COVID-19 Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

COVID-19 vaccine can prevent **COVID-19 disease**. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can be mild to moderate, lasting only a few days, or it can be severe, requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can also result in death.

COVID-19 symptoms may appear 2 to 14 days after exposure to the virus. A person can have mild, moderate, or severe symptoms.

- Symptoms can include fever; chills; cough; shortness of breath or difficulty breathing; fatigue (tiredness); muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea; vomiting; and diarrhea.
- More serious symptoms can include trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; and pale, gray, or blue-colored skin, lips, or nail beds (depending on skin tone).

Older adults and people of any age with certain underlying medical conditions (like heart or lung disease or diabetes) are more likely to get very sick with COVID-19.

After COVID-19 illness, some people get Long COVID, a chronic condition with symptoms lasting 3 months or longer. Symptoms of Long COVID may get better, get worse, or stay the same.

People who are up to date with COVID-19 vaccination have a lower risk of severe illness, hospitalization, and death from COVID-19 than people who are not up to date. COVID-19 vaccination is the best way to prevent Long COVID.

Getting a COVID-19 vaccine helps the body learn how to defend itself from the disease and reduces the risk for severe illness and complications. Additionally, COVID-19 vaccines can offer added protection to people who have already had COVID-19, including protection against being hospitalized if they become infected with COVID-19 again.

2. COVID-19 vaccine

Updated 2024–2025 COVID-19 vaccine is recommended for everyone 6 months of age and older. This includes women who are pregnant, breastfeeding, trying to get pregnant now, or who might become pregnant in the future.

2024–2025 COVID-19 vaccines for infants and children 6 months through 11 years of age are available under Emergency Use Authorization from the U. S. Food and Drug Administration (FDA). Please refer to the Fact Sheets for Recipients and Caregivers for more information.

For people 12 years of age and older, 2024–2025 COVID-19 vaccines, manufactured by ModernaTX, Inc. or Pfizer, Inc., are approved by FDA.

Novavax COVID-19 Vaccine Adjuvanted (2024–2025 Formula) vaccine is available under Emergency Use Authorization from FDA for people 12 years and older. Please refer to the Fact Sheet for Recipients and Caregivers for more information.

- **Everyone 6 months of age and older** is recommended to receive an age-appropriate FDA-approved or authorized updated 2024–2025 COVID-19 vaccine.
- **Certain people, such as those who have medical conditions or are taking medications that affect the immune system,** may need additional doses of COVID-19 vaccine. Your health care provider can advise you.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of COVID-19 vaccine** or has any **severe, life-threatening allergies**
- Has had **myocarditis** (inflammation of the heart muscle) or **pericarditis** (inflammation of the lining outside of the heart)
- Has had **multisystem inflammatory syndrome** (called MIS-C in children and MIS-A in adults)

In some cases, your health care provider may decide to postpone COVID-19 vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill, including with COVID-19, should usually wait until they recover.

COVID-19 vaccine may be given at the same time as other vaccines.

4. Risks of a vaccine reaction

- Pain, swelling, and redness where the shot is given, fever, tiredness (fatigue), headache, chills, muscle pain, joint pain, nausea, vomiting, and swollen lymph nodes can happen after COVID-19 vaccination.
- Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have been seen rarely after COVID-19 vaccination. These risks have been observed most frequently in adolescent and young adult males. The chance of this occurring is low.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting COVID-19 vaccine. You can find information and enroll in V-Safe at **vsafe.cdc.gov**.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

Seek medical attention right away if the vaccinated person experiences chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after COVID-19 vaccination. These could be symptoms of myocarditis or pericarditis.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6. Countermeasures Injury Compensation Program

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit the program's website at **www.hrsa.gov/cicp**, or call **1-855-266-2427**.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for COVID-19 Fact Sheets, package inserts, and additional information at **www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines**.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's COVID-19 vaccines website at **www.cdc.gov/covid/vaccines/index.html**.

COVID-19 VACCINE INFORMED CONSENT

_____ _____

Name Date of Birth

Covid-19 is the disease/illness that is caused by the introduction of the SARS-CoV-2 coronavirus into the human body. This virus spreads very easily from person to person, mainly through respiratory droplets produced when an infected person talks, sings, coughs or sneezes. These very small droplets can land in the mouths, noses and/or eyes of persons standing close by as well as within 6-12 feet of the infected person. It can also be transmitted by touching a contaminated surface then touching your face, eyes, nose, ears or mouth.

CLINICAL SYMPTOMS

The major symptoms of COVID-19 illness are fever, dry mouth, trouble breathing, shortness of breath, congestion new loss of taste or smell, chest pain, sore throat, runny nose, general body and muscle aches, headache repeated shaking with chills and confusion. You can also experience flu-like symptoms such as vomiting, nausea and diarrhea. The incubation period is generally 2-14 days but can be as long as 21 days after exposure to the virus or someone who is sick. Usually, symptoms appear within 5-11 days. A person does not have to be sick or have symptoms to transmit the virus to other people.

WHO SHOULD NOT RECEIVE THE COVID-19 VACCINE OR SHOULD WAIT

It is not currently recommended for these individuals to get the COVID-19 vaccine:

- Current fever or currently ill
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of a COVID-19 vaccine or any of its components.
- Severe allergic reaction to any ingredient of this vaccine
- Pregnant, those planning to become pregnant or lactating females should seek the advice of their physician before receiving the vaccine.

If in doubt or you have questions, please consult your physician.

CLINICAL SIDE EFFECTS OF COVID-19 VACCINE

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm or death is extremely small. No serious problems have been identified with this COVID-19 vaccine to date.

Some mild problems include:

- Pain, redness, tenderness or swelling at the site of the injection or the lymph nodes on the arm where the vaccine was injected.
- Fever, fatigue, headache, nausea, joint pain, muscle aches and chills

These symptoms occur within the first three (3) days of vaccination and resolve within 1-3 days of onset.

The person receiving the vaccine will be observed for 15 to 30 minutes following the injection to monitor for potential severe reaction(s).

