



OSHA and Regulatory Annual Update 2020

New regulations regarding SARS-CoV2 or COVID-19



- The outbreak of the novel coronavirus identified as SARS-CoV2 or COVID-19 was first identified in Wuhan, China on 12/31/19.
- Person to person spread of the virus was first identified on 1/22/2020.
- COVID-19 was first detected in the USA in Washington State on 1/27/2020.
- The World Health Organization (WHO) declared a world wide pandemic on March 11, 2020.

COVID-19

- Transmitted by close prolonged contact (defined as within 6 feet for a period of 15 minutes or longer) with a person infected with the virus.
- Primarily spread through droplet transmission, however may be airborne if aerosol generating procedures, suctioning, nebulizer or CPAP performed.
- Transmitted through the eyes, nose or mouth.
- Possible fomite transmission (contact with contaminated surfaces) requires the use of scrupulous hand hygiene washing hands for at least 20 seconds or using a hand sanitizer containing at least 60-65% alcohol.

The following protocols have been put into place in compliance with the CDC and DPH regulations.

- All employees are to stay home if they are ill and/or have a fever. All staff are to check their temperature prior to reporting to work.
- All direct care staff will wear a surgical mask as well as protective eyewear (goggles or face shield) with each patient encounter.
- Social distancing of at least 6 feet will be maintained at all times except when a direct care employee is performing vital signs, procedures, therapy or personal care for patients.

Continued

- All staff are to follow the latest guidance from the CDC and DPH.
- All staff reporting to the VNA will wear a face mask or covering any time they are in common areas or whenever there is a possibility that 6 ft social distancing cannot be maintained.
- Patients and their family are encouraged to wear a face mask or face covering during home visits.
- A HEPA (N 95) mask will be worn when patients have or are suspected to have COVID-19 or when aerosol generating procedures are performed.

OSHA: Occupational Safety and Health Administration



- Mandates that employers provide training to it's employees upon hire and then annually thereafter in the areas of Hazard Communication and Bloodborne Pathogens

Hazard Communication

- Inform employees of any potential hazards of chemicals used in the course of carrying out their job responsibilities.
- OSHA revised the standards to align with the United Nations' Global Harmonized System of Classification and Labeling of Chemicals (GHS)
- New labeling elements are required
- A standardized format for Safety Data Sheets (SHSs) formerly known as Material Safety Data Sheets (MSDSs) was implemented.
- The goal is to standardize the format world wide and improve employee understanding of the hazards associated with the chemicals in their workplace.

Safety Data Sheets

- Replaced the Material Safety Data Sheets.
- The purpose is unchanged. VNACHC is required to have these on file/ available for any chemicals used “more than normal consumer” use.

New Required Label Elements

- Name, address and telephone number of the chemical manufacturer, importer, or other responsible party.
- Product identifier is how the hazardous chemical is identified. This includes the chemical name, code or batch number. The manufacturer, importer, or distributor can choose the appropriate product identifier. The same product identifier must be on both the label and section 1 of the SDS.

More Required Label Elements

- Signal Words are used to identify the severity of the hazard and alert the reader or employee to a potential hazard on the label.
- There are only two signal words
 - Danger
 - Warning
- The word danger is more severe than warning.

More Required Label Elements

- Hazard Statements describe the nature of the hazard (s) of a chemical, including where appropriate, the degree of hazard.

Example - Isopropyl Alcohol

- Danger is the signal word.
- Highly flammable liquid and vapor. Causes serious eye irritation. May cause drowsiness and dizziness.

More Required Label Elements

- Precautionary statements describe recommended measures that should be taken to minimize or reduce adverse events resulting from exposure to the hazardous chemical or with improper storage or handling.
- Revision to the four types of precautionary statements

Types of Precautionary Statements










- Prevention
- Response
- Storage
- Disposal



Other Changes as of June 1, 2015

- Use of Hazard Communication Standard Pictograms. Define the standards and requirements of the pictograms and provide an example.
- Hazard Communication Safety Data Sheets. Define the standards and requirements of the pictograms and provide an example.

