN/RC that client reports self-administered dose.

Section 1.12 Tracking Medication in Client's Home

HCA to notify RC when client has only two weeks of medication left in the home or two weeks before expiration date on liquid medications. The RC wherever possible will ensure the meds are in the home one week prior to start date.

For example:

- Twice a week (2 x per wk) = 4 doses left
- Three times in the week (3 x wk) = 6 doses left
- Five times in a week (5 x wk) = 10 doses left
- Every day = 14 doses left

Return all empty bubble packs to RC.

Clients are welcome to throw empty syringes in their garbage at home. For privacy, they may want to remove the label from the syringe and rip into smaller pieces. If client prefers, the can put empty syringes into a zip lock bag for HCA to return to office for confidential disposal.

At the end of treatment return all medication, bubble packs and client file to RC.

Section 1.13 Delivering Items to the Client

RC will provide information and direction with the HCA is to deliver items to the client's home.

- Items will be labeled with the client's name and address.
- Items will be in a sealed envelope.
- Envelopes containing medication will also be labeled "Property of WRHA, Confidential Information".
- HCA to ensure the right client is receiving the items by using two client identifiers:
 - First and last name
 - Date of birth
 - PHIN
 - Address
- Items with client name or health information must be kept safe and secure.
 - Items to be kept in a zippered work bag.
 - Travel only with minimum amount of information you need for the day.
 - Keep information on your person at all times.
 - If you have no option but to leave information in your vehicle, make sure the information is locked away in the trunk and out of sight.
 - Items are not to be left overnight in personal vehicle.
 - Items taken into HCA's home are to be kept private and secure as per directions in the DSS handbook.
 - Medication to be delivered the same day.
- If medications are to be returned to the office, RC will advise whether they can be put in the TB mailbox or left on RC desk. Ideally they are to be returned on the same day as the visit.
 - HCA will be paid administration time for travel to office.
 - If you are coming into the building After Hours with your pass and you hear the alarm go off, contact Mobile Patrol at 204-223-2873 to advise.
 - Explain to mobile patrol that you are an HCA with the TB program and have been given a pass to drop off information at RC desk.

Section 1.14 Sputum Transport

HCA may be asked to deliver sputum containers to client or pick up sputum and deliver to lab. RC will provide information, direction and necessary supplies.

RC will provide information and direction when the HCA is to deliver items to the client's home.

- HCA to remind client to follow instructions given by PHN and to keep all specimens in the fridge until the HCA visit.
- HCA will be given sputum collection package to deliver to client.
 - The package will include specimen bottles, individual bags, lab forms, larger transport bags and transport cooler.
 - Transport cooler will be used to deliver specimens to the microbiology lab.
- HCA to ask client to place all specimens inside large plastic bag and brown envelope and place in cooler at pick up time.
- HCA to take specimens in the transport cooler directly to the Health Sciences Centre Microbiology Lab on MS-6th floor, 820 Sherbrook Street. The Lab is open until 11pm nightly.
 - Free short-term parking in loading zone at 820 Sherbrook or in the indoor parkade for less than 10 minutes.
- Place bag containing specimens in the lab intake basket. Return transport cooler to RC.

Section 1.15 Daily Visit Summaries and Automated Mileage

- Daily Visit Summary (DVS) is the HCA timesheet and pre-approved travel kilometer record and must be kept with HCA during workday.
- The HCAs are expected to read their schedules and assignments and pay attention to CSCP, at the start of each shift.
- DVS timesheets must be returned to the office every second Friday before 08:30.
- The TB mailbox is on the side of the building at 496 Hargrave Street (near the corner of Hargrave and Bannatyne).
- All changes to DVS timesheet must be reported to RC or AH at the end of each shift, including:
 - All changes in visit times;
 - All changes to length of visit;
 - All changes to travel kilometers.
- DVS timesheets that are not returned to the office on time or changes not reported to the RC or AH may affect HCA pay.
- Travel kilometers
 - Distance between visits is determined by the RC.
 - Directions to new clients are included with HCA DVS timesheets.
 - HCA staff can phone the RC, AH, or client to ask for directions.
 - Keep an up-to-date City of Winnipeg road map in vehicle.
 - HCA may not be paid for kilometers if they take a different route or get lost.
- Every second Thursday HCA staff will get two DVS timesheets.
 - One is the current pay period schedule,
 - One is the next pay period schedule.
- HCA are paid a flat 30 minute rate for DVS timesheet administration work.
- All DVS timesheets or papers with client information must be returned to the office for shredding when no longer needed.
- HCAs that are unable to report to work must contact After Hours or the RC as soon as possible before the start of their workday.

Section 1.16 Scheduling

- The time has been scheduled to accommodate client's schedule. RC, PHN and client determine the optimal time of visit.
- Clients are advised of the visit time by the PHN or RC.
- HCA to notify RC or AH if HCA and client agree to a change in visit schedule.
- Each visit is scheduled for 30 minutes. This includes travel time. If travel between clients takes longer please notify the RC.
- The time of the visit is the first time indicated on the DVS. For example, visit is scheduled for 7:00-7:30 pm the intention is that you will arrive as close as possible to 7:00 pm. Client is told that visit is scheduled for 7:00 pm.
- Notify client as soon as you are aware that you are **ahead or behind schedule by 15 minutes or more**. Leave a message if the client does not answer.
- If you are unable to contact the client directly, contact RC or AH.

Section 1.17 *Client Not Home for Scheduled Visit*

- Make at least two attempts to contact the client by telephone or at their door.
 - Wait at the client's home until 15 minutes after scheduled visit start time.
 - E.g. client is scheduled for 7:00pm visit, HCA is to attempt contact with client until 7:15pm.
- Leave a message for client if you get voicemail.
 - *"This is [HCA name], HCA from WRHA. I'm calling for [Client name]. It's [time] and I'm at your home for your scheduled visit.
During business hours – Please call the TB office for further information or to reschedule.
After business hours – Please call After Hours at 204-788-8331 for further information regarding your visit today."*
- HCA to call RC/AH to report client not home.
- Client may call HCA back to say that they are home and ask the HCA to return for visit. HCA can determine if that is possible.
 - If HCA has time for a second visit, HCA can advise client directly. HCA to call RC/AH and notify them of the change/addition in their schedule.
 - If HCA is unable to offer second visit, advise client that HCA will call RC/AH to see if another HCA is available. RC/AH will call client back to reschedule or approve self-administered dose.
- HCA is **not** to approve the client for self-administered dose.

Section 1.18 *Hot Sheets*

HCA's are mailed monthly bulletins or "Hot Sheets".

Hot sheets include:

- Education and resource information that you may find helpful.
- Education sessions you may be interested in attending.

Section 1.19 *Protection of Personal Health Information*

- Every attempt will be made to ensure that DVS schedules, client information, phone numbers, address and contact information be stored safely at all times.
- DVS and client information to be carried with you at all times in a closed, secure work bag.
- When DVA schedules and client information are no longer needed they are to be returned to the office for shredding. You are not allowed to shred this information on your own.
- Client information kept for any reason other than to do your job is not allowed and subject to disciplinary action.
- Protection of personal health information is everyone's responsibility.
- For more information <http://www.wrha.mb.ca/about/policy/files/10.40.120.pdf>

Section 1.20 Communication with Clients

- When HCA arrives at client's home, show your WRHA name badge, introduce yourself and let them know you are there from the WRHA and that you are there to see client 'X'.
- If client is not home, ask when client will be home and report to RC or AH. Refer to Section 1.17 above.
- Do not share the reason for your visit with **anyone** other than the client.
- Clients are very protective of their privacy, sometimes they live with multiple people in their residence. These people can be family, friends, relatives, roommates, or their landlord. It is not your role to share any information about the client with anyone other than the client. Even if the client gives consent it is still not your role to share information about the client.
- If client asks HCA health related questions, refer the client to speak with their PHN or physician. It is not your role to educate the client.

Section 1.21 Roles of other TB Team Members

Resource Coordinator (RC)

- Direct supervision of HCAs.
- Monitors and evaluates HCA job performance.
- Schedules all work or client visits for HCA.
- HCAs who are unable to keep a scheduled client visit or will be late must contact the RC as soon as possible.
- After Hours must be contacted at 204-788-8328. If the visit is after 4:30pm and before 8:30am; or on Saturday, Sunday or statutory holidays.

Public Health Nurse (PHN)

- The TB Public Health office is open Monday to Friday 8:30am-4:30pm.
- HCAs are to contact the PHN with client health or medication concerns.
- HCAs are to contact the PHN if a client refuses to take their TB medication.
- PHNs are often working away from their phones. If unable to speak directly with the PHN, leave a message for the PHN. Follow up with a call to RC, leave message.
- If a nurse is not available, contact the RC or AH.

After Hours (AH)

- After Hours is a call centre service for HCAs to use on weekends, statutory holidays and weekday evenings 4:30pm-8:30am.
- The staff number to call is 204-788-8328.
- The client number to call is 204-788-8331.
- Your call will be answered in sequence, meaning you may be on hold depending on how many people are calling at the time.
- Your call will be answered by an operator or a supervisor.
- Call to AH include:
 - Report when you are unavailable for work.
 - Client is not home.
 - When you are behind schedule for them to advise clients.
 - Or any other things that might come up with clients.

- After your call, AH generates a report which is sent to the RC. The RC requires this written report as part of the documentation.
- After Hours Procedure included in Appendix.

Outreach Workers

- Outreach Workers (OW) work Monday to Friday 8:30am-4:30pm.
- OW sees clients that require more support to complete their TB treatment.
- HCAs will see these clients on statutory holidays, weekends, or when Outreach Workers are on holidays.
- When HCAs see these clients, the HCA will come into the office and get the bubble pack from the client file from the black filing cabinet at the Outreach desk.
- HCA will sign on the MAR in Outreach file.
- Remember to sign the Initial Verification Record in the Outreach file and remember to sign on the MAR in Outreach file after each dose.
- The key for the filing cabinet is located underneath the fan.

Team Manager

- Provide overall support to the TB program
- To support HCAs with questions, concerns or issues. HCAs are encouraged to contact the Team Manager (204-232-3297)
- To support RC with program development and educational opportunities for the HCAs.
- To support RC performance management of HCA staff.

Appendices:

- WRHA DSS Handbook September 2017
- Protecting Personal Health Information Policy and Procedure
<http://www.wrha.mb.ca/about/policy/files/10.40.120.pdf>
- Over the Phone Interpreter Services
- Latent TB Infection vs. Active TB Disease
- Transport of Specimens and Samples to the Lab; Safe Work Practice: Transportation of Blood and Sputum for diagnostic testing of communicable diseases for the community
- After Hours Procedure

Materials in this Manual are adapted from:

WRHA DOT Participant Training Manual 2014

WRHA Home Care Medication Assistance Orientation Presentation July 2015

Manitoba Government Tuberculosis Fact Sheet 2006

British Columbia Centre for Disease Control Communicable Disease Tuberculosis Manual 2015

TAIMA TB Training Manual Iqaluit, Nunavut 2012

Alaska Department of Health and Social Services Tuberculosis Training Manual 2015



WINNIPEG REGIONAL HEALTH AUTHORITY

WRHA

HOME CARE

DIRECT SERVICE STAFF ORIENTATION HANDBOOK





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WELCOME TO THE HOME CARE PROGRAM

Welcome to the Home Care Program. As a Home Care Direct Service Staff member you are an important part of the Winnipeg Regional Health Authority. You will be providing an essential service to clients who can remain at home and live with dignity in an atmosphere where they are happiest and most comfortable.