COVID-19 VACCINE INFORMED CONSENT

VACCINE INFORMATION (FACT SHEETS) PROVIDED TO RESIDENT/CLIENT

- **Pfizer-BioNTech Vaccine: Fact Sheet Available at:**
  https://www.fda.gov/media/167212/download?attachment
- **Moderna Vaccine: Fact Sheet Available at:**
  https://www.fda.gov/media/167209/download?attachment
- **Novavax Vaccine: Fact Sheet Available at:**
  https://novavax.widen.net/s/w8gjmhb7s9/us-eua-fact-sheet-hcp

VACCINE ACCEPTANCE

☐ I have received the information for the COVID-19 vaccine identified above and I have been educated on the benefits and risks associated with the selected COVID-19 vaccine. I hereby given permission and request that this vaccine be administered to me or the person named for whom I am authorized to sign.

_____ _____
Patient/Resident/Representative Signature Date Signed

_____ _____
Witness Signature/Title Date Signed

REASON FOR VACCINE DECLINE (Medical or Personal Reasons)

☐ I have received the information for the COVID-19 vaccines and have been educated on the benefits and risks associated with these vaccines. I hereby **DECLINE** to receive any COVID-19 vaccine for the following reasons:

A. Medical Contraindication(s): Check all that apply
(Inform physician of medical condition)

- ☐ Previous history of severe reaction to vaccine
- ☐ Febrile illness at this time (Temp 101.5°F or 38.6°C)
- ☐ Other personal reason(s)
  Specify: _____

B. Personal Reason(s): Check all that apply
(Inform physician of personal reasons)

- ☐ Perceived vaccine ineffectiveness
- ☐ Fear of needles/injections
- ☐ Fear of side effects
- ☐ Other personal reason(s)
  Specify: _____

_____ _____
Patient/Resident/Representative Signature Date Signed

_____ _____
Witness Signature/Title Date Signed

ASSESSMENT FOR ACTIVE TB

EMPLOYEE NAME:_____

QUESTIONS TO ASK:

- History of Positive Mantoux reactors
- New hire

1. Productive cough of more than three (3) weeks duration? _____ Yes _____ No

2. Coughing up blood? _____Yes _____No

3. Persistent fever _____Yes _____No

4. Drenching night sweats? _____Yes _____No

5. Unplanned weight loss? _____Yes _____No

TB TESTING:

STEP ONE Date Given: _____	STEP TWO Date Given: _____
Time Given: _____	Time Given: _____
Site:_____	Site:_____
Given By:_____	Given By:_____
Manufacturer:_____	Manufacturer:_____
Lot #:_____	Lot #:_____
Expiration Date:_____	Expiration Date:_____
Date Read:_____ Time: _____	Date Read:_____ Time: _____
Read By:_____	Read By:_____
Results:_____ MM	Results:_____ MM

If referral is needed, list the name of provider/clinic to which the person was referred: _____

HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have received information and understand that my occupation increases risks of exposure to bloodborne pathogens including hepatitis B virus (HBV). This exposure includes blood, body fluids and other potentially infectious material and surfaces. The facility's exposure control program has been explained to me and I understand the process to follow should an exposure incident occur.

I have been informed of the symptoms, hazards and transmission modes associated with the hepatitis B virus and that a vaccine is available to me at no additional cost. I have received information regarding the hepatitis B vaccine.

Date VIS Provided: _____

VIS (Vaccine Information Statement): www.cdc.gov/vaccines/hcp/vis-statements/hep-b.pdf

HEPATITIS B VACCINE CONSENT

☐ I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications and expected benefits of the vaccine.

_____ _____

Signature of Employee Date

_____

Print Employee's Full Name

HEPATITIS B VACCINE DECLINATION

☐ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccines, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can received the vaccination series at no charge to me.

_____ _____

Signature of Employee Date

_____

Print Employee's Full Name

HBV VACCINATION RECORD

Employee: _____ Employee ID Number: _____
(Print Full Name/Title)

O Previous Hepatitis B Vaccine Series Date: _____
O Hepatitis B Vaccine Contraindicated for Medical Reasons

☐ **Pre:** Hepatitis B Antibody Test Date:_____ Results:_____

☐ **Post:** Hepatitis B Antibody Test Date:_____ Results:_____

HBV VACCINATION: Dose #1

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Dose #2 (4 weeks/1 month after Dose #1)

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Dose #3 (5 months after Dose #2)

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Booster

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

Hepatitis B Vaccine:
What You Need to Know

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1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant woman has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Pregnant or breastfeeding women who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

New Hire Measles Immunity Screening Form

Employee Name: _____ **Position:** _____

Department: _____ **Hire Date:** _____

Date of Screening: _____

Presumptive Evidence of Immunity to Measles

The employee must meet **one or more** of the following criteria for presumptive evidence of immunity to measles.
Instructions: Check all applicable boxes and attach supporting documentation.

☐ **Option 1: Documentation of Vaccination**
The employee has written documentation of receiving **two (2) doses of a measles virus-containing vaccine** (e.g., MMR vaccine).

- First dose date: _____
- Second dose date: _____

Documentation reviewed and attached: ☐ Yes ☐ No

☐ **Option 2: Laboratory Evidence of Immunity**
The employee has laboratory evidence of immunity to measles demonstrated by a positive measles Immunoglobulin G (IgG) serology result.

- Date of laboratory test: _____
- Result: ☐ Positive ☐ Negative ☐ Equivocal*

*Equivocal results are considered negative and do not constitute evidence of immunity.
Laboratory report attached: ☐ Yes ☐ No

☐ **Option 3: Laboratory Confirmation of Disease**
The employee has laboratory-confirmed measles disease.

- Date of diagnosis: _____

Laboratory documentation attached: ☐ Yes ☐ No

☐ **Option 4: Birth Before 1957**

The employee was born before January 1, 1957.

- Date of birth: _____

Documentation reviewed: ☐ Yes ☐ No

Screening Determination
Based on the documentation reviewed, the employee has:

☐ **Presumptive Evidence of Immunity to Measles**

☐ **Does Not Have Presumptive Evidence of Immunity to Measles**
If no evidence of immunity is provided, offer the measles vaccine currently recommended by CDC.

Employee Attestation
I certify that the information and documentation provided are true and accurate to the best of my knowledge.

Employee Signature: _____ **Date:** _____

Reviewer Verification
I have reviewed the above documentation and verified the employee's measles immunity status.