GHS Pictograms

 <p>Health Hazard Carcinogen Mutagenicity Reproductive Toxicity Respiratory Sensitizer Target Organ Toxicity Aspiration Toxicity</p>	 <p>Flame Flammable Pyrophorics Self-Heating Emits Flammable Gas Self-Reactive Organic Peroxides</p>	 <p>Exclamation Mark Irritant (skin and eye) Skin Sensitizer Acute Toxicity (harmful) Narcotic Effects Respiratory Tract Irritant Hazardous to Ozone Layer (Non Mandatory)</p>
 <p>Gas Cylinder Gases Under Pressure</p>	 <p>Corrosion Skin Corrosion / Burns Eye Damage Corrosive to Metals</p>	 <p>Exploding Bomb Explosives Self-Reactives Organic Peroxides</p>
 <p>Flame over Circle Oxidizers</p>	 <p>Skull and Crossbones Acute Toxicity (Fatal or Toxic)</p>	 <p>Environment (Non Mandatory per OSHA) Aquatic Toxicity</p>

Safety Data Sheet Changes

New SDS Order and Elements

1. Identification of the substance or mixture and of the supplier
 2. Hazards identification
 3. Composition/information on ingredients
 4. First aid measures
 5. Firefighting measures
 6. Accidental release measures
 7. Handling and storage
 8. Exposure controls/personal protection
 9. Physical and chemical properties
 10. Stability and reactivity
 11. Toxicological information
 12. Ecological information**
 13. Disposal considerations**
 14. Transport information**
 15. Regulatory information**
 16. Other information including information on preparation and revision of the SDS
- GHS harmonization will standardize the order of SDS information for ease of use for employees along with improved accuracy of the information presented
 - Previously known as Material Data Safety Sheets (MSDS), it is now referred to as Safety Data Sheets (SDS).
 - The number of sections has been increased from a nine section format to 16 sections.

Bloodborne Pathogen Exposure Control Plan



- Used to establish procedures to minimize or eliminate employee occupational exposure to bloodborne pathogens.
- Covers all employees with occupational exposure to blood or other potentially infectious materials.

Occupational Exposure

- Anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.
- Contaminated means items that have been in direct or indirect contact with blood or other potentially infectious materials.

Bloodborne Pathogens: Transmitted in the blood and causes disease or illness.

- HIV: Human Immunodeficiency Virus attacks the body's immune system, causing the disease known as Aids or Acquired Immune Deficiency Syndrome.
- There is currently no vaccine to prevent the spread of HIV,
- You may carry the virus without developing symptoms for years,
- You may suffer from flu-like symptoms and eventually develop AIDS.

Hepatitis B (HBV)

- Hepatitis causes an inflammation of the liver.
- HBV is the major infectious bloodborne hazard you face on the job.
- It infects approximately 8,700 healthcare workers a year.
- HBV may severely damage your liver leading to cirrhosis or death.
- HBV vaccine available to protect you from transmission.

Hepatitis C (HCV)

- Also causes inflammation of the liver.
- Fifty percent of people who become infected with HCV end up developing liver cancer at some point in their life.
- Currently no vaccine available.
- Treatment now available.

Personal Protective Equipment (P.P.E.)

- Wear gloves anytime you are providing direct care and have the potential of being exposed to blood or other body fluids.
- Wear masks and protective eyewear whenever there is a risk of splashing body fluids in your face.
- Wear gowns or aprons to protect your clothing.

Universal Precautions

- Is an approach to infection control that treats all blood and body fluids as potentially infectious.
- Always wear the appropriate PPE for the task you are performing.
- Properly dispose of PPE.

Needle Safety

- Never pick up a needle with your hands, use a broom and dust pan or tongs,
- Never bend or break or recap or resheath needles.
- Use appropriate containers for needle disposal.
- *Don't* handle patients' used lancets.
- ***Our leading post exposure incident involves handling used lancets.***
- ***Use safety needles and lancets provided by the VNA to reduce your risk of injury caused by a needle stick.***

Household Waste

Disposable items soiled by body fluids used to provide patient care.

Needles, syringes, gloves, diapers, blue pads, tissues etc.

Dispose of needles using a clean thick plastic detergent bottle. Fill 2/3 full with used syringes, fill with 1:10 % bleach solution, secure top with tape, double bag and throw in trash.