Based on each client's individual needs, a care plan is developed by the Case Coordinator in collaboration with the client. The amount of time and assigned tasks will be different for each client depending upon assessed needs. Your role as Direct Service Staff will be to carry out these assigned tasks with responsibility and respect for the client. You will report to a Resource Coordinator, who will provide support, guidance and mentorship throughout your employment with the WRHA.

This Orientation Handbook has been prepared for you to understand the philosophy, objectives and policies of the Home Care Program. Please use it as a reference during and after your orientation.

We wish you success as an employee of the Winnipeg Regional Health Authority.

Sincerely,

A handwritten signature in black ink that reads "Vikas Sethi".

Vikas Sethi
Regional Director, Home Care



Important Phone Numbers

Provincial Health Contact Centre (PHCC) After Hours

- Phone line for clients to call 204-788-8331
- After Hours Nurse 204-788-8334
- Direct Service Staff Line 204-788-8327/204-788-8328

Human Resources

- Payroll/HR Shared Service 204-940-8500
(press 5, then 2, remind the person that you speak with that the "ticket is for MSSP)
- Human Resources General Line 204-926-1326

OESH

- Post Exposure Line 204-788-8668
- Injury Near Miss Reporting Line 204-940-8482
- Employee Assistance Program (EAP) 204-786-8880

Community Area Office and Switchboard number

River Heights: 135 Plaza Drive	204-940-2313
Access Fort Garry: 135 Plaza Drive	204-940-2015
Access St Boniface: 170 Goulet	204-940-1151
St Vital: 170 Goulet	204-940-2070
Access River East: 2-975 Henderson	204-938-5200
Transcona: 845 Regent	204-938-5555
Seven Oaks/Inkster: 3-1050 Leila	204-938-5600
Assiniboine South: 280 Booth	204-940-2040
St James: 280 Booth	204-940-2040
Point Douglas: 80 Sutherland	204-940-6660
Downtown: 755 Portage 650 Main	204-940-2477 204-940-3160



Roles in Home Care

Team Manager (TM): provides supervision, management, leadership and support to the Community Area Teams (CCs, NRCs, RCs, and DSS).

Case Coordinator (CC): assesses clients in their home in order to establish an individualized care plan with each client and implement appropriate services to help the client stay safe and comfortable. The CC also authorizes equipment and supplies for client use.

Resource Coordinator (RC): provides supervision, leadership and support to the Direct Service Staff. The RC ensures the efficient delivery of services to Home Care clients. The RC also identifies recruitment and education needs, and provides ongoing supervision and evaluation.

Scheduling Clerk/Unit (SC/SU): is responsible for scheduling in Procura, printing schedules, and updating client schedules as required.

Direct Service Staff (DSS): collective term for staff providing care directly to clients (HCA, HSW, ISW, RA). These employees are also sometimes called Direct Service Workers (DSW).

Health Care Attendant (HCA): assists and/or provides hands on care for clients, performs personal care/toileting, assists with mobility and transfers, assists clients in taking medication and documenting as required. Provides other home support services as directed.

Home Support Worker (HSW): provides environmental supports for clients including housekeeping and laundry, and prepares bulk and individual meals as directed. Home Support Workers also assist clients in taking medication, and documenting as required.

Integrated Support Worker (ISW): provides support services for clients with mental health or behavioural issues. May also assist and/or provide hands on care for clients, perform personal care/toileting, assist with mobility and transfers, and provide other home support services as directed.

Rehabilitation Assistant (RA): provide direct and indirect rehabilitation activities as assigned by a Physical Therapist/Occupational Therapist or Speech-Language Pathologist. Rehabilitation Assistants assist and/or provide hands on care for clients, performs personal care/toileting, assists with mobility and transfers and provides other home support services as directed.

Human Resources Consultant (HRC): provides support to all employees of the WRHA. Each Community Area has a dedicated HRC to whom questions can be directed regarding employment related matters. Please ask your RC for the HRC in your Community Area, and do not hesitate to contact your HRC for any issues that may arise during your employment with the WRHA.



Principles of Care in the Home

- Our goal is to provide dependable and reliable service to all clients receiving Home Care
- Each client is recognized as an individual and needs to be respected and accepted as they are. This includes respecting clients' values, habits, lifestyle, etc. even though they may be different from our own
- Direct Service Staff are asked to encourage client and family/caregiver participation in order to enhance the client and family's independence and self care

Responsibilities of Direct Service Staff (DSS)

- DSS are required to complete shift assignments as scheduled. If the DSS is unable to complete the shift assignment, he/she must report to his/her supervisor (or designated) immediately
- The DSS is encouraged to identify to his/her supervisor any learning needs. The DSS will then be able to work with his/her supervisor in implementing a plan to address these needs
- DSS are asked to stay current with new policies, procedures and initiatives by attending in-services, reviewing Best Practice Manual documents and attending any training available
All Staff shall be responsible for following recommended Safe Work Procedures, wearing and using personal protective equipment when required, participating in safety and health training programs and informing supervisors of any unsafe work conditions.
- Texting and personal calls are not permitted while at work in clients homes and should be done when the DSS are on a schedule break.

Routine Practices

It is the expectation that ALL employees will follow Routine Practices for ALL clients. Hand hygiene is key in preventing the spread of germs.

It is important to realize that it is often difficult to determine when a client has an infectious disease or is a carrier of an infection and may not show any symptoms. For this reason, **ALL** clients are to be treated the same **each and every** time there is a potential for contact with a client's blood or body fluid.

Hand hygiene should be done: on arrival and before leaving a clients home, before assisting with medication, between tasks with the same client where soiling of hands is likely, after removing gloves, after contact with contaminated items (garbage, dirty dishes, laundry), etc.

Protecting Client Personal Health Information (PHI)

- Personal Health Information Act (PHIA) is a Manitoba Law
- The WRHA is required by this Law to protect the health information of our clients and ensure the confidentiality, security, accuracy and integrity of health information
- Personal health information used for the purpose of one's job duties and responsibilities is based on the employees need to know and is not to be shared or discussed in the presence of persons not entitled to know such information or in public places (elevators, lobbies, cafeterias, off premises, etc.)
- In addition to clients' health information all WRHA employees are obligated to protect clients' financial information, home conditions, domestic difficulties, and other private matters as part of the PHIA Act



HOME CARE Direct Service Staff Orientation Handbook

- All WRHA employees must read and sign a PHIA pledge of Confidentiality to acknowledge that they are bound by the act and aware of consequences of a PHIA breach. Each employee will review and sign the PHIA script on a yearly basis
- **Breach:** When PHI is accessed, collected, used, or disclosed other than is authorized OR its integrity is in some way compromised
- **All documents containing confidential information need to be kept secure and not left unattended**
- Protect the information as if it were your own
- Travelling with PHI is a necessary part of the job, so it is important to take precautions to keep written information safe (DVS, SVP, Task sheets)
- Travel only with the minimum amount of information you need to do your job
- When client information/service is no longer being used or provided, all written client information must be returned to the community office within 48 hours
- Do not leave client information unattended where others may access it (e.g. unlocked car). If you have no option but to leave information in your vehicle, make sure the information is locked away in the trunk and/or out of sight
- Only secure eHealth managed devices may be used for collecting and storing information, and *remember to protect those devices from theft or loss (WRHA cell phones or laptops)*
- When you are not at work, store your DVS, SVP, ID' etc. in a safe place in your home
- Emailing and/or texting of client information is **NOT** allowed. Emails with client information are only permitted within the firewall through WRHA approved email
- You should not be putting client information or client contact information into your cell phone
- You are not permitted to take pictures of client task sheets, your DVS, SVP or any other information you receive in paper form
- You should not use your phone camera to record/video or take pictures of your client or clients' home
- **Social Media:** Sites such as Facebook, Twitter, MySpace and other social networking sites should **NOT** be used to talk about the people you have provided health care to. If you share health information on these sites, it is considered a **BREACH!** You should **NOT** be "friending" or participating in "blogging" with people you have provided care to or their family members as this could put you at risk of a breach

WRHA Regional Policy 10.40.280 covers Audio, Video and Photographic Recordings. Please review and read.

- In the event that the WRHA receives information which supports a reasonable suspicion that criminal activity may be occurring in/on a client's home/property, the WRHA has the right to investigate independently or in coordination with the client and law enforcement (i.e. Police) to take video, audio/photographic recordings for safety, security, or crime control purposes in/on the client's property. In these circumstances, staff may or may not be advised of the recordings in advance. The recordings may or may not show staff performing their tasks.

PHIA Script

The PHIA Script reminds staff of their responsibilities to protect client information, what to do if they suspect or know client information has been compromised and what happens if they do not protect clients' information. Supervisors are required to personally meet (preferable) or call their staff to review the PHIA script on an annual basis. *Note: IF the conversation is done by phone, the staff shall come to the office and sign within two weeks.*

Supervisors must ensure that new hires sign the PHIA script as soon as reasonably practical (ideally with first office orientation/visit) but no later than 3 months after they start in their role.



PHIA SCRIPT

You must make every effort to protect clients' information. This includes information provided on your task sheets, DVS, NRS as well as any information you write down or learn in conversation from your supervisor. As an employee of WRHA Home Care, you are entrusted with this information and it is your responsibility to protect it.

What are my responsibilities in protecting client information?

- o I will not talk about clients' information with people who don't need to know it to do their job or in public where people will hear (e.g. Tim Horton's, elevators, etc.)
- o I will only carry with me the minimum amount of information necessary to do my job.
- o If I travel with client information I will keep it on my person at all times
- o If I can't take it with me in to a client's home it must be kept in an area where others' cannot access or look at the information (e.g., locked trunk, locked vehicle out of sight)
- o When not required for work, I will store client information in a safe place (e.g., I will never leave client information in my vehicle overnight)
- o As soon as I no longer require client information, I will return it to the office for safekeeping as opposed to storing it in my home or car.
- o As a direct service staff, I am required to submit DVSs once every two (2) pay periods or every four (4) weeks
- o I will return all tasks sheets and NRSs when the staff listed is no longer providing service to that client or when assignment is completed
- o I will not text or email client information over non-WRHA approved email (e.g., I will not send information through my personal email address)
- o If I need to bring a WRHA laptop into clients' homes to do my job I will ensure it is not left unlocked and unattended.
- o I will not put any client information or client contact information into my cell phone (e.g., taking pictures, record/video client).
- o I understand that I am required to present all task sheets in my possession to my supervisory RC within 24 hours of request.

What do I do if I suspect or know that client information has been lost, stolen or inappropriately shared?

- I must report it immediately to my supervisor

What happens if I don't follow these steps to protect client information?

- o This may result in disciplinary action and may include:
 - o A verbal or written warning,
 - o A letter placed on my employee file,
 - o Suspension or termination of employment
 - o The WRHA may make a complaint to my professional regulatory body
- I hereby acknowledge that I have received, read/heard and understand the above and by signing below agree to follow my responsibilities to protect client information.