Reviewer Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy

Policy Statement:

All residents have the right to be free from abuse, neglect, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. This includes prohibiting nursing facility staff from taking part in acts that result in person degradation, including the taking or using photographs or recordings in any manner that would demean or humiliate a resident, and prohibits using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and/or recordings on social media or through multimedia messages. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

It shall be the policy of this facility to implement written procedures that prohibit abuse, neglect, exploitation, and misappropriation of resident property.

These procedures shall include the screening and training of employees, protection of residents and the prevention, identification, investigation, and timely reporting of abuse, neglect, mistreatment, and misappropriation of property, without fear of recrimination or intimidation.

Employee Screening:

The facility shall screen all potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or mistreatment of residents. The facility will not employ or otherwise engage individuals who: (i) Have been found guilty of resident abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into a State nurse aide registry concerning resident abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.

This will be accomplished through the following (including maintaining documentation of such results):

1. The facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code § 58.11(3). The facility will conduct a criminal record check and dependent adult/child abuse registry check on all current employees and other individuals engaged to provide services to residents who have criminal convictions or founded abuse determinations after hire, or where the facility received credible information that an employee has had a criminal conviction or a founded abuse determination subsequent to hire. See Iowa Code § 135C.33(7).
2. The facility will make reasonable attempts to request and obtain information from previous employers and/or current employers that may be indicative of a history of abuse, neglect or mistreating residents.
3. For those prospective employees and other individuals engaged to provide services who hold licenses (e.g. - administrators, nurses, dieticians, therapists, etc.) the facility will conduct a check with the appropriate licensing boards to assure that there are no disciplinary actions in effect against the applicant's professional license by any state licensure body as a result of a finding of abuse, neglect, exploitation, or mistreatment of residents or misappropriation of resident property.
4. For those prospective employees and other individuals engaged to provide services who hold certificates (e.g. - certified nurses' aides), the facility will conduct a check with the appropriate registry in Iowa in addition to all other states in which the individual has worked as a certified nursing assistant to assure that there is no finding of abuse, neglect, exploitation, or mistreatment of residents or misappropriation of resident property.

Training of Employees:

Upon initial employment, each employee shall be provided with a copy of the facility's policies and procedures relating to abuse identification and reporting requirements. Within six months of hire each employee shall be required to complete an initial 2-hour training course provided by the Iowa Department of Human Services relating to the identification and reporting of dependent adult abuse. Each employee will complete a 2-hour certification training within 3 years of the initial training and every three years thereafter. See Iowa Code § 235B.16(5)(b); Iowa Code § 235E.4. In addition, all nurses' aides shall receive initial and annual resident abuse prevention training.

The training will educate staff on: (a) activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (b) procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property; and (c) management of situations in which a higher risk for abuse to occur (i.e.: dementia, behaviors, mental health diagnoses, etc.) and resident abuse prevention.

All employees shall receive annual training relating to the reporting requirements of the Elder Justice Act, and each employee's obligation to comply with the reporting requirements of the Act.

Prevention of Abuse:

The facility will provide a supportive and safe environment for all residents to the extent possible through the deployment of trained and qualified staff to meet residents' needs as identified in both the individual resident care plans and the facility assessment, honoring residents' wishes to restrict visitors, and providing information to staff, residents, and visitors on how and to whom they may report concerns without the fear of retaliation, and providing feedback to those expressing concerns. The facility will post notification of employee rights and prohibit retaliation against any employee exercising their rights.

The facility will identify, through ongoing assessment, high-risk situations where abuse, neglect, or misappropriation of resident property may occur and provide appropriate intervention in such occasions. Situations that may indicate a higher risk for abuse to occur include, but are not limited to, verbally/physically/sexually aggressive behavior, wandering into other resident's rooms or rummaging through their property, the presence of history of aggressive/violent/self-injurious behaviors, communication deficits, or those residents most dependent upon staff for their care.

Identification, Investigation and Reporting of Abuse:

Abuse is defined differently under both State and Federal law and regulation. The following are key definitions that should be considered when determining whether an event constitutes abuse.

Key Definitions:

"Dependent adult abuse" is defined under Iowa law, pursuant to Iowa Code Ch. 235E as:

1. Any of the following as a result of the willful misconduct or gross negligence or reckless acts or omissions of a **caretaker**, taking into account the totality of the circumstances:

    a. A physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult which involves a breach of skill, care, and learning ordinarily exercised by a caretaker in similar circumstances. "Assault of a dependent adult" means the commission of any act which is generally intended to cause pain or injury to a dependent adult, or which is generally intended to result in physical contact which would be considered by a reasonable person to be insulting or offensive or any act which is intended to place another in fear of immediate physical contact which will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act.
    b. The commission of a sexual offense under Iowa Code chapter 709 or Iowa Code section 726.2 with or against a dependent adult.
    c. Exploitation of a dependent adult. "Exploitation" means a caretaker knowingly obtains, uses, endeavors to obtain to use or who misappropriates a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication or property for the benefit of someone other than the dependent adult.

d. Neglect of a dependent adult. “Neglect of a dependent adult” means deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult’s life or physical or mental health.

e. Sexual exploitation of a dependent adult by a caretaker, defined as any consensual or nonconsensual sexual conduct with a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program.

   “Sexual exploitation” includes but is not limited to:

   1. Kissing;
   2. Touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals;
   3. A sex act as defined in Iowa Code section 702.17 [any sexual contact between two or more persons by]: penetration of the penis into the vagina or anus; contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person; contact between the finger or hand of one person and the genitalia or anus of another person(except in the course of examination or treatment by a physician, physician assistant, chiropractor, or nurse); ejaculation on to the person of another or by use of artificial sexual organs or substitutes therefor in contact with the genitalia or anus;
   4. The transmission, display or taking of electronic images of the unclothed breast, groin, buttock, anus, pubes, or genitals of a dependent adult by a caretaker for a purpose not related to treatment, care, monitoring, assessment, or diagnosis or as part of an ongoing investigation.

NOTE: By law, *“Sexual exploitation”* does <u>not</u> include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses or domestic partners in an intimate relationship.

5. Personal degradation of a dependent adult. *“Personal degradation”* means a willful act or statement by a caretaker intended to shame, degrade, humiliate, or otherwise harm the personal dignity of a dependent adult, or where the caretaker knew or reasonably should have known the act or statement would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person. *“Personal degradation”* includes the taking, transmission, or display of an electronic image of a dependent adult by a caretaker, where the caretaker’s actions constitute a willful act or statement intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the dependent adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person.