Hand Washing new protocol for COVID-19

- Use a clean sink, turn on the water so that it is not too hot or too cold, wet hands, apply a small amount of liquid soap, lather using friction for the time period of 20 seconds, rinse finger tips down under the running water until hands thoroughly rinsed, use one paper towel dry hands, pick up the second paper towel and turn off faucets.

Hand Washing with Hand Sanitizers must contain 60-65% alcohol for COVID -19

- Hand sanitizers can not be used if hands are visibly soiled.
- Hand sanitizer is also not effective with C-diff.
- Must be applied to all surfaces of hands and wrists and allowed to dry.
- Wash hands using soap and water after a few uses of the hand sanitizer as they leave a film on your skin.
- Be careful of leaving in your car during the hot summer months as the flash point is low with these products.

Infection Control and Wound Care



- You must have a clean water proof barrier underneath all of your wound care supplies and set items up on a clean surface. Never use the floor, bring a chair over if extra space needed.
- Your hands must be cleaned and gloved prior to removing old dressings,
- Old dressing must be double bagged for disposal. May place in one glove and then another bag for disposal.
- Hands must be sanitized prior to applying new gloves to complete wound care.

Bag Technique

- Do not bring your bag into home when your patient/family has a communicable illness.
- Place bag used to carry supplies on a clean, high, hard surface close to your work area.
- Use a protective barrier to keep your bag clean.
- Never replace soiled items.
- Keep clean or sterile supplies separate from other supplies.
- Never place bag on the floor.
- Wash your hands each time before entering your bag.

Laptop Infection Control

- Do not bring computers into homes of patients with known communicable illnesses.
- Place computers on a clean, high, hard surface or on a protective barrier when contact with patient surfaces is unavoidable.
- Wash your hands using soap and water or a hand sanitizer prior to using the keyboard or tablet stylus (pen).
- Clean the outer surface, keyboard, or tablet stylus with an agency approved cleaning wipe when soiled. (BZK antiseptic towelettes may be used)
- Bring the laptop into the office for IT to clean if the screen becomes soiled.

Respiratory Exposure Control Plan New guidance related to COVID-19

- Established to be in compliance with OSHA and CDC guidelines to educate employees regarding the identification and prevention of the transmission of TB or tuberculosis and COVID-19.
- TB is airborne transmission
- COVID-19 is droplet or maybe airborne if aerosol generating procedures are performed.

Infected versus Active TB

- Infected people have been exposed to someone with TB and their immune system has been activated. Positive PPD.
- Active TB, person will have positive skin test and symptoms of TB, persistent cough, night sweats, low grade fever, loss of appetite, weight loss and coughing up bloody sputum.
- Employees required to have PPD within one month of hire.
- Employees are no longer required to have an annual PPD but they must complete annual screening form. PPDs will then be given as indicated.

HEPA Masks N-95

- High efficiency particulate air respirators.
- Required anytime you are working with someone with active TB and they are still considered contagious, prior to having three negative consecutive sputum smears.
- Must be worn with a patient with known or suspected COVID-19 when aerosol generating procedures are performed or within 3 hours of a nebulizer treatment or CPAP use.
- Must be fit tested prior to use and annually.

Safe Medical Device Act 1990



The SMDA states that any illness, serious injury, or death that occurs from the use or misuse of a medical device must be reported within 10 days of the reportable event to the manufacturer of the medical device and to the U.S. Food and Drug Administration (FDA).



Safety Policy

- The VNA will provide you with a safe working environment.
- You are responsible for reporting hazards and any incidents that result in injury to yourself or others.
- The VNA's Safety and Health Committee will meet on a quarterly basis to review all incidents.
- First reports of injury must be filed within 24 hours after a reported incident.



Worker's Compensation

- You must report any injury to your Clinical Manager as soon as possible.
- The Employee along with their Clinical Manager will contact our Managed Care Company through WCT, Medcor # (866)-730-1143 (24hrs/7 days a week) to report injury. You will be interviewed by a nurse who will inform you what course of treatment you will need.
- Notify Human Resources at #4307 if you are sent to a primary care center, they will call ahead and provide authorization for your treatment.
- You must stay within our network of physicians, if you go to your own physician for treatment you will not be covered under worker's compensation.