This information was reviewed by telephone conversation OR in - person (circle one)
on _____(dd/mmm/yyyy)

Supervisor name: _____

Supervisor signature: _____

Signed on _____(dd/mmm/yyyy)

Employee name: _____

Employee signature: _____

Signed on _____(dd/mmm/yyyy)

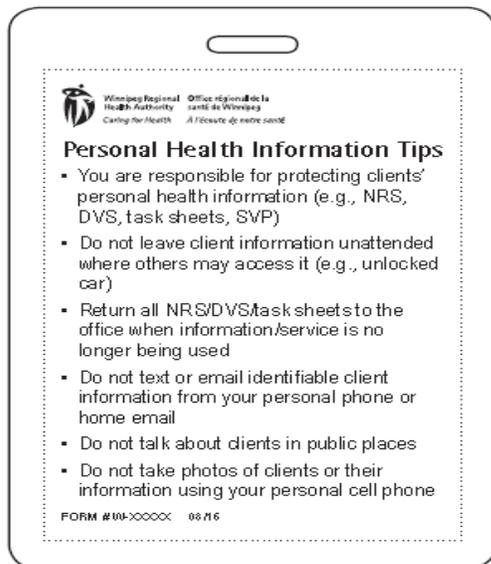


Coding Sensitive Personal Health Information PHI PRIVACY CODES

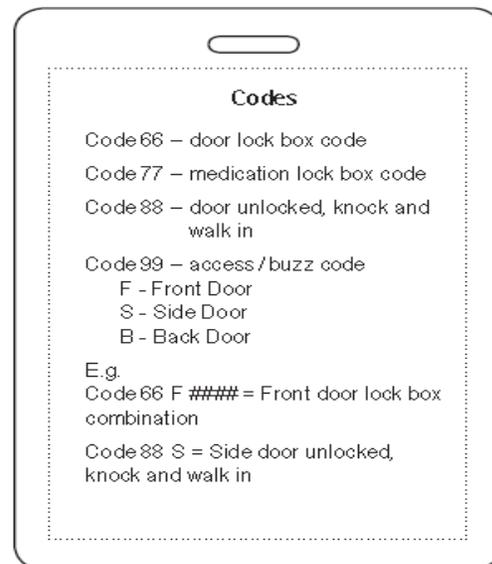
The Privacy Codes will be used to ensure that DVS's and task sheets contain the minimum amount of PHI required for staff to do their job and to decrease the risk in the event that the DVS's and /or task sheets are lost or stolen.

All staff will be provided with a laminated Privacy Code ID Tag that also includes PHI protection tips. All staff must ensure the card is attached to their photo ID lanyard

Privacy Code	Meaning
Code 66 F #####	Access – Locked box combination, Front door
Code 66 B #####	Access – Locked box combination, Back door
Code 66 S #####	Access – Locked box combination, Side door
Code 77 #####	Medication Box – combination
Code 88 F #####	Just walk in – Front door unlocked
Code 88 B #####	Just walk in – Back door unlocked
Code 88 S #####	Just walk in – Side door unlocked
Code 99 #####	Access/Buzz code



Side 1



Side 2



Conflict of Interest

- The purpose of this policy is to ensure the proper handling of real, potential, or perceived conflicts in order to protect the integrity of the WRHA and its representatives
- DSS are not to engage directly or indirectly in any personal business or financial activities for profit which conflict with their official duties and responsibilities
- Examples of Conflicts of Interest include:
 - Selling Avon products or raffle tickets to a client or relative of client
 - Accepting gifts from clients
 - Mowing a client's lawn for extra money
- All WRHA employees have an ongoing duty to report to their supervisor any circumstance that appears to give rise to a Conflict of Interest
- For more information, please see contact your RC or review the policy on the WRHA website

Professional Boundaries

- It is important to maintain a professional relationship with your clients. In this relationship, the focus should be on the client's needs
- There are several activities that may violate the boundaries of your professional relationship. These include commencing a social relationship with a client (including engaging on social networking sites), disclosing personal information to clients, or engaging in inappropriate conversations with a client
- Engaging in a personal/romantic/sexual relationship with clients, and /or their family members is a breach of professional boundaries
- DSS should not interact with clients outside of work hours. (Examples: in their home, hospital, during off sited respite or if the client moves to another community area)

Respectful Workplace

All WRHA Staff are entitled to a respectful work environment free of Disrespectful Behaviour including Discrimination, Harassment, Sexual Harassment, Personal Harassment and Workplace Violence.

Examples of breaches include:

- Unwanted remarks and/or physical contact
- Humiliation in front of coworkers
- Vandalism of personal property

If you feel as though you are a victim of a disrespectful workplace, please speak to your manager or Human Resources Consultant.

Smoke-free Policy

The purpose of the smoke-free policy is to protect clients, employees, students/trainees, and volunteers from the harmful effects of exposure to secondhand smoke. The WRHA Smoke free Policy applies to all, clients, caregivers, and visitors in the home/site.

Smoking in the home/site includes: smoking tobacco, marijuana, e-cigarettes/vape cigarettes

- Clients are not to smoke in their homes for one hour prior to the scheduled arrival of Direct Service Staff
- Clients are not to smoke during the home visit



- Before any home based service, clients are asked to clear the air of smoke as much as possible by: turning on exhaust fans, opening windows (if weather permits), thoroughly putting out all cigarettes, cigars, etc.
- Direct Service Staff are not permitted to smoke in the client's home under any circumstances

If clients, caregiver or visitors are non-compliant during home visits, please advise your Resource Coordinator. This constitutes a risk to your health and will be addressed by the Case Coordinator. A Safe Visit Plan may be implemented or alternative ways to provide care to the client may be considered.

Animals in the Home

The Winnipeg Regional Health Authority (WRHA) recognizes that the human animal bond is very strong and especially important to those individuals who require assistance in day to day life. OESH guidelines require that a SAFT be completed if animals are present in the home and a SVP be developed if there is a risk associated with the animal.

The WRHA operational procedure for animals in the home applies to:

- All animals/pets and it is not dependent on the animal/pet's behaviour, personality traits and/or on the employee's comfort level
- All visitors, client's family members, neighbours or associates who may be present with their animals/pets in the client's environment/home during the provision of care
- Animals/pets for which the client is temporarily caring for (e.g. dog or cat sitting)

The operational procedure **does not** apply to:

- Employees who have allergies to, or personal phobias related to animals. In these situations, the WRHA OESH Operational Procedure: Reasonable Accommodation and Return to Work is to be followed and is based on the medical documentation
- All staff are to be notified of the presence of animals/pets, type/breed, number and name(s) regardless of risk and whether or not a SVP has been implemented.
- The SVP is required to be provided to staff as follow-up to verbal notification whenever possible
- Documentation of the same must be recorded in the General Comments section
- Every effort must be made and documented to contain or secure all low, medium, and high risk animal/pets.
- A SVP is not required for animals identified as Low Risk
- The animal/pet must not be able to come in close contact to the employee
- These animals/pets may be placed in rooms with closed doors, in a kennel, or there could be a barricade/barrier in place to prevent the animal/pet from leaving the enclosed area.
- If the animal is to be in the front/back yard during the provision of service, the animal may remain there as long as employees do not have to walk by it or be in close proximity to it
- The exception to this policy is a service animal that supports the specific client. A service animal has been trained to support a person with a disability for reasons related to their disability. Home Care staff must not feed, touch or interfere with a service animal. Remember this animal is trained to be a support to the client; it is not a pet.



Photo ID

The WRHA has a Photo Identification Policy that applies to all employees. The full policy can be found on the WRHA website or your Resource Coordinator can provide you with a copy.

The purpose of this policy is to ensure the safety of staff and clients.

- The policy requires that all staff have their photo identification with them at all times, while they are at work
- Being at work includes working in a client's home, an office location, or a training session. Please be aware that in order to be admitted to evening education sessions, photo identification is required
- Staff that work directly with members of the public will only have their first name on the front of their photo identification card. This is to help ensure the safety and protect the privacy of these individuals
- When you are not at work, store your photo ID in a safe place in your home. Do NOT leave it in your car, purse, or anywhere accessible by others
- Your photo ID is the property of the WRHA and must be returned to your Manager/Supervisor upon termination of employment or as requested by your Manager/Supervisor

Clients may ask to see your photo identification card before allowing you to enter their homes. This is perfectly acceptable and is recommended to clients as a way of ensuring their safety.

Please report any lost or stolen identification cards to your supervisor immediately, as well as to your facility's security department. (Please note that a replacement charge of \$15.00 will be applied to you should a replacement ID badge be issued due to loss and/or failure to return the ID badge as required)

Identifying Your Client

You are responsible to ensure that you are providing service to the right client. When you are meeting the client for the first time:

- Ask the client to state their first and last name
- Ask the client to state their address
- The information should be the same as the information you received from your RC
- To have an established relationship, you must provide service to this client at 3 times in a 6 week period

When there is an established relationship, facial recognition and greeting the client by name and observe the response are used as identifiers

- If more than 3 months have passed since you provided service, you will need to follow the same process that you would use if you were meeting the client for the first time

Communication and Expectations in Reporting

DSS are expected to report the following to the office or to After Hours promptly because of the possible impact on client and staff safety:

- safety concerns
- changes in your client's physical, mental or emotional status
- signs of injury, neglect or abuse
- changes in the home or the client's living arrangement
- problems with medications



- if for some reason you cannot complete your tasks
- if tasks are taking longer to complete
- if you are going to be absent or late
- if your client is not home for a scheduled visit, this is an important matter
- if the required supplies or equipment are not available e.g. vacuum, toilet brush
- if equipment is not working or broken
- if you are asked to do something that is not on your task sheet

If you identify something that you feel should be reported, don't wait. The delay can result in harm/injury to your client, even death or harm/injury to yourself or other staff.

Do not assume that someone has already reported.

When you phone to report, give your first and last name, the date and time of your call or the incident, the client's name, what did you see, what did the client say, what did you do. Report the facts and be as specific as possible.

If you have an important matter during regular office hours that requires immediate assistance and you get no answer and voicemail comes on, '**PRESS 0**' and you will be redirected to the office switchboard. Inform the person that you need to speak with SC/RC/CC/TM (depending on your situation) to have him/her paged to call you.

Reporting of Abuse

WRHA Regional Policy 80.00.010- Please read and review the complete policy.