NOTE: By law, *“Personal degradation”* does not include the taking, transmission, or display of an electronic image of a dependent adult for the purpose of reporting dependent adult abuse to law enforcement, the department, or other regulatory agency that oversees caretakers or enforces abuse or neglect provisions, or for the purpose of treatment or diagnosis or as part of an ongoing investigation.

"Personal degradation" also does not include the taking, transmission, or display of an electronic image by a caretaker in accordance with the facility's or program's confidentiality policy and release of information or consent policies.

"Caretaker" means a person who is a staff member of a facility or program who provides care, protection or services to a dependent adult voluntarily, by contract, through employment or by order of the court.

"Resident Abuse" under the Federal Certification Guidelines [42 C.F.R. § 483.12 and 42 C.F.R. § 483.5] and State Operations Manual - Appendix PP - Guidance to Surveyors for Long Term Care Facilities, is defined as follows:

1. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

2. "Willful" means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

3. "Exploitation" means taking advantage of a resident for personal gain using manipulation, intimidation, threats, or coercion.

4. "Sexual abuse" is non-consensual sexual contact of any type with a resident [however, see Iowa Code definition of sexual exploitation above which provides that consensual contact between a resident and staff can be sexual exploitation]. Sexual abuse includes, but is not limited to:
   - Unwanted intimate touching of any kind especially of breasts or perineal area;
   - All types of sexual assault or battery, such as rape, sodomy, and coerced nudity;
   - Forced observation of masturbation and/or pornography; and
   - Taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them (e.g. posting on social media). This would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.

   Sexual contact is generally nonconsensual if the resident either:
   - Appears to want the contact to occur, but lacks the cognitive ability to consent; or
   - Does not want the contact to occur.

   Indicators of Potential Sexual Abuse In addition to reports from residents and others that sexual abuse occurred, possible physical indicators of sexual abuse that would require investigation by the facility and survey team include, but are not limited to:
   - Bruises around the breasts, genital area, or inner thighs;
   - Unexplained sexually transmitted disease or genital infections;
   - Unexplained vaginal or anal bleeding; and/or
   - Torn, stained, or bloody underclothing.

5. "Physical abuse" includes, but is not limited to, hitting, slapping, pinching, and kicking. It also includes corporal punishment when used to correct or control behavior, including but not limited to, pinching, spanking, slapping of hands, flicking, or hitting with an object.

The risk for abuse may increase when a resident exhibits a behavior(s) that may provoke a reaction by staff, residents, or others, such as:

- Verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating;
- Physically aggressive behavior, such as hitting, kicking, grabbing, scratching, pushing/shoving, biting, spitting, threatening gestures, throwing objects;
- Sexually aggressive behavior such as saying sexual things, inappropriate touching/grabbing;
- Taking, touching, or rummaging through other's property;
- Wandering into other's rooms/space; and
- Resistive to care and services.

Examples of injuries that could indicate abuse include, but are not limited to:

- Injuries that are non-accidental or unexplained;
- Fractures, sprains or dislocations;
- Burns, blisters, or scalds on the hands or torso;
- Bite marks, scratches, skin tears, and lacerations with or without bleeding, including those that are in locations that would unlikely result from an accident;
- Bruises, including those found in unusual locations such as the head, neck, lateral locations on the arms, or posterior torso and trunk, or bruises in shapes (e.g., finger imprints); and
- Facial injuries, including but not limited to, broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks.

6. "Mental abuse" is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. Mental abuse includes abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal electronic devices. This would include keeping and/or distributing demeaning or humiliating photographs and recordings through social media or multimedia messaging. This would include, but is not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, using the bathroom, providing perineal care such as after an incontinence episode, agitating a resident to solicit a response, derogatory statements directed to the resident, showing a body part such as breasts or buttocks without the resident's face, labeling resident's pictures and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position.

7. "Verbal abuse" may be considered to be a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability.

Examples of mental and verbal abuse include, but are not limited to:

- Harassing a resident;
- Mocking, insulting, ridiculing;
- Yelling or hovering over a resident, with the intent to intimidate;
- Threatening residents, including but limited to, depriving a resident of care or withholding a resident from contact with family and friends; and
- Isolating a resident from social interaction or activities.

8. "Involuntary seclusion" is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates)against the Resident's will or the will of the Resident's legal representative.

9. "Mistreatment" means inappropriate treatment or exploitation of a resident.

10. "Neglect" is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, mental anguish, or mental illness.

11. "Misappropriation of Resident property" means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a Resident's belongings or money without the Resident's consent. This includes misappropriation or diversion of resident medications.

12. "Injuries of Unknown Source" An injury should be classified as an "injury of unknown source" when <u>both</u> of the following conditions are met:

- The source of the injury was not observed by any person **and** the source of the injury could not be explained by the resident; **and**
- The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) **or** the number of injuries observed at one particular point in time **or** the incidence of injuries overtime.

13. "Resident-to-resident physical contact" that occurs, which includes but is not limited to where residents are hit, slapped, pinched or kicked and results in physical harm, pain or mental anguish is considered resident-to-resident abuse. Resident-to-resident sexual harassment, sexual coercion, or sexual assault is also considered abuse. The facility will presume that instances of abuse cause physical harm, or pain or mental anguish in residents with cognitive and/or physical impairments which may result in a resident unable to communicate physical harm, pain or mental anguish<u>, in the absence of evidence to the contrary</u>. An example would be a resident slapping another resident who is physically or cognitively impaired, even though the resident who was slapped showed no reaction (e.g., yelp or grimace), it is presumed the resident experienced pain.

Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

Reporting:

All allegations of Resident abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation should be reported **immediately** to the charge nurse. The charge nurse is responsible for **immediately** reporting the allegations of abuse to the Administrator, or designated representative.

All allegations of Resident abuse shall be reported to the Iowa Department of Inspections and Appeals not later than **two (2) hours** after the allegation is made.

All allegations of Resident neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation shall be reported to the Iowa Department of Inspections and Appeals, not later than **two (2) hours** after the allegation is made, if the events that cause the allegation result in serious bodily injury, or not later than twenty-four (24) hours if the events that cause the allegation involve neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation, but do not result in serious bodily injury.