First Report of Injury

- Is completed within 24 hours of receipt of a work related injury by Medcor.
- Is sent to Worker's Compensation Trust to establish/verify that a work related injury occurred.



Post Exposure Follow Up

- If you are stuck by a used needle:
- Squeeze the site to see if it bleeds freely,
- Wash the site with plenty of soap and water,
- Apply an antibiotic cream and Band-Aid if available,
- Contact Medcor who will direct you to a primary care location for a baseline HIV, Hepatitis B and Hepatitis C titers as soon as possible.
- Antiviral medications may be administered within 24 hours to protect you from the transmission of a bloodborne disease.

Fire Safety

- Know how to evacuate the VNA if the fire alarm goes off.
- Know how to safely evacuate a patient's home getting yourself and the patient to safety.
- Do not use elevators in case of fire.
- Use the stairs or secure yourself and the patient in the furthest room away from the door and call for help if you can not get out of a high rise elderly complex.



Emergency Preparedness / Interruption of Services Policy

- Describes the protocols for protecting our patients and staff in the event of an emergency.
- Also describes the protocols for inclement weather that may cause interruption of services.
- Patients are placed on an “At Risk List” when they live alone and would not be considered safe in an emergency due to cognitive deficits or physical disabilities.
- *All patients are to receive a copy of their emergency care plan and be instructed in what to do in the event of interruption of services.*

Phone Tree...

- Always keep your Clinical Manager and Human Resources informed of your phone number and address.
- Also keep your emergency contacts up to date.
- Know what to do if inclement weather would prevent you from getting to work.

Bioterrorism...

- Establish a personal emergency plan with your family.
- Follow the directives of the emergency management office.
- Have food and water available in case we are quarantined or unable to get to stores.

HIPAA / HITECH

- New stricter standards for protecting patient information.
- Privacy Standards: Patients have the right to decide how their personal information should be used or disclosed.
- Can release information for purposes of treatment, payment or healthcare operations without patient consent.
- Minimum necessary standard

New HIPAA MEGA RULE



- Compliance date was September 23, 2013.
- Greatly expands the individuals and entities that are subject to the HIPAA Privacy and Security Rules and the civil monetary penalties that may be imposed as a result of HIPAA non-compliance.
- Imposes new liability on Business Associates and Covered Entities (VNA).
- Allows the patient access to their information in whatever format they wish including electronic.

What This HIPAA MEGA RULE means to you...



- You need to take extra care with any clinical documentation that contains patient identifiable information.
- You must use securemail in the subject line to protect patient information emailed outside of the VNA email address.
- Do not take active patient lists from the agency.
- Upon admission to VNA explain to the patient that they have to right to restrict disclosures of their information to individuals.
- Ask the patient if there is anyone that they do not want you to share their information with ie family member, friend.
- Clearly document patient wishes on the “Basic screen” in Netsmart.
- Patients may also restrict disclosures to insurance companies not paying for their care.

HIPAA MEGA RULE

- Do not bring other patient information into another patient's home.
- Do not share or post your password.
- Do not allow your family or someone else to use your laptop.
- Do not store patient information in your home.
- Do not leave patient information in or "on" your car!
- Notify IT immediately if you lose your agency cell phone or personal cell phone if you use it to contact patients and it contains patient phone numbers.

Breaches of HIPAA...

- Come with more severe penalties.
- A reportable breach will occur whenever unsecured PHI (personal health information) is impermissibly acquired, accessed, used or disclosed.
- Consider the following risks:
 - Was the PHI identifiable?
 - The identity of the person who impermissibly used the PHI.
 - Whether the PHI was actually viewed or acquired?
 - The extent to which the agency tried to minimize or mitigate the risk.
- Breaches must be reported to the CT Attorney General and the Department of Health and Human Services.