- The Child and Family Services Act:
 - A staff member who has information causing him/her to believe that a child is or might be in need of protection by anyone shall:
 - Immediately report the information to the appropriate Child and Family Services Agency, or to a parent/guardian of the child.
 - Call 204-944-4200 OR 1-866-345-9241
 - If child is in immediate danger, call 911 or police
- The Vulnerable Persons Living with a Disability Act:
 - A staff member who believes on reasonable grounds that a Vulnerable Person to whom he/she is providing service is or is likely to be abused or neglected, shall immediately report the belief and information upon which is based to:
 - Office of the Vulnerable Persons Commissioner 204-945-5039 OR 1-800-757-9857
- The Protection for Persons in Care Act:
 - A staff member who has a reasonable basis to believe that a client or a patient is or is likely to be abused shall promptly report the belief and the information it is based on to:
 - PPCO of Manitoba Health 204-788-6366
 - Fax Facility Report Form located at:
 - <http://www.gov.mb.ca/health/protection/forms.html>



Client Not Home for a Scheduled Visit

If the client does not appear to be home for a scheduled visit, this is an **URGENT** matter as the client's health may be in danger. The following steps must occur:

- Make 2 attempts within 5 minutes to contact client. Check if door is locked and look in windows
- Attempt to reach primary contact
- Ask contact to follow-up to ensure client safety and ask them to call CC/After Hours if unable to locate client or further cancellation of service is required
- Notify RC/After Hours/Scheduling Unit that client is not answering and contact is following up
- If you are unable to reach contact, **IMMEDIATELY** report to RC/After Hours/Scheduling Unit
- **DO NOT LEAVE A MESSAGE. YOU MUST SPEAK TO A PERSON!**
- During regular business hours, **PRESS '0'** to get the switchboard and indicate that client is not home and that you need to speak to someone in person
- After regular business hours, contact After Hours (Provincial Health Contact Centre) 204-788-8328; stay on the line until it is answered

Dress Code

Clothing

- Neat and professional in appearance
- Appropriate length, design and fabric
- Jeans may be acceptable (consult your supervisor)

If you are uncertain regarding the appropriateness of certain clothing, please consult your supervisor

Hair

For staff providing direct client care or assisting with food preparation/handling, hair must be tied back

Hand Hygiene and Fingernails

- Hand hygiene must be followed according to Infection Control Guidelines and Routine Practices
- Nail polish may be worn but should be removed if chipped
- Artificial fingernails, gel nails, or extenders are not to be worn

Jewellery

- Simple and worn in moderation

Footwear

- For safety and protection of staff, closed toe, closed heel, and clean shoes which provide traction and support must be worn
- A second pair of shoes must be worn inside clients' homes

Scented Products

- Fragrances and other scented hygiene products shall not be used/worn by staff (e.g. perfume, body spray, hair products scent boosters for laundry)

Personal Hygiene

- Good personal hygiene and cleanliness shall be practiced (example: use of non-scented anti-perspirant or deodorant for body odour control)



Personal Music Devices

- The wearing of personal music devices where headphones/ear plugs are used (such as MP3 players and iPods) are not permitted during the course of work functions

Modules

Violent and Aggressive Behaviour Management Module 1 & 2: provided in Orientation: CARE (Caution and Respect Everyday), signs of violent/aggressive behaviour, tools to use to defuse/de-escalate challenging situations, how to lessen risk of aggressive behaviours, awareness of our responses to clients and our body language, importance of reporting violent situations

Nine Communication Modules

There are a total of nine communication modules open to Home Care Direct Service Staff. The modules focus on developing and practicing effective communication skills. Being able to effectively communicate with healthcare clients is necessary to be able to provide quality service and establish a good work relationship. Module one is completed in Orientation. The dates and location of the other modules are listed in the Hot Sheets. Your Resource Coordinator must schedule and register you for the sessions. Use the table below to keep track of your attendance.

Module number and title	Date completed
1 Introduction to Communication – defining communication, different types of communication, barriers to communication, parts of the communication message	
2 Effective Listening Questioning Skills - active listening skills, understanding the importance of listening, effective listening, practicing active listening skills	
3 Questioning Skills – understanding the power of questions, exploring different questioning techniques, practice using questioning skills	
4 Communication Styles – understanding the impact of perception on communication, identifying your own communication style, exploring various communication styles, recognizing ways to communicate better with different styles	
5 Establishing Rapport – understanding the importance of rapport, developing skills to establish rapport, understanding the impact of body language	
6 Defusing Hostility – explore the actions and behaviours of upset people, identify your triggers and reactions to an upset client, awareness of triggers, practice defusing strategies utilizing assertive and effective communication	
7 Conflict Styles/ Dealing with Conflict – develop an understanding of positive sides to conflict, assess one’s own reactions to conflict, review of 5 styles of conflict/understanding most appropriate use of conflict, explore basic problem solving model	
8 Maximizing Communication through Self-Management – examine stress/stress reactions/burn out, dealing with difficult clients, stress management strategies, positive mental health	
9 Communicating in Diverse Environments - explore challenges/approaches of working with different individuals, “A, B, C’s of Dignity in Care”	



Nutrition and Safe Food Handling

Nutrition and safe handling of food is important for clients. As a health provider, we have the role to offer suggestions of nutritious food choices. Clients have the right to decide if they would like to accept your suggestion (keeping in mind that they have the right to refuse). It is also important that food is prepared so that it will not pass on illness to those that eat it. During Orientation, you will have received information about how to safely handle foods and ways to improve nutritious food choices for clients. During the Nutrition Modules, you will have the opportunity to increase your knowledge and be able to apply the information that was learned.

The Nutrition Module Training Program

This training program consists of 5 modules that are each approximately 3 hours in length. Module 1 (Safe Food Handling) and Module 5 (Safety) are completed in orientation. The dates and location of the other modules are listed in the Hot Sheets. Your Resource Coordinator will schedule and register you for the remaining sessions shortly after orientation is complete. Use the table below to keep track of your attendance.

Module number and title	Date completed	Class Location
Nutrition Module 1 – Safe Food Handling and Tasks of Home Support Topics include: common sources of food borne illness, preventing food borne illness, cross contamination, proper cooking and food storage, safe food handling techniques, proper hand washing, appropriate cleaners and appropriate laundry procedures.	Completed in orientation	2 nd floor – 496 Hargrave St.
Nutrition Module 2 – Canada’s Food Guide and Special Diets Topics include: principles of healthy eating (review of Canada’s Food Guide), 24 hour food recall, role of vitamins and minerals, use of supplements and special diets (with a focus on diabetes and heart disease).		2 nd floor – 496 Hargrave St.
Nutrition Module 3 – Cooking I Topics include: basic principles of food preparation, basic recipe preparation and common ingredient usage.		Lutheran Church of the Cross – 560 Arlington St.
Nutrition Module 4 – Cooking II Topics include: meal planning, cooking with consideration to special diets and cultural and ethnic situations.		Lutheran Church of the Cross – 560 Arlington St.
Cooking Basics Includes lecture, hands on cooking component, food sampling opportunity. Includes info on foods commonly requested by clients, culturally appropriate foods, using common kitchen utensils/equipment, how to make coffee/tea, how to make eggs, how to make common sandwiches		2 nd floor – 496 Hargrave St.
Bulk Meal Prep A hands-on kitchen lab where DSS practice safe food handling, problem solve what to make with limited ingredients, organize order of operations, apply time-management to preparing large quantities of food, portion, cool and label food appropriately and use clean up principles.		Lutheran Church of the Cross – 560 Arlington St.



Assignments & Scheduling

Hours of Work

- Casual employees are paid for the actual hours worked
- FTE (Full Time Equivalent) employees are paid for the hours guaranteed by the FTE
 - If there is insufficient work to fulfill your required FTE, you may be required to attend your Community Area Office
- Daily hours of work may fluctuate due to changing client needs but the bi-weekly FTE will be maintained
 - Normal hours of work for a Full-Time staff member are 8 hours daily and 80 hours bi-weekly
 - Normal hours of work for a Part-Time staff member are dependant on the size of FTE
- The expectation is that DSS will be contacted at client's homes during their scheduled visits regarding scheduling changes/cancellations or in case of emergency

Commitment of Availability / FTE

- Outlined in your letter of offer
- FTE – permanent schedule
- Casual – variable schedule
- Please ensure all necessary arrangements have been made in order to fulfill your commitment

Split Shift Premium

- It is a scheduled **unpaid break period** of one hour and 15 minutes or more
- Only one split shift premium is paid per day
- The amount paid for a split shift is outlined in the collective agreement
- Your RC can confirm for you if you are entitled to a split shift premium.
- You may be assigned work during this period of time. If work is assigned, you may no longer have a split shift

Weekend Premium

- The amount of the premium paid per hour is outlined in the collective agreement

Additional Hours

- Open to part-time FTE Direct Service Staff wishing to work additional hours outside their available work period
- Employees must submit their availability to the community office Scheduling Unit in writing using the Home Care Additional Hours Availability form on a quarterly basis
- Additional hours are assigned based on seniority, exceptions may apply (i.e. delegation or continuity of care)
- This does not apply to full-time (1.0 FTE) staff

Statutory Holidays

NEW YEAR'S DAY	CIVIC HOLIDAY
LOUIS RIEL DAY	LABOUR DAY
GOOD FRIDAY	THANKSGIVING DAY-Monday
EASTER MONDAY	REMEMBRANCE DAY
VICTORIA DAY	CHRISTMAS DAY
CANADA DAY – July 1st	BOXING DAY

Please refer to your Collective Agreement

- We do not provide baths, supervision (where family and/or caregiver is available as a result of the Statutory Holiday), household maintenance, laundry, or bulk meal preparation on Statutory Holidays



HOME CARE Direct Service Staff Orientation Handbook

Regular Pay Period Schedule (SAP)

- It is printed in the Hot Sheet once per year
- Newly hired DSS – refer to your orientation handout

Vacation

- The vacation year runs from April 1 – March 31
- Employees accrue vacation in one year and are entitled to take it the following year
- Employees who occupy an FTE position will receive their vacation pay at the time they take their vacation
- Only casual employees will receive automatic pay-out of their vacation at the beginning of each year
- No carry-over of vacation will occur
- Vacation requests should be submitted by March 1st for the following year. Any request submitted after this time will be approved on first come first serve basis
- Seniority is to be used where a conflict exists between vacation requests
- Employees are expected to complete a Paid Hour Adjustment form (PHA) when requesting to take their vacation
- Vacation requests of one week or longer must be submitted in writing at least four weeks prior to the start of the vacation leave
- Employee **should not** make travel arrangements before obtaining approval of the request for vacation

Requesting a Leave of Absence

- Leave of Absences are unpaid time
- Employees are expected to complete a Paid Hour Adjustment form (PHA) when requesting a leave of absence
- Employees **should not** make travel arrangements before obtaining approval of the request for the leave of absence

Severe Weather Response Plan – SWRP

- A plan developed to provide the highest needs clients with selected service during severe weather such as a snow storm where roads are heavily snow-covered and no buses are running
- Clients are reviewed annually. An RC will ask a DSS to provide the selected service if SWRP is activated (Client specific information will be provided and you will receive a phone call if it is activated)
- Listen to the radio (CJOB 680 AM) for updates re: activation
- **DO NOT** see your regular clients if SWRP is activated
- Call your designated contact when you have returned safely home from a SWRP shift

Expenses

Cell Phone/Pay Phone Expenses

The following telephone options (keeping PHIA in mind) are to be considered first when contacting the office to report that a 'Client Is Not Home for a Scheduled Visit'

- If the **next client** is scheduled 5 minutes to 15 minutes after, DSS may use the next client's telephone (if available) to follow Client Not Home for a Scheduled Visit procedure.
- DSS in a block may use the phone provided in the lobby (if available)
- DSS in the community may utilize a phone at a nearby store or go to a neighbor **IF** that neighbor is the contact person

Cell Phone/Pay Phone Expenses are reimbursed only when the DSS has **no other means** to contact their RC to make this report.