If there is a reasonable suspicion that the allegation of abuse also constitutes a crime committed against the resident by any person, whether or not the alleged perpetrator is employed by the facility, the Elder Justice Act requires the matter must also be reported to law enforcement. While the federal regulations require all abuse allegations be reported to DIA within 2 hours, the Elder Justice Act has a different time frame for reporting to the police/sheriff. If the allegation of abuse (that results from a crime) results in serious bodily injury to a resident, a report must be made to law enforcement not later than **two (2) hours** after the allegation is made. If the allegation of abuse does not result in serious bodily injury, a report must be made to law enforcement not later than twenty-four (24) hours (See Elder Justice Act requirements on page 9).

"Serious bodily injury" is "an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring surgery, hospitalization, or physical rehabilitation."

A report shall be made by calling the Department of Inspections and Appeals reporting hotline at (877) 686-0027, submitting an e-mail to the Department at HFD_Complaint@dia.iowa.gov , submitting an online report or sending a fax to (515) 281-7106.

If the person in charge is the alleged abuser, the staff member shall directly report the abuse to the Department immediately, pursuant to the deadlines established above.

If the allegations of dependent adult abuse involve a caretaker who is not an employee of the facility (e.g. family member, visitor), a report must also be made immediately to **both** the Iowa Department of Inspections & Appeals and the Iowa Department of Human Services (DHS) by phone call 1-800-362-2178 and follow-up documentation is to be submitted to DIA and DHS as requested by DHS or DIA.

Investigation Protocols

Should an incident or suspected incident of Resident abuse (as defined above) be reported or observed, the administrator or his/her designee will designate a member of management to investigate the alleged incident.

The administrator or designee will complete documentation of the allegation of Resident abuse and collect any supporting documents relative to the alleged incident.

1. Review documentation in resident record (including review of assessment if resident injury).
2. Assess the resident for injury if the allegation involves physical or sexual abuse;
3. Provide proper notifications to primary care provider, responsible party, etc.
4. Attempt to obtain witness statements (oral and/or written) from all known witnesses.
5. If there is physical evidence that can be preserved, attempt to do so, and maintain in a safe location to minimize risk of evidence being tampered with.

The facility will establish and enforce an environment that encourages individuals to report allegations of abuse without fear of recrimination or intimidation.

Following investigation, the Administrator or designated agent will be responsible for forwarding the results of the investigation to the Department of Inspections & Appeals. This written report shall be forwarded to the Department within five days of the initial report.

Initial/Immediate Protection During Facility Investigation:

Upon receiving a report of an allegation of resident abuse, neglect, exploitation or mistreatment, the facility shall immediately implement measures to prevent further potential abuse of residents from occurring while the facility investigation is in process. If this involves an allegation of abuse by an employee, this will be accomplished by separating the employee accused of abuse from all residents through the following or a combination of the following, if practicable: (1) suspending the employee; (2) segregating the employee by moving the employee to an area of the facility where there will be no contact with any residents of the facility; and in rare instances (3) separating the employee accused of abuse from the resident alleged to have been abused, but allowing the employee to care for and have contact with other residents, only if there is a second employee who remains with and accompanies the employee accused of abuse at all times to supervise all contacts and interactions with the residents.

Following completion of the facility investigation, if the facility concludes that the allegations of resident abuse are unfounded, the employee may be allowed to return to job duties involving resident contact, but the employee must maintain a separation and have no contact with the resident alleged to have been abused, by reassigning the accused employee to an area of the facility where no contact will be made between the accused employee and the resident alleged to have been abused. This separation must be maintained until the Department concludes its investigation and issues the written results of its investigation. **Note: if the DIA determines there <u>was</u> abuse (even though the facility did <u>not</u> substantiate the abuse), there is risk that DIA could cite the facility with Immediate Jeopardy, for allowing an abuser to have access to other residents while the matter was being investigated.**

Elder Justice Act

If the incident prompting the investigation results in serious bodily injury to a resident and there is a reasonable suspicion that the incident was result of a **crime committed** by any person, whether or not the alleged perpetrator is employed by the facility, the Elder Justice Act requires the matter to be reported to **law enforcement and DIA** within two (2) hours by all persons having knowledge of the matter. "Serious bodily injury" is "an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring surgery, hospitalization, or physical rehabilitation." In the absence of serious bodily injury, but with the reasonable suspicion that a crime has been committed by any person, the matter must be reported to law enforcement and DIA immediately, and in no event, more than 24 hours later, even on weekends and holidays, by all persons having knowledge of the matter. (Note: This does not eliminate the separate legal requirement to report all allegations of abuse to DIA within two (2) hours, even if there is no serious bodily injury).

Persons Responsible for Reporting a Crime**:**

Everyone having knowledge of the criminal act ("covered individual") has an independent duty to report to law enforcement and DIA. Several covered individuals having knowledge may file a single report that includes information about the suspected crime from each covered person.
Any multiple-person report shall include identification of all individuals making the report.

The filing of a single or multiple-person report does not prevent a covered individual from making an individual report separately, in his/her own words, to the DIA and law enforcement, and should not be prevented by the facility.

If, after a report is made regarding a particular incident or suspicion of a crime, additional covered individuals become aware of the same incident or form a similar suspicion based on the same reported events, the original report will be supplemented with additional information including the names of the additional covered individuals along with the date and time of their awareness of such incident or suspicion.

Coordination with the Quality Assurance and Process Improvement Program

Following a report of alleged abuse, neglect, misappropriation of resident property, and exploitation, the facility's QAA Committee will conduct a review to determine if the investigation was thorough, the resident(s) involved were protected, and if an analysis to identify the situation's root cause and contributing risk factors was completed. The facility's QAA Committee will determine if further need for systemic actions is appropriate to avoid future allegations.

Dependent Adult Abuse Policy Review

I, _____, understand my obligation to report to my Supervisor any potential abuse as defined in the Abuse Prevention Identification and Reporting Policy dated July 2024. I have had an opportunity to ask questions and have no further questions about Dependent Adult Abuse.

_____ _____

Employee Signature Date

I attest to the fact I have reviewed and thoroughly discussed the Abuse Prevention, Identification and Reporting Policy dated July 2024 with the above-named employee. I have answered all questions he/she has had regarding Dependent Adult Abuse.