Red Flag Policy and Procedure

- The agency has a procedure to reduce the risk of patient identity theft by instructing it's staff in protocols to identify and detect relevant red flags.
- Admitting staff are required to verify patient information and insurance cards.
- New MBI numbers are being issued after 4-1-18 that do not include patient's SS# on their insurance cards.
- The following red flags should be reported:
 - Suspicious personal identifying information or insurance cards,
 - Patient complaints about services billed but not provided,
 - Lost patient information.

Security Standards

- The facility that houses patient information must be secured.
- Never share your password or let anyone borrow your laptop computer.
- Escort visitors through the agency.
- Doors will be locked and you will need your ID to access the agency.
- Always wear your picture ID for patient safety and security.



Reducing threats and vulnerability

- Be careful of “phishing” emails meant to obtain sensitive information for malicious reasons. If it is asking for password information or personal information, don’t respond or open.
- Do not open emails with attachments from unknown sources
- Do not download software or programs without first checking with IT.
- Do not attempt to bypass or otherwise tamper with any network security settings or devices.
- Violations subject to disciplinary measures up to and including termination.

Protect Patient Information



- All verbal, written, and electronically transmitted patient information must be protected.
- Always secure patient information in your locked car, not visible to people walking by.
- Don't discuss patient information with anyone that does not have the right to the information.

Sexual Abuse Policy

- The VNA has zero tolerance against sexual abuse.
- Sexual abuse is a crime and will be investigated and treated as a crime.
- You need to report sexual abuse to your Clinical Manager, and one of the following people, V.P.of Quality Management or the Director of Nursing Services.

Patient Rights, Abuse and Misappropriation of Property



- Patients and their property have the right to be treated with respect.
- Whenever you suspect that a patient is a victim of abuse, neglect or exploitation you are a mandated reporter if the patient is under 18 years of age or over 60 years of age.
- Your Clinical Manager must be notified immediately of your suspicion of abuse, neglect or exploitation; they will assist in reporting to Department of Child and Family Services (DCF) or Elderly Protective Services (EPS) if the patient is younger than 18 or older than 60 years of age respectively.

What is Abuse...

Abuse is defined as:

- Physical abuse: Neglect, malnutrition, intentional injury resulting in a bruise, welt, abrasion, puncture wound, laceration, burn, dislocation, fracture, internal injury, hitting, slapping, or exposure to adverse weather conditions.
- Verbal abuse: Verbal assault, yelling, verbal humiliation, verbal threat.

Continued Definition of Abuse



- Neglect/Failure to provide: Physical care, emotional care, medical care, acceptable environment or adequate supervision.
- Sexual abuse: Sexual abuse, sexual assault, sexual exploitation.
- Financial abuse: Money misuse, property misuse, money theft, or property theft. Property theft includes the misappropriation of patient medications.



Reporting Patient Abuse

- Suspected or known cases of physical, sexual, or misappropriation of money or property, including medications for all patients regardless of age must be reported to your Clinical Manager as soon as you have knowledge of the occurrence.
- The police will be notified to investigate any alleged reports of theft.
- If a VNA employee is suspected of abusing a patient or misappropriating their property (medications, money or property), the employee will immediately be removed from the case and potentially suspended from working pending investigation. If found guilty the employee will be terminated and the appropriate certifying agencies will be notified as indicated.

Zero Tolerance of Patient Abuse



- VNA Community Healthcare has zero tolerance of any patient abuse.
- We have an obligation to ensure our patient safety as long as they remain under our care.
- Employees are to treat patients and their property with respect at all times.
- Employees are never to abuse a patient or take their property at any time.
- Report referrals to EPS to Laurie Rockwell



DPH Plan of Correction

- Skin checks are required at each visit unless otherwise specified in modifier.
- Instruction must be provided to HHA to perform skin checks and report findings (new COPs)
- Pressure Injury Careplan required for all patients with a Braden score of 18 or less.
- Instruct patient and family in wound care and document they were observed and “competent” by return demonstration. Must complete this each time wound care orders change!
- Per our policy, wound measurements (length, width and depth) must be documented weekly in the routine visit assessment.
- Consistently and accurately number wounds documenting type of wound and location.