- You are eligible to receive \$0.50 per connected telephone call
 - This includes when the call is answered by a person or answering machine
- You must inform your SC/RC when you are claiming cell phone expenses and how many calls you made at the time (ex: RC, Family, After hours etc)
- Expenses are submitted on a Finance Expense Claim Form obtained from your RC
- A minimum of \$10.00 of expenses must be accumulated before a claim is submitted
- Claims must be submitted within the fiscal year they are incurred

Performance Management

- Performance conversations are conducted annually
- Supervisory visits will be conducted throughout the year
- Your RC may complete an Audit tool while in the home
- Visits by your Resource Coordinator may be planned or unplanned

Merit Increase

- After one year of service, provided you have worked a minimum 1,000 regular hours, you are eligible for an increase in pay of one step within your job classification
- This is in recognition of satisfactory service and will be automatic unless concerns are identified

Task Sheets/Daily Visit Summary (DVS)

Task Sheets

- It is **very important** to receive a task sheet for every client that you see. Not only will you be able to read the tasks that need to be done, you will also have the client contact information with you in case of an emergency.
- Please ensure that you only perform tasks that are listed on the client's task sheet
- You will be called with client information and you are expected you to write the information down on paper until you receive the task sheets in the mail. You may be asked to come by the office to pick up the task sheet.
- When you no longer see a particular client, you must return task sheets and any other paperwork with client information to the office so they can shred the information as per PHIA procedures

Daily Visit Summary (DVS)

A DVS is your timesheet

- Lists the client visits, the start & stop times and duration of each call
- Covers Friday to Thursday (week 1) and Friday to Thursday (week 2)
- Prior approval from the office is required in order to make any changes to your schedule and DVS
 - Once changes have been approved, mark them on the DVS as directed and change your daily totals as required
- Use black or blue pen (not pencil) when writing on your DVS and remember to print clearly
- If you make a mistake, please cross it out and initial it – do not use whiteout.
- Extra client visits, split shifts, in services etc are to be entered on the blank lines provided at the end of each day



- If you need to drive an alternate route because the normal route was closed off, report the extra kilometer amount to your RC. Upon approval, enter the kilometers traveled in the "KM" column on the DVS beside the client's name that you were travelling to
- If you take the bus for work, write the total number of bus fares in the space provided at the bottom of the last DVS page. If your RC decides that it is more cost effective to authorize a bus pass, write BP in that space instead and provide receipts
- If your RC authorizes Taxi fares or parking costs, write the information on the space provided at the bottom of the last DVS and attach all receipts
- Remember to sign the bottom of every page
- It is best to submit your DVS at the end of every pay period (every 2 weeks). By doing so, your RC will have the accurate information they require to ensure you are paid correctly.
- Each Community Area office has a DVS drop off box and some have alternate locations
- Be sure to ask your RC to show you where it's located at your 1st supervisory meeting

Transportation

Travel Time

- Authorized by your RC and reflects the actual time spent travelling between assignments
- It is added to the visit time of the client to whom the worker is travelling to

Automated Mileage Tracking System (AMTS)

- AMTS uses a mapping software program that automatically calculates kilometers based on your reported mode of transportation, your schedule and your verified timesheet
- AMTS calculates the shortest distance between visits as they appear in your schedule and will include all kilometers you are entitled to be paid for
 - You are permitted to take a different route from the shortest one, however, you will only be compensated based on the kilometers in the shortest route
- AMTS needs accurate addresses to calculate kilometers traveled so be sure that your RC has your current home address
- If for any reason the shortest route is blocked, let your RC know as soon as possible and record the additional kilometers incurred for that visit directly on your DVS in the extra kilometer column.
- Your RC can override the amount of kms paid for that visit in AMTS when they authorize it
- DSS are authorized to be paid the mileage that is in excess of 8km from home to the first client or in excess of 8 km from the last client to home
- Direct Service Staff living **outside** the city limits will be paid from the perimeter entry point closest to their home. The point of entry is considered the home base. Eight kilometers are deducted from the point of entry to the first and last client assignment
- Kilometers paid are not taxable income
- KM rates are set by the Minister of Transportation
- If you have concerns about the mileage calculation generated by AMTS, please contact your RC. He or she will be able to help clarify how the system works and help to problem solve any discrepancies
- If a conversation/explanation with your RC does not address your mileage concerns, DSS may request, in writing, a copy of the AMTS DSS Report. This request must be in writing to your RC
 - This request must include the specific pay period number and the specific day or dates within the pay period that the DSS wishes to examine
 - Your RC will need time to generate this report but will make every effort to reply within a reasonable time period



- If there are still concerns after you receive the AMTS DSS Report:
 - DSS can request an appointment to sit with the RC to review the report and go over the detailed driving directions used in the calculation by AMTS on screen
 - Prior to the meeting DSS should prepare their own driving directions showing the shortest route to bring to the meeting. If this has not been done then the meeting may be delayed
 - DSS and RC can review the differences and help to problem solve to come to a resolution

Driver's License/Vehicle Insurance

- A valid driver's license is required to drive for work (e.g. class 5)
- You must have "all purpose" insurance to drive a vehicle for work

If you have preferred insurance (not business or all-purpose) and are involved in an accident while driving for business related purposes, your insurance is invalid.

Vehicle Maintenance

- Home Care Staff are responsible for ensuring they have a working vehicle for the scheduled shift of work. Home Care Staff will not be paid for the shift if he/she calls the RC or designate to indicate the vehicle is not working prior to the start of the shift. The options are for staff to borrow a vehicle from a family member/friend for the shift or renting a vehicle.
- Home Care Staff are expected to follow all traffic laws and rules of the road.
- Home Care Staff are responsible for reading all parking signs and notices.
- Home Care Staff are accountable for their own parking or speeding tickets. The WRHA is not responsible for reimbursing staff for these costs.
- Home Care Staff are responsible for maintaining the operation of their own vehicle during all seasons.

Helpful tips

- Have the vehicle serviced regularly at a certified garage or service station.
- Keep the gas tank at minimal ½ tank full.
- Use anti-theft device to deter theft of vehicle.
- Keep a spare set of keys in pant pocket or on photo ID to prevent locking keys in car.
- Having a motor/auto league membership may be of benefit to assist with flat tires, etc.
- Keep valuables out of sight in the vehicle. Lock items in the trunk of the car or better, don't carry any unnecessary items in the vehicle.
- Check the inside and outside of the vehicle before entering.
- Drive according to the weather conditions.
- Keep a winter safety kit in the car.
- Remember it is against the law to talk on the cell phone when driving. If it is safe to do so, pull to the side of the road and talk. Remember, ensure windows are closed as sound may travel and surrounding people may overhear the conversation. Remember PHIA!!



Know Your Zone

Know Your Zone - City of Winnipeg Winter Parking Bans; There are five different winter parking bans – residential, annual snow route, declared snow route, snow emergency, and temporary no parking.

Residential: All residential streets are assigned a snow zone, which is represented by a letter of the alphabet. It is important that direct service staff become familiar not only with their zones but with the zones that the Home Care Clients belong to. The city will broadcast when the snow zone plow schedule has been posted. The schedule will be available by calling 311 or at knowyourzone.winnipeg.ca. Residential parking ban is called two to three times a year.

Annual Snow Route: The snow route parking ban is in effect from December 1 until March 1. Vehicles are not permitted to park on designated snow routes between 2am and 7am.

Declared Snow Route: Additional overnight plowing may be required on snow routes after a snowfall. The declared snow route ban prohibits vehicles from parking on snow routes from 12am to 7am. This ban may be declared when snow volumes are particularly high.

Snow Emergency: The snow emergency parking ban prohibits parking on snow routes, and may be declared at any time by the Mayor.

Temporary No Parking: Additional snow removal may be required on particular streets. “No Parking” signs will be temporarily posted when this ban is in effect.

*Violation of the winter parking ban(s) may result in vehicles being ticketed or towed. Vehicles owners may call 311 for information and/or to find out the location of their vehicles if towed.

Medication Assistance

- Direct Service Staff are **ONLY** permitted to assist clients with medication if the medication is in compliance packaging. These medications can include:
 - Solid dose formulation (dispensed in blister pack by pharmacy)
 - Crushed medications (prepared by pharmacy)
 - Liquid medications (prepared in oral syringes by pharmacy)
- If authorized by the Team Manager, the Direct Service Staff may assist a client with medication from a pre-set dosette. This must be clearly identified in the comments on the task sheet for that specific client.
- If authorized by the Team Manager, the Direct Service Staff may do a one dose only medication set out. This must be clearly identified in the comments on the task sheet for that specific client.

6 Rights of Medication Assistance

- **Right client** (use 2 Client Identifier-full name and address)
- **Right time** (correct day of the week and time slot)
- **Right medication** (meds look the same down each time slot)
- **Right dose** (number of pills)
- **Right route** (oral)
- **Right Documentation** (date, time, initial, and comment if applicable)

- **DO NOT** remove any medication from the bottle (i.e. prescription or over the counter)
- **DO NOT** cut, crush or break medication
- **DO NOT** touch medications with your bare hands
- **REPORT** immediately to the RC/AHU/SU if: medications are missing, changes in medication, client refuses or forgets to take medication, bubble pack has been cut and taped (tampered with)
- **REPORT** immediately if the medication locked box is open, lock is broken or box shows signs of tampering. Ensure lock is closed and numbers scrambled.



- If the client thinks that something is different with what you are doing, stop and review the 5 Rights of Medication Assistance (Right client, right time, right medication, right dose, right route) and report to RC/AHU/SU immediately and document
- **DO NOT** rush
- **DO NOT** get distracted from your task
- Notify Scheduling Unit when additional forms are required (Note: recommend notify when only 2 forms remain in home). If no MTR in the client file, you should document on your DVS in space beside client name, write: meds given and initial. Call SU and inform with was done
- Return completed MTR at least once every 2 weeks to the Scheduling Unit
- **REPORT** all medication concerns to the RC/AHU/SU and ask for direction. DSS are not to make decisions about a client's medication or take advice or direction from family.

Occupational and Environmental Safety and Health Policy and Operational Procedures

The WRHA Workplace Safety and Health Policy and all related operational procedures can be found on our website at <http://www.wrha.mb.ca/professionals/safety/policies.php>

WIS Health and Safety Manual

In keeping with the Winnipeg Regional Health Authority (WRHA) and Family Services and Labour (FSL)'s commitment to providing a safe and healthy workplace, this document has been developed for the Winnipeg Integrated Services employees. WRHA Community and Corporate Health Services employees, and Family Services and Labour (FSL) employees fall under the WIS umbrella, therefore, this manual is applicable to all Home Care staff.

The complete manual can be found online at www.wrha.mb.ca/professionals/safety . There is also a paper copy at each site.

Reporting of Safety Concerns and Safety Hazards

All safety and health concerns must be reported to the supervisor immediately.

The supervisor shall make every effort to resolve the safety and health concern immediately/in a timely manner.

When more than one safety issue is brought forward for resolution, prioritizing shall be in accordance using the risk assessment process.