_____ _____

Trainer Date

SUBJECT: Dependent Adult Abuse	PAGES: 1 OF 7
DEPARTMENT: ASSISTED LIVING	EFFECTIVE DATE: 7/2019
Provided by ICAL	REVISED: 8/2024

Policy Statement:

All Residents/Tenants (hereinafter referenced as "Residents") have the right to be free from dependent adult abuse including physical injury, injury which is at a variance with the history given of the injury, unreasonable confinement, unreasonable punishment, assault, commission of a sexual offense, exploitation, neglect, or sexual exploitation as these terms are defined below.

It shall be the policy of this facility to implement written procedures that prohibit abuse against dependent adults.

These procedures shall include the screening and training of employees, protection of Residents and the prevention, identification, investigation, and timely reporting of dependent adult abuse.

Employee Screening:

The facility shall screen all potential employees for a history of abuse, neglect or mistreating Residents. This will be accomplished through the following (including maintaining documentation of such results):

1. The facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees prior to hire, in the manner prescribed under Iowa Code 135C.33 and 481 Iowa Administrative Code § 50.9.
2. The facility will conduct a criminal record check and dependent adult/child abuse registry check on all current employees who have criminal convictions or founded abuse determinations after hire, or where the facility received credible information that an employee has had a criminal conviction or a founded abuse determination subsequent to hire. See Iowa Code § 135C.33(7).
3. The facility will make reasonable attempts to request and obtain information from previous employers and/or current employers that may be indicative of a history of abuse, neglect or mistreating Residents.
4. For those employees with licenses (administrators, nurses, dieticians, therapists, etc.) the facility will conduct a check with the appropriate licensing boards to assure that there are no current limitations of practice related to abuse, neglect or mistreatment of Residents.
5. For those employees with certificates (certified nurses' aides), the facility will conduct a check with the appropriate registry to assure that there is no history of abuse, neglect or mistreating Residents.

Training of Employees:

Upon initial employment, each employee shall be provided with a copy of the facility's policies and procedures relating to abuse identification and reporting requirements. Within six months of hire each employee shall be required to complete an initial 2-hour training course provided by the Iowa Department of Human Services relating to the identification and reporting of dependent adult abuse. Each employee will take a 2-hour training every three years thereafter. See Iowa Code § 235B.16(5)(b); Iowa Code § 235E.4.

Identification, Investigation and Reporting of Abuse:

The following are key definitions that should be considered when determining whether an event constitutes dependent adult abuse.

Key Definitions:

"Dependent adult abuse" is defined under Iowa law, pursuant to Iowa Code Ch. 235E as:

1. Any of the following as a result of the willful misconduct or gross negligence or reckless acts or omissions of a **caretaker**, taking into account the totality of the circumstances:

    a. A physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult which involves a breach of skill, care, and learning ordinarily exercised by a caretaker in similar circumstances. "Assault of a dependent adult" means the commission of any act which is generally intended to cause pain or injury to a dependent adult, or which is generally intended to result in physical contact which would be considered by a reasonable person to be insulting or offensive or any act which is intended to place another in fear of immediate physical contact which will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act.

b. The commission of a sexual offense under Iowa Code chapter 709 [(1) A sex act done by force or against the will of the other. If the consent or acquiescence of the other is procured by threats of violence toward any person or if the act is done while the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness, the act is done against the will of the other;(2) Such other person is suffering from a mental defect or incapacity which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters] or Iowa Code section 726.2 (incest) with or against a dependent adult.

c. Exploitation of a dependent adult. "Exploitation" means a caretaker knowingly obtains, uses, endeavors to obtain to use or who misappropriates a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication or property for the benefit of someone other than the dependent adult.

d. Neglect of a dependent adult. "Neglect of a dependent adult" means deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or physical or mental health.

e. Sexual exploitation of a dependent adult by a caretaker, defined as any consensual or nonconsensual sexual conduct with a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program.

   "Sexual exploitation" includes but is not limited to:

   1. Kissing;
   2. Touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals;
   3. A sex act as defined in Iowa Code section 702.17 [any sexual contact between two or more persons by: penetration of the penis into the vagina or anus; contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person; contact between the finger or hand of one person and the genitalia or anus of another person (except in the course of examination or treatment by a physician, physician assistant, chiropractor, or nurse); or by use of artificial sexual organs or substitutes therefor in contact with the genitalia or anus.;

4. The transmission, display or taking of electronic images of the unclothed breast, groin, buttock, anus, pubes, or genitals of a dependent adult by a caretaker for a purpose not related to treatment, care, monitoring, assessment or diagnosis or as part of an ongoing investigation.
5. Personal degradation of a dependent adult. "Personal degradation" means a willful act or statement by a caretaker intended to shame, degrade, humiliate, or otherwise harm the personal dignity of a dependent adult, or where the caretaker knew or reasonably should have known the act or statement would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person. "Personal degradation" includes the taking, transmission, or display of an electronic image of a dependent adult by a caretaker, where the caretaker's actions constitute a willful act or statement intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the dependent adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person.

NOTE: "Personal degradation" does not include the taking, transmission, or display of an electronic image of a dependent adult for the purpose of reporting dependent adult abuse to law enforcement, the department, or other regulatory agency that oversees caretakers or enforces abuse or neglect provisions, or for the purpose of treatment or diagnosis or as part of an ongoing investigation.

"Personal degradation" also does not include the taking, transmission, or display of an electronic image by a caretaker in accordance with the facility's or program's confidentiality policy and release of information or consent policies.

"Caretaker" means a person who is a staff member of a facility or program who provides care, protection or services to a dependent adult voluntarily, by contract, through employment or by order of the court.

Investigation:

All allegations of Resident abuse should be reported **immediately** to the charge nurse. The charge nurse is responsible for **immediately** reporting the allegations of abuse to the Director of Nursing, Administrator, or designated representative.

Should an incident or suspected incident of Resident abuse (as defined above) be reported or observed, the administrator or his/her designee will designate a member of management to investigate the alleged incident.

The administrator or designee will complete documentation of the allegation of Resident abuse and collect any supporting documents relative to the alleged incident.