DPH Plan of Correction

- Adhere to wound care and visit frequency.
- Notify Clinical Manager whenever you have challenging cases or situations of non-adherence.
- An interdisciplinary complex case conference will be scheduled to review the case and develop a plan.
- Risk agreements with or without a 10 Day Notice to Discharge may be issued when we are unable to follow the plan of care and/or the patient is non-adherent.
- Consult with Tina Bowers #4234 for any non-healing or complicated wound.
- Report all changes in condition to MD, also notify MD if unable to perform wound care or with any delays in obtaining pressure relief.

DPH Corrective Action Plan



- Report missing patient items as soon as identified.
- Notify the MD as soon as possible for changes in patient condition. Document the MD was notified.
- Also notify and document that family members involved with patient care were informed of changes in condition.
- Follow infection control protocol with wound care by changing gloves and sanitizing hands in between glove changes.

Continued

- Document wounds weekly including length, width and depth. If no depth indicate < 0.1 cm. This applies to incisions also!
- Wound documentation must also include EACH TIME, wound base color, amount and color of drainage, and any pain.
- Document case conferencing with other disciplines involved with patient care upon SOC and every 2 weeks thereafter and upon discharge. Also with change in patient condition.

DPH Criteria Continued

- You must include documentation of the type of wound also with ICD-10 need laterality and specificity in order to get case mix points!
- Document location of each wound in care plan and maintain integrity of documentation, wound #1 is always wound #1. Examples Wound #1 is neuropathic ulcer of the right plantar foot or trauma wound of right great toe.

DPH Criteria Continued

- Document pre pours using the from and thru date as well as the date of the medication list.
- Always bring your laptop into the home and use the most up to date medication list indicate date of visit as medication list in this situation.
- Always wear gloves when handling patient medications.
- Document parameters for reporting blood sugars or BP to MD. For example BS >200 or < 80 if not otherwise specified in orders. Also report BP > 160/95 or < 90/45.

DPH Issues with Patient Rights



- ▶ Complete the Admission and Consent form at SOC for each discipline and with change in service delivery, payer and with recertification of care.
- ▶ Obtain the Home Health Change in Care Notice (HHCCN) with reduction or discontinuation of disciplines for Medicare services, if not Medicare the patient must sign the Admission and Consent for change in service. The patient must be aware of changes in service delivery.

RN oversight of the Plan of Care and supervision of LPN and Home Health Aide.



- The registered nurse is responsible for the development of the plan of care and any revisions with the oversight of the physician.
- LPN's may evaluate the patient based on the plan of care established by the RN.
- Documentation must support that the LPN reported changes in the patient condition to the RN.
- The RN must document the supervision the LPN at least every month.

Supervision of the Home Health Aide



- Documentation must support that the HHA is supervised every 14 days when “skilled care” is provided,
- Documentation must support that the HHA is supervised “directly” every 60 days when no skilled care is provided.
- Home Health Aides are required to complete “skin checks” on all patients each visit and contact the SN for changes in patient condition.



Medicare COPS

- Focus on Patient Centered Care with patient participation in the development of their goals and plan of care.
- Each patient must receive a copy of their care plan, including an emergency care plan, designation of their Advance Directive as applicable and medication list.
- Emergency care plan must state patient's Risk Level, I, II, or III to determine how soon they would need a visit in a disaster. Also specify where they would relocate to or would need a shelter.
- New QAPI requirements focus on interdisciplinary participation in process improvement projects. Data to be used to demonstrate improvement.



Compliance...

- The VNA has policies in place to ensure our compliance to local, state and federal regulations.
- You need to provide accurate and objective documentation regarding the services provided to the patients.
- You have an obligation to report suspicions of fraud or abuse to the Compliance Officer.
- You are protected under the Whistleblowers Act.



Workplace Violence

- VNA Community Healthcare (VNACHC) maintains a zero tolerance standard of violence in the workplace.
- Our policy serves to provide VNACHC employees guidance that will maintain an environment at and within VNACHC property and events that is free of violence and the threat of violence.
- Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at VNACHC in properties and at VNACHC sponsored events.
- Such conduct by an agency employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including dismissal.
- Violent threats or actions by a non-employee may result in criminal prosecution.
- VNACHC will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware.

Questions..



**Believe in the power
of the team**

Together
Everyone
Accomplish
More