Safety and health concerns that are not resolved to the satisfaction of an employee by the supervisor will be reported to a safety and health committee member within the program / department / area. The committee/representative will attempt to resolve the concern.

If programs/ departments / areas are unable to find acceptable solutions to safety and health issues, they may consult with OESH at anytime.

This operational procedure can be found on the website at

http://www.wrha.mb.ca/professionals/safety/policies_section05.php



Fire Safety

All Home Care DSS must familiarize themselves with their buildings fire/evacuation plan, the location of all exits, and their responsibilities in the event of a fire or whom they are to report to for their WRHA Community Area Facility.

- It is always best to evacuate the client house or apartment building if that can be done safely. If the DSS is able to escort the client to a safe area outside of the home or apartment (Note for apartments, this may usually be by a stairwell), this should be done
- Note: All apartment buildings should keep an updated list of those residents in the building who have mobility challenges or who need assistance getting out. This list is kept at the fire control panel by the front doors and it is available to the fire department when they arrive to fight the fire.
- The key is that the DSS evacuate themselves so the DSS can communicate to the fire department about their client who cannot get out.

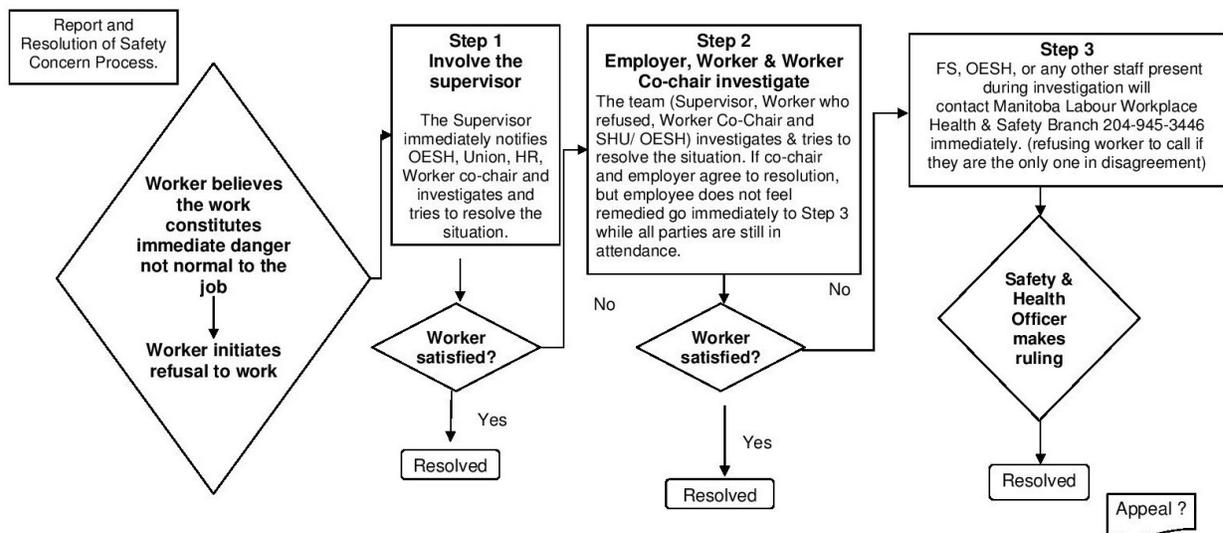
Right To Refuse Dangerous Work

The Workplace Safety and Health Act Section 43: 1 states that a worker may refuse to work or do particular work at a workplace if he or she believes **on reasonable grounds** that the work constitutes a danger to his or her safety or health or to the safety or health of another worker or another person. "Dangerous" work generally means: work involving safety and health risks that are not normal for the job. Dangerous does not mean seriously unpleasant or not getting along with a client (e.g. personality conflict).

The Right to Refuse Dangerous Work is only to be used when the reporting of a safety concern or hazard has not been resolved. The WRHA OESH Operational Procedure Right to Refuse Dangerous Work outlines the steps to be followed. This procedure can be found on the website at

http://www.wrha.mb.ca/professionals/safety/policies_section05.php

This is the process to follow:





Work Related Injury/Illness Response And Reporting Process

If a work related injury or illness occurs, the following steps should be taken:

- (1) Attend to the injury. If applicable, first aid treatment should be administered by a qualified person. This may require transport to the nearest health facility or the calling of an ambulance ("first responders").
- (2) If the work related injury involves a Blood or Body Fluid Exposure (i.e. needlestick, spill, splash) you must follow the Post Exposure Protocol. All information is contained in a package that is available in all departments/units.
- (3) If the work related injury or illness involves a serious injury or fatality, the accident site must be immediately sealed off in order that there is no tampering with the site until an investigation can occur. Serious Injuries as defined by the Workplace Safety and Health Act must also be reported to the Department of Labour – Workplace Safety and Health Division by following your site process.
- (4) All work related injuries, illnesses and near misses must be reported to your supervisor immediately by following the Injury/Near Miss process.
 - Community and Corporate staff must call the Injury/Near Miss reporting line at 940-8482. The form is completed over the phone with our Intake Technician.

If you miss time from work or seek medical attention (physician, chiropractor, physiotherapist, etc.) the appropriate paperwork needs to be completed for the Workers' Compensation Board of Manitoba. Both the employee and the employer must complete a Workers' Compensation Report within five (5) days of an accident where that accident may require medical treatment and/or time away from work. In addition to completing the Injury/Near Miss Form you must call the Workers Compensation Board at 954-4100 to report the injury if you miss time from work or seek medical attention.

The events leading to the injury will be reviewed using the Injury/Near Miss Form to determine whether steps can be taken to avoid similar injuries in the future.

Note: The Injury/Near Miss Form is used to report all incidents of violence, aggression and abuse.

Return To Work Programs

If you are injured or ill, we will assist you in returning to work as soon as you are able. Staff must be full partners in the return to work exercise by actively working with us cooperatively to design a return to work program to accommodate your specific medical needs while taking into account operational requirements.

Working Alone and Personal Safety

A Safety Assessment Form Tool (SAFT) is completed for all clients receiving Home Care services to assess and identify if there are any risks/hazards to staff while providing care.

A Safe Visit Plan (SVP) is developed when a risk/hazard has been identified.

If a SVP has been developed, all staff must follow the SVP and must notify the RC or designate (After Hours) if a change in the SVP needs to occur.



HOME CARE Direct Service Staff Orientation Handbook

- Do not enter a home that is not scheduled for a visit
- Exercise care in hallways, elevators and stairwells. In elevators, stand close to the control panel with your back to the wall. Be aware of the alarm location. If in an elevator and someone is bothering you, press the nearest floor button and press the alarm (don't press stop). Get off the elevator and knock on the nearest apartment door. If avoiding assault, yell FIRE and kick the walls. If you feel uncomfortable about someone waiting with you for the elevator, do not enter the elevator, use the excuse "I am waiting for a friend".
- Always know the entry and exit points to a building or home. Scan the environment for 30 seconds when entering the client's home to know the phone location, exits/entry points, and any other people in the home.
- Stay between the client and the exit. Don't get cornered.
- If someone is under the influence of drugs or alcohol, leave the environment and contact the RC or designate after you get to a safe location.
- Follow the client i.e. let the client lead the way, don't let the client follow you (i.e. you don't lead the way).
- Do not remain at a visit if the client/family /visitors make inappropriate comments or are inappropriately dressed/undressed.
- Leave if you suspect the client is losing control of his/her emotions, physical control and is becoming threatening.
- Always leave a situation if you feel uncomfortable. Follow your instincts. Immediately call the RC or designate from a safe location to discuss and report the event.
- If a client is venting or releasing their anger, stay calm, stand up(don't let the client dominate you), stand at an angle to the client at one arm length away with feet slightly apart and keep hands at the sides with palms up (no clenched fists). Keep voice down, even and calm. Speak slowly, simply with precise words. Be polite and stay calm. "You seem upset. Can we sit down and talk about your concerns?" or "What can we do to increase your comfort with this situation?" Use culturally appropriate eye contact. Let the client know you are hearing them by paraphrasing (verbal cues) and head nodding (non verbal cues). If possible, move 6 feet away from client. Watch client's body language, for example if client starts to clench fists, this may indicate the client wants to do something physical.
- Use of personal alarms is encouraged by the Winnipeg Police
- If required in the SVP, a Personal alarm (Mugger Stopper) may be loaned to staff. Please talk to your RC if there are safety concerns.
- If use is required, pull and throw away the top pin. Keep alarm on you. Instructions are provided with alarm
- If alarm is used, report it to Police, your supervisor and OESH Injury/Near Miss

Please consult the WRHA Personal Safety Awareness and Tips Booklet for complete information



Slips, Trips and Falls

Slips, Trips and Falls account for approximately 30% of staff injuries and most are preventable. The majority of these injuries occur in the winter. One of the main causes of these injuries is too little friction or traction between the footwear and the walking surface. Another frequent cause is walking too fast for the weather conditions such as rain, snow or ice. Therefore, selection of proper footwear and appropriate pace of walking are critical for preventing slip and fall accidents.



Footwear

Good footwear should be worn year round and should provide you with a firm base, cushioning, ankle support and a non-slip sole.

Ankle support - should have a medium to high cut design to give extra support to your ankles

Non-slip sole - to have good slip resistance the sole of the footwear will have two main features to increase the traction between the shoe and the walking surface:

- The tread design: The rougher the material on the bottom of the footwear, the more the sole will protrude through snow, slush, dirt and maintain contact with the surface.
- The soling material: The more the sole remains soft or pliable throughout different temperature ranges, the greater the slip resistance. It is recommended that footwear be chosen with natural rubber soles for winter wear.
- The sole should be flat or with a low heel to increase surface contact and to maintain natural posture.
- It is recommended that the sole be of natural rubber or a material which maintains its softness and “stickiness” when below freezing.

Tips for buying footwear - year round

Always buy shoes with a non-slip sole

Buy footwear in the afternoon when your feet are at their maximum size

If you wear orthotics bring them with you to try on with the new shoes

If your feet are different sizes, buy shoes to fit the larger foot

Shoes should fit snugly without being too tight

Try shoes of different widths

There should be about ½ inch of room between your big toes and the end of the shoe

The heel area should be firm enough so that you cannot squeeze it between your thumb and fingers

Walk around the store for about 5 minutes to get a “feel” for the shoes.

Winter Footwear

Normal protective footwear (such as running shoes) is not designed for cold weather and may not prevent slips on snow or ice.

Footwear that will help keep you safe during winter conditions should:

- Protect against cold and wet conditions
- Provide good traction in snow and good slip resistance on ice
- Feel immediately comfortable – if you have to break them in, the footwear is not a good fit for you
- Have a medium to high cut design to provide better support for the ankles
- Be flexible but firm in the upper part of the boot so the foot won't slide around in the boot
- Be compatible with devices such as orthotics or arch supports
- Allow room for warm socks
- Have a deep tread pattern designed to go through snow, slush and dirt, increasing traction and safety
- In addition, leg warmers or insulating muffs may be worn around the ankles to keep feet warm in cold weather.

How do I Walk Safely on Snow and Ice?