The investigation should include consideration of the following, based on circumstances of the allegations, as applicable:

1. Review the completed documentation of the allegation of Resident abuse;
2. Review the Resident's medical record to determine events leading up to the incident;
3. If there is indication that injury has or may have occurred, a physical assessment must be completed by the Director of Nursing or charge nurse immediately;
4. Documentation of any physical assessment conducted will be made in the Resident's chart and a copy of this documentation will be included in the abuse investigation file;
5. The Director of Nursing or designated nurse will notify the Resident's attending physician of the alleged incident. The responsible family member or responsible party, as documented on the Resident's chart, will be notified of the incident and advised of the status of the investigation and the actions and reporting being taken;
6. If there is a reasonable suspicion that sexual assault has occurred, the treating physician should be notified to discuss arranging for a rape kit examination. In addition, all bed linens, clothing and undergarments of the affected Resident shall be removed and preserved in a paper sack that is sealed and kept in the custody of a single individual until turned over to the police (chain of custody issue);
7. Interview the person(s) reporting the incident and the alleged perpetrator and document witness statements;
8. Interview all witnesses to the incident and document all witness statements;
9. Attempt to Interview the Resident (as medically appropriate); If the resident's response is unintelligible, record this, along with objective observations of the resident.
10. Interview staff members (on all shifts) who have had contact with the Resident during the period of the alleged incident;
11. Interview the Resident's roommate, family members, and visitors if appropriate;
12. In circumstances where the allegation involves an employee, interview other Residents to whom the accused employee provides care or services;
13. In circumstances where the allegation involves another resident, interview other Residents and Employees, where appropriate, to determine if there were witnesses to any alleged abuse involving the alleged perpetrator; and
14. Review all events leading up to the alleged incident.

The following guidelines will be used when conducting interviews:

1. Each interview, if possible will be conducted separately and in a private location; and
2. The purpose of the interview will be explained thoroughly to each person involved in the interview process.

Witness reports will be reduced to writing. Witnesses will be requested to sign and date such reports. A copy of such reports must be maintained with the investigation file.

Initial/Immediate Protection During Facility Investigation:

Upon receiving a report of an allegation of dependent adult abuse, the facility shall immediately separate the alleged victim and the alleged abuser and shall maintain that separation until the Department's abuse investigation is completed and the abuse determination is made.

Reporting:

If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the Iowa Department of Inspections & Appeals immediately, and in no event later than **twenty-four hours, or the next business day** when an employee reasonably believes that a dependent adult has suffered dependent adult abuse [481 I.A.C. 52.2(1)(2)]. Report can be made by calling the reporting hotline at (877) 686-0027, submitting an e-mail to the Department at HFD_Complaint@dia.iowa.gov , submitting an online report or sending a fax to (515) 281-7106.

If the person in charge is the alleged abuser, the staff member shall directly report the abuse to the Department immediately, and in no event later than twenty-four hours **or the next business day**.

Following investigation, the Administrator or designated agent will be responsible for forwarding the results of the investigation to the Department of Inspections & Appeals.

If the allegations of dependent adult abuse involve a caretaker who is not an employee of the facility (e.g. family member, visitor), a report must be made immediately and in no event later than twenty-four hours or the next business day after the event to the Iowa Department of Human Services (DHS) by phone call 1-800-362-2178 and follow-up documentation is to be submitted to DHS as requested by DHS.

If the investigation determines that the alleged dependent adult abuse or any accident has resulted in major injury to a Resident, the Administrator, Director of Nursing or designated representative shall notify the Department of Inspections & Appeals within twenty-four hours or the next business day pursuant to 481 Iowa Administrative Code § 50.7 (RCFs) or 481 Iowa Administrative Code § 67.4(1)

_____ _____

Staff Signature Date

Policy for Resuscitative Service / Cardiopulmonary Resuscitation (CPR)

DEFINITION

Cardiopulmonary Resuscitation (CPR) is defined as: Mechanical procedures initiated to restore life or consciousness of one apparently dead or whose respirations, pulse and blood pressure have ceased.

POLICY

- Cardiopulmonary Resuscitation (CPR) may or may not be provided for the treatment of cardiopulmonary arrest based on the resident's choice.

Reference: Form completed by resident at the time of admission includes the above definition and policy and has a section for the resident to indicate his/her preference, resident/family and physician acknowledgements. The form is located under the front cover of resident's chart.

- In the event that a non-licensed staff person identifies a resident that is unresponsive, that staff person will immediately notify the nurse to implement appropriate measures.
- Nurses are responsible to keep their CPR certification current. Proof of this should be taken to the D.O.N. and placed in personnel file.

EMPLOYEE ACKNOWLEDGEMENT OF CPR POLICY

This policy has been explained to me by: _____ and I acknowledge full understanding of its contents.

Employee Signature: _____ Date: _____

SUBJECT: EMERGENCY SERVICES IN THE CASE OF CESSATION OF PULSE/RESPIRATIONS	PAGES: 1 OF 1
DEPARTMENT: ASSISTED LIVING	EFFECTIVE DATE: 2/2019
	REVISED:

DEFINITION

Cardiopulmonary resuscitation (CPR) is defined as: Mechanical procedures initiated to restore life or consciousness of one apparently dead or whose respirations, pulse, and blood pressure have ceased.

POLICY

This program does employ a licensed nurse authorized to perform cardiopulmonary resuscitation (CPR). However, there are times when a nurse may not be available on the Assisted Living campus.

If a tenant goes into cardiac or respiratory arrest, CPR will not be provided if the tenant shows signs of irreversible death (rigor mortis/livor mortis) or the tenant has a DNR Order.

Otherwise, 911 will be called and emergency services by the 911 team will be implemented. Unlicensed staff may perform CPR as directed by emergency personnel.

If you DO NOT wish to have 911 called in the case of cessation of pulse and/or respirations, please indicate below. If you DO want 911 called, you and/or your responsible party must provide the 911 team with any further advanced directives that you have.

In the event that my respirations or pulse would cease, my choice would be:

_____ Yes, perform CPR as outlined above and/or call 911 for further medical interventions.
_____ No, do not call 911 and do not perform CPR (DNR).

ACKNOWLEDGEMENT OF ABOVE POLICY

This policy has been explained to me by _____ and I acknowledge fully understanding of its contents.