- Wear proper footwear
- Match your pace to the conditions
- Take short steps and walk at a slower pace so you can react quickly to a change in traction
- Go around obstacles
- Do not climb over snow banks. Go around them. It may be a longer walk but it is safer
- If you have a number of items to carry, make two trips
- When sidewalks have not been cleared and you must walk in the street, walk against traffic, facing oncoming cars and as close to the curb as you can



- Be on the lookout for vehicles which may have lost traction and may not be able to stop at crosswalks or traffic signals
- At night, wear bright clothing or reflective gear. Dark clothing will make it difficult for motorists to see you.
- During the daytime, wear sunglasses to help you see better and avoid hazards

Falls Prevention and Client Safety

Falls are a significant health problem for older adults. It is estimated that one third of people 65 years of age and older fall each year, and individuals who fall once are twice as likely to fall again. The most common cause of falling in older adults is slipping or stumbling, and most of these incidents occur in the home. The average length of hospital stay for a fall injury is 31 days – 10 days longer than hospital stays for other injuries.

Risk factors for falls

The client assessment includes looking at a large variety of factors that can increase the risk of falling. These include: medications, vision, conditions in the client's home, mobility, strength and balance, nutrition, history of previous falls. The care plan is developed to address the issues that are important to each client and will be revised if falls become a new problem for the client.

Pre-transfer&/or Mobility Checklist Card

- Refer to this information to help you identify and report risks to your client.
- Report if you see concerns including your client has more pain or more fatigue, if your client seems more agitated or confused, if you client is unsteady or having more difficulty moving.

Falls Prevention

- Report if the conditions in the client's home present a risk of slips, trips or falls:
 - Wipe up spills immediately. Mop or sweep debris from floors.
 - Remove obstacles from walkways and always keep them free of clutter.
 - Secure (tack, tape, etc) mats, rugs, carpets that do not lie flat.
 - Minimize use of extension cords and do not lay them across walking path.
 - Always close cabinet doors or drawers.
 - Ensure one has sufficient lighting to see where one is walking safely. Use a flashlight if one is entering a dark area where there is no light.
 - Choose proper footwear - slippers and socks are not recommended as they can cause a fall.

If a client is falling or has fallen

- DO NOT TRY TO CATCH THE CLIENT OR HOLD THE CLIENT UP if the client is falling.
- DO NOT ATTEMPT TO LIFT CLIENT FROM THE FLOOR if the client is on the floor.
- In the event of an emergency, call 911. Stay with the client until the ambulance arrives. Notify your supervisor or After Hours Service immediately.
- If client is not in distress, check if client is able to get up independently using chair method.
- DSS should not continue with mobility tasks if client is in pain.
- If client is unable to get up independently, DSS may be directed (by RC,SU or AH) to call family contact or 911 if family is unavailable; DSS should remain with client until help arrives.
- HCA staff should refer to the Best Practice Manual for further information.
- Reporting a fall is very important. Clients often fear going to hospital or seeking medical attention, or may be worried about the cost of an ambulance. Clients may try to persuade staff not to report. It is important



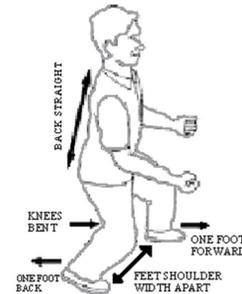
to call your supervisor or After Hours Service as a fall may be the result of a medical condition that needs attention, such as a chest infection, bladder infection, small stroke, or a worsening heart condition. Prompt medical attention may resolve these issues and reduce future falls.

Ergonomics for Home Support Tasks

Safe Lifting/Carrying Technique

- Feet should be at least a shoulder width apart to maintain balance.
- Bend at the knees and hips, avoid bending at the waist.
- The object you are carrying should be held close to your body.
- Do the lift in a smooth, controlled movement with a straight back and avoid “jerky” movements.
- When walking with a load, move feet to turn, do not twist in your back.

Ergonomics for Home Support Tasks sessions are offered as part of orientation and can be requested through RCs when required.



Educational Opportunities

- Online Profile Training is available for anyone that would like some assistance applying for jobs online
- All in-services and educational opportunities are listed in the monthly DSS Hot Sheet
- DSS interested in any educational opportunities are encouraged to consult with their RC. The RC must authorize and register you for sessions you wish to attend

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	<p>REGIONAL</p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		Level: 1
	Policy Name: Security and Storage of Personal Health Information	Policy Number: 10.40.120	Page 1 of 5
	Approval Signature: <i>Original signed by B. Postl</i>	Section: GENERAL ADMINISTRATION	
	Date: February 2008	Supersedes: May 31, 2000	

1.0 PURPOSE:

- 1.1 To ensure personal health information, regardless of media (electronic form, paper file, or radiological/digital image) is properly stored in a secure environment.
- 1.2 To ensure that security and integrity measures are in place and followed in order to protect the confidentiality and integrity of personal health information within the Winnipeg Regional Health Authority ("WRHA").
- 1.3 To ensure the security and integrity of personal health information during transmittal by any means including by internal and external delivery networks, voice mail, wireless technology, e-mail and the Internet.

2.0 DEFINITIONS:

- 2.1 Secured Place means a physical environment for the temporary or permanent storage of, or for the use, processing or transmittal of personal health information that has the following characteristics:
 - not readily accessible by unauthorized users;
 - supervised or monitored by authorized users;
 - keyed to allow entrance to authorized users only;
 - locked when authorized users are not in attendance;
 - protected by controls to minimize loss, destruction or deterioration caused by fire, water, or humidity damage; and
 - proper containers and adequate labeling are used to reduce accidental loss or destruction.
- 2.2 Security means the consistent application of standards and controls to protect the integrity and privacy of personal health information during all aspects of its use, processing, disclosure, transmittal, transport, storage, retention, including conversion to a different medium, and destruction.
- 2.3 Integrity of Personal Health Information means the preservation of its content throughout storage, use, transfer and retrieval so that there is confidence that the information has not been tampered with or modified other than as authorized.

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- 2.4 A Breach of Security occurs whenever personal health information is collected, used, disclosed or accessed other than as authorized, or its integrity is compromised.
- 2.5 Information Systems Designate ("IS Designate") means the individual with expertise in information systems and technology designated by the Vice-President, Finance to work with the Privacy Officer to develop policies and procedures to safeguard and audit the confidentiality and integrity of personal health information stored, processed or transmitted electronically.

3.0 POLICY:

- 3.1 The WRHA as a trustee of health information under *The Personal Health Information Act* ("PHIA") shall ensure that recorded personal health information will be properly secured and maintained in the appropriate manner to protect its confidentiality and integrity. Recorded personal health information includes information that is written, photographed, recorded or stored in any manner, on any medium or by any means, including by graphic, electronic, audio, radiological, digital or mechanical means.
- 3.2 Personal health information is to be collected, used, disclosed or accessed only by individuals who are authorized for that purpose. Individuals thus authorized must have a clear understanding of the authority, parameters, purposes and responsibilities of their access, and of the consequences of failing to fulfill their responsibilities.
- 3.3 Security safeguards shall include both physical and human resource safeguards to prevent unauthorized personal health information collection, use, disclosure and access.
- 3.4 Physical security measures include such safeguards as locked filing cabinets, restricted access to certain offices or areas, the use of passwords, encryption and lock-boxes. Human resource security measures include security clearances, sanctions, training and contracts.
- 3.5 Security safeguards should incorporate appropriate identification, authentication and information integrity/availability as appropriate.

4.0 PROCEDURE:

- 4.1 **WRHA Employees and Persons Associated with the WRHA**
- 4.1.1 All written personal health information shall be placed in an appropriately secured file. Paper files (both patient and employee) containing such information shall be kept in a secure place at all times within the resources available other than when being updated or used by authorized personnel as a necessary function of their work.
- 4.1.2 Personal health information stored in electronic form on a fixed computer server or terminal shall be properly secured from unauthorized access. Personal health information stored on electronic media (diskettes, magnetic tape, CD ROM'S, disk drives, laser disks, etc.) shall be kept in a Secured Place at all times and shall be used only by authorized personnel having access to a protected system. Prior to removal from an

office, any personal health information contained within the computer hardware or on electronic storage media shall be secured or removed.

- 4.1.3 Individuals who sign on to a computer must not leave the computer on in accessible areas when they leave their workstation. User password protocols must be in place and utilized. Where possible, automatic shut offs after a prescribed period of disuse should be programmed for all workstations.
- 4.1.4 Radiological and digital images shall be appropriately labeled and kept in a Secured Place at all times other than when required for work purposes by authorized personnel.
- 4.1.5 All personal health information that is mailed through regular postal service, interdepartmental mail or sent via courier must be marked confidential and have reasonable safeguards put in place to ensure security and integrity of the information.
- 4.1.6 Personal health information shall not be transmitted via electronic mail without appropriate safeguards such as encryption or transmittal within a secure firewall where practicable.
- 4.1.7 Persons leaving voice messages containing personal health information should be discreet. Personal health information should never be left on a patient's voicemail unless the individual whom the information is about has authorized it. Any personal health information relayed by voice message should be kept to the minimum required for the purpose of the communication. Persons receiving voice messages containing personal health information should listen to the message in private, and delete the message as soon as possible. Appropriate passwords and security measures should be in place for access to voice mail.
- 4.1.8 Fax machines shall be located in a Secured Place where they can be used and monitored only by authorized persons. A cover sheet, with approved WRHA logo, should be attached to all documents stating that the transmittal is confidential and that any unintended receiving party is prohibited from reading or disclosing the information to anyone else (i.e. a Confidentiality Caution). Users of fax machines shall follow the *WRHA Policy: Transmission of Personal Health Information by Facsimile*.
- 4.1.9 If personal health information is removed from the trustee's premises by an authorized person for purposes authorized by the trustee, that person(s) shall carry the file/electronic media with them or ensure secure storage at all times. If it is necessary to leave personal health information unattended in a vehicle, it must be stored in a Secured Place (such as a locked trunk or in an out-of-sight location in a locked vehicle if there is no trunk). All personal health information removed from a secure office location shall be recorded in tracking system.
- 4.1.10 Personal health information files/electronic media shall be returned to its designated and secured storage location and not allowed to accumulate or be left unattended on desktops or any other location in a non-secured place.

4.1.11 Everyone dealing with personal health information in any manner shall take reasonable precautions to protect personal health information from fire, theft, vandalism, deterioration, accidental destruction or loss and any other hazards.

4.1.12 No personal health information shall be transported, stored or left in a location that could result in the destruction or deterioration of the personal health information. For example, radiological images or computer disks could be destroyed if left in a locked trunk on a hot day; paper records could be destroyed if left by an open window during a rainstorm.

4.2 **Manager/Supervisor**

4.2.1 The manager/supervisor shall ensure that all employees be made aware of the policy respecting security and storage of personal health information.

4.2.2 Managers/supervisors shall review practices of employees to ensure these standards are being maintained and that there are no breaches of security.

4.2.3 When standards are not being maintained or when a security breach occurs, such situations shall be brought to the attention of the Privacy Officer, recorded and corrective steps taken. An occurrence report should be forwarded to the Privacy Officer, or designate.

4.2.4 If personal health information is perishable in certain conditions, any agent retained to transport or deliver any personal health information for the WRHA shall be advised in writing of any specific information regarding the perishability of the information and the conditions necessary for the safe transport of the personal health information. For example, any service contract for the transport or delivery of personal health information shall contain:

- a provision advising the service provider of the requirements to safeguard the confidentiality of personal health information and to physically protect it from unintended destruction, including any appropriate cautions as to the perishability of the particular media used for the personal health information in question.
- an agreement by the service provider that it and its employees or agents shall protect the confidentiality, security and physical integrity of personal health information.

4.3 **Privacy Officer/Designate**

4.3.1 Conduct periodic surveys of building security with regard to potential for unauthorized access to personal health information.

4.3.2 Ensure provision is made for confidential materials to be stored in a Secured Place.

4.3.3 Work in collaboration with the IS Designate to ensure the security of personal health information processed, stored or transmitted electronically.

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4.3.4 Keep a log of breaches of security and, in conjunction with the IS Designate, prepare a report for the Chief Executive Officer detailing any breaches of security and any corrective and disciplinary procedures instituted.

4.4 **IS Designate**

4.4.1 To ensure appropriate procedures and safeguards are in place to safeguard the confidentiality, security and integrity of personal health information used, processed, stored or transmitted electronically.

4.4.2 Work in collaboration with the Privacy Officer to ensure the security of personal health information in an electronic format.

4.4.3 Keep a log of breaches of security in conjunction with the Privacy Officer and prepare a report for the Chief Executive Officer detailing any breaches of security and any corrective and disciplinary procedures instituted.

5.0 LEGISLATIVE REFERENCES:

- *The Personal Health Information Act*, Personal Health Information Regulation (245/97), Registered December 11, 1997, Section 2.
- *The Personal Health Information Act*, Division 2, 18(1), 18(2).
- The Canadian Medical Association Health Information Privacy Code, 1998.

Policy Contact: Landis Esposito, Chief Privacy Officer

**FOR SITUATIONS AT
PUBLIC HEALTH – TUBERCULOSIS
that require access to
over-the-phone interpreter services**

Call *MCIS Language Solutions* @ 1-888-990-9014

1. DIAL 1-888-990-9014 and PRESS 2.

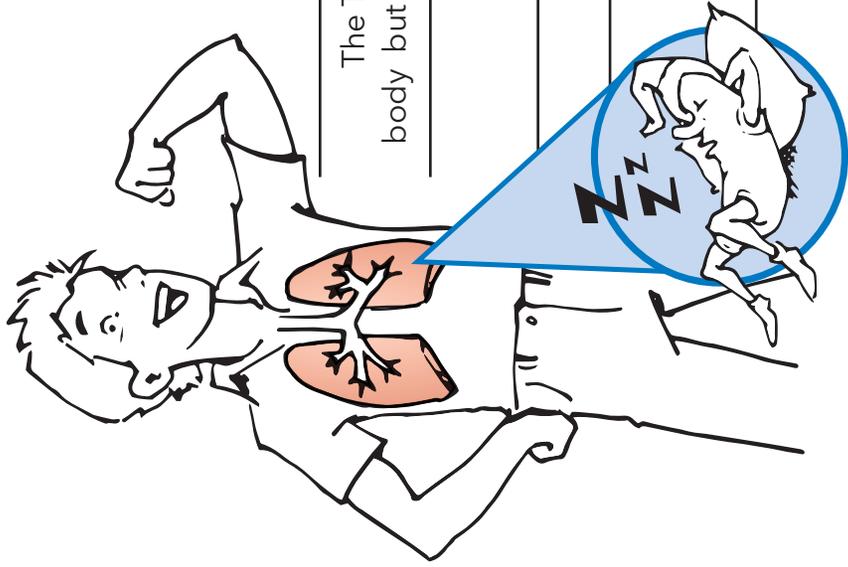
You will be asked to:

- a. Press 1 for Spanish
- b. Press 2 for all other languages (or to speak to an operator)
- c. If you wish to make a 3rd party call, press option 2 and ask the Customer Service Associate to make the 3-way connection on your behalf.

A Customer Service Associate will prompt you for the following information:

- d. Client ID: **6329 (Public Health TB - use only)**
- e. Name of Requestor
- f. Language needed: _____

- Interpreter will be connected within 2 minutes.
- Brief the interpreter before proceeding.
- Make note of interpreter language and ID number.
- If *MCIS Language Solutions* is not able to connect you with an interpreter right away, call again, in a few minutes.



Latent TB Infection

I am healthy.

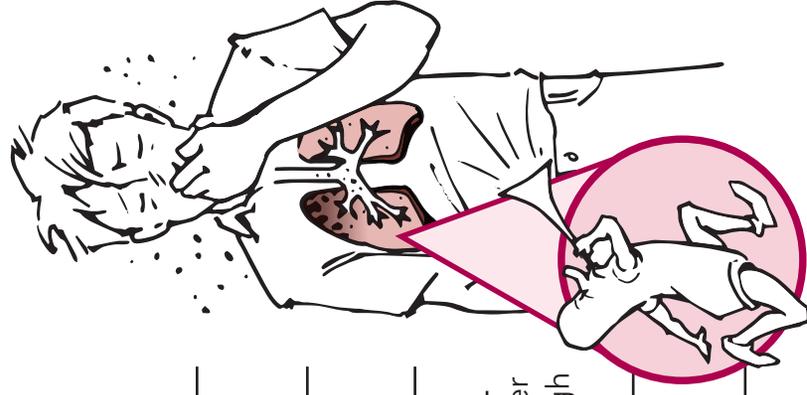
The TB germs are “sleeping” in my body but could “wake up” in the future.

I have no symptoms.

My chest x-ray is normal.

I am not contagious.

I have a positive result on a TB skin test or blood test.



Active TB Disease

I have a serious illness that could kill me if left untreated.

The TB germs have “woken up”.

I may have symptoms – cough, fever, weight loss, night sweats.

My chest x-ray may be abnormal.

I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.

I may have a positive result on tests of my phlegm.

Can my **Latent TB Infection** (sleeping germs) wake up and make me sick with **Active TB Disease**?

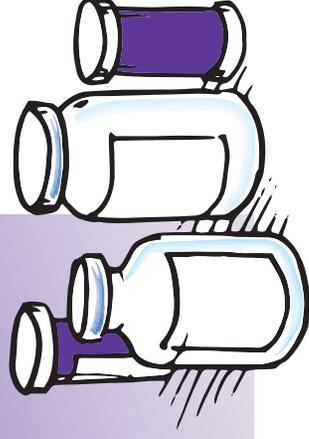
Yes, and certain factors increase my risk!

- I arrived recently from another country where TB is common.
- I have HIV.
- I was in close contact with someone with active TB disease.
- I have diabetes, kidney failure, or cancer.
- I had surgery to remove part of my stomach.
- I live or work in a hospital, jail, drug rehab center or shelter.
- I use injection drugs.
- I have received an organ transplant.
- I take certain medications that affect my immune system, like prednisone (steroids) or other pills or injections to treat certain types of skin, joint and gastrointestinal conditions.

If I have **Latent TB Infection**, can I reduce my chances of getting sick with **Active TB Disease**?

Yes, I can prevent tuberculosis!

I can take safe, effective medicines.



Name of Task: Transportation of Blood and Sputum Samples for diagnostic testing of communicable diseases from the community	
Performed by	
Position/Job: Any staff member providing health care to clients e.g. RN, Outreach Worker, Resource Coordinator	Department/Unit: Population and Public Health Tuberculosis (TB) team
Where task is performed: In the community	When and how often is task performed: as necessary for client care
Equipment required: <ul style="list-style-type: none"> • Outer hard shell box (e.g. blue cooler, reusable if not damaged) • Sealable envelope • Sealable plastic bag (disposable, single use only) • Absorbent pad (disposable, single use only) • Laboratory Requisition Form – Clinical Microbiology Laboratory Test Requisition, DSM 	Tools Required: Permanent Marker
Personal Protective Equipment: <ul style="list-style-type: none"> • Gloves and all other Personal Protective Equipment used to collect blood and/or sputum sample • N95 Mask as necessary 	Hazards: Biological Hazard: Blood and/or sputum sample may be infected with a Communicable Disease
Education and training prerequisites: e.g. instructions or other SWPs→→	<ul style="list-style-type: none"> • Collecting blood and/or sputum samples from patients • Cleaning Blood and Body Fluid Spills • WRHA Blood and Body Fluid Post Exposure Protocol (PEP)
Training and Proficiency:	
<input type="checkbox"/> Read Procedure and Sign <input type="checkbox"/> Demonstrated Competency	
Steps to be taken to complete task safely:	
<i>(clear description in order of steps to follow to safely perform the task. If required add attach an additional form to list all steps) Include do's and don'ts</i>	
1.	Follow the safe work procedure for taking blood and/or sputum samples from patients. Use all appropriate Personal Protective Equipment.
2.	Fill out the Clinical Microbiology Laboratory Test Requisition form. Label the primary container with the following information as per Clinical Microbiology Laboratory requirements: Patient's First and Last Name PHIN Number DOB Type of Specimen Location, Date, and Time of Collection Sample May be Infected with TB Name of Ordering Professional
3.	Once the blood or sputum sample is obtained from the patient, ensure that the primary container (container containing the sample) is sealed properly so that the contents cannot be spilled. Please note: if the contents of the primary container should spill during any of the steps outlined below, please refer to the Cleaning of Blood and Body Fluid Spills Operational Directive. In addition, please complete an INM report and follow the PEP procedures if required.
4.	Wrap the absorbent strip around the primary container.
5.	Insert wrapped primary container into the plastic bag and seal plastic bag. Please note: Only one primary container should be placed into the bag.
6.	Place the requisition form in flap outside of the plastic bag.
7.	On the envelope, using the permanent marker label the envelope with the following information: Type of Specimen Sample May be Infected with TB
8.	Place the plastic bag (with primary container inside the bag) into the envelope.

9.	Place the envelope into the hardshell container. The hardshell container should be put together according to the instructions on the box. Please note: more than one sealed white envelope going to the same HSC laboratory may be placed in the hardshell container. Each envelope must be sealed and properly labeled.
10.	Place the envelope (with plastic bag, requisition and specimen inside) into the hardshell box. Please note: more than one sealed plastic bag to the same HSC laboratory may be placed in hard shell box. Each envelope must be sealed and properly labeled.
11.	Arrange absorbent padding around plastic bag(s) so that sample will not be damaged during transport.
12.	Please make sure that top of hardshell container is secure.
13.	<p>Please ensure that the UN3373 diamond is visible on the outside of the hardshell box. The following information must be placed on the lid of the hardshell box as per laboratory requirements:</p> <p>Diagnostic Specimens Clinical Microbiology Health Sciences Centre (HSC) MS6 120 Sherbrook Street Winnipeg, MB, R3J 1R9</p> <p>Note: the hardshell box is reusable</p>
14.	When placing the box containing the sample into the vehicle, it should be placed under the car seat and be made secure so that it cannot be moved around or jostled during the drive. The box should not be placed on the car seat as it may fall during sudden stops.

Completed By: Deborah Kon	Date Completed: November 20, 2013
Reviewed by:	Review Date:(must be reviewed annually)