_____ _____

Staff Signature Date

SUBJECT: MISSING RESIDENT/TENANT	PAGES: 1 OF 2
DEPARTMENT: LONG TERM CARE/ASSISTED LIVING	EFFECTIVE DATE: 12/2018
	REVISED: 9/2021, 3/28/2024

POLICY

To ensure prompt and appropriate response by staff and emergency personnel in an effort to maintain resident/tenant safety.

PROCEDURE

In the event, that a resident/tenant is missing, the following steps shall be taken:

- Search the building thoroughly. Look in closets, bathrooms, non-resident/tenant areas and in each every bed/apartment. In the majority of incidents when a resident/tenant is missing, he/she is subsequently found within the facility, usually in an unexpected place.

- Search the immediate grounds surrounding the building.

- Campus search: Send staff members out on foot and in cars. Suggest staff that are leaving the facility property have access to cell phone communication and assure the person in charge of the search has phone numbers for each employee participating in the off grounds search.

- Notify the Administrator/Director and the Director of Nursing to assist in the search.

Whoever is in charge of the facility should file a "missing person's report" with the police.

- To do so call 911 and be prepared to give an accurate description of the resident/tenant, including the clothing the resident/tenant was last known to be wearing.

- When the police arrive provide them with the picture used for resident/tenant identification purposes.

- When necessary, the Director of Nursing should call the off-duty personnel to aid in the search.

The search should be organized and coordinated with the police department. Inform them how many staff are searching on foot and in the area they are searching.

Others that can aide in the search:

- Neighbors in the immediate area
- Local media (radio and TV station)
- National Guard helicopter if one is available
- Canine Unit through the police department
- Sheriff's Department
- Local Fire Department
- Local Emergency Management Agency

Once the resident/tenant is located, returned to the facility and his/her safety assured, the Director of Nursing or Designee should contact the resident/tenant's family and physician. Perform a complete resident/tenant assessment: including noting resident/tenant's level of distress. Record assessment and other observations in the resident/tenant's record. Update the service plan with appropriate safety interventions. Complete an incident report. Document weather, including temperature.

The Director/Administrator and/or RN should evaluate the situation to determine if this is a reportable situation to the Department of Inspections and Appeals.

In the case of the resident/tenant is not found promptly, the family and physician will be notified immediately.

_____ _____

Staff Signature Date

SUBJECT:	WANDER GUARDS	REFERENCE WG
		PAGE: 1
DEPARTMENT: LONG TERM CARE		OF: 1
		EFFECTIVE: 11/5/18

POLICY:

Residents will be monitored for the need for a wander guard security bracelet. Those residents with impaired decision making and a known history of exit seeking shall wear a wander guard bracelet and identification information.

- Upon admission, the need for wander guard placement shall be evaluated by the admitting nurse.
- The need for wander guard placement shall be evaluated annually and with a significant change in condition utilizing the MDS process, input from the resident representative and the interdisciplinary team.
- In the event of an acute change in condition, the nurse shall determine the need for immediate wander guard placement.
- Nurses may utilize the "elopement decision tree" to assist in determining the need for placement of a wander guard in the above situations.
- Function of door alarms and wander guard system shall be checked daily.
- Placement of wander guard shall be checked every shift.
- Educate all staff on the "door alarm response" and the "missing tenant/resident policy".

_____ _____

Signature Date

SUBJECT: DOOR ALARMS	PAGES: 1 OF 1
DEPARTMENT: LONG TERM CARE/ASSISTED LIVING	EFFECTIVE DATE: 10/2016
	REVISED: 3/2024

POLICY

Staff will respond timely to all door alarms.

PURPOSE

To ensure residents/tenants are safe and secure.

PROCEDURE:

1. Check your system to determine the location of the alarm that is sounding. This will indicate the door that has been opened.

2. Staff must immediately respond to all door alarms.

3. Attempt to determine what set of the alarm (i.e. did resident/tenant exit building, did a visitor enter or exit without disengaging the alarm, etc.).

4. Open the door and look to see if a resident/tenant is in sight. Walk outside and quickly scan the grounds. Always assume that it is a resident/tenant that activated the alarm. Never assume a visitor or another resident/tenant set off the alarm just because they are in sight. A resident/tenant may have exited at the same time.

5. If it is a code alert or other type of alarm that is activated by a specific bracelet type device, immediately locate your residents/tenants who have these bracelets in place. Once these residents/tenants are accounted for, begin a room to room search to locate all other residents/tenants. This will be done while the search of the grounds is being completed.

6. If a resident/tenant is unaccounted for, immediately implement your Missing Resident/Tenant policy.

7. The Assisted Living will have a process to check door alarm.

_____ _____

Staff Signature Date

SEVERE WEATHER/TORNADO POLICY:

Rev 03/2019

- The purpose of the Severe Weather/Tornado Policy and Procedure is to educate and inform staff of weather conditions that warrant their attention.
- It is the community's responsibility to keep the residents, families of residents, and staff safe at all times. If severe weather or tornado strikes, precautions need to be taken to ensure their safety.
- **Definitions:**

Watch -- Means that conditions are favorable for a thunderstorm or tornado to develop.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

PROCEDURE:

- If a severe thunderstorm or tornado ***WATCH*** is issued for the area:
  - Account for all residents, staff, & others on-site as able.
  - Make sure residents & staff are inside.
  - Close all windows and pull all curtains.
  - Keep all residents away from windows as able
  - Monitor for weather updates; e.g. weather radio, TV's, radio's, etc.
- If a severe thunderstorm or tornado ***WARNING*** is issued for the area:
  - *Encourage residents to gather in their respective bathrooms and/or room and keep access to room clear as able.
    **Note: If gatherings (increased supervised areas, family style dining, activities, family gatherings, care conferences, & etc.) of occupants, families, visitors, are occurring at the time of the issued WARNING, then the Person in Charge at the time will determine appropriate locations for all effected in the gatherings to locate for safety. (E.g. shelter in place, move to inner hallways, offices & etc.)*
  - Cover the residents/tenants with blankets and pillows, especially near the head, as residents/tenants allow.
  - Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed, and the warning has lifted.
  - Stay calm and provide reassurance to the tenants. Keep them as comfortable as possible.

Current Person In Charge:

- Announce, **in plain language**: "Attention please, we are now in a severe weather/ tornado (watch or warning), begin severe weather procedures at once."
- If phone does not work, send runners to all areas.

Administrative/Office Staff (if on site)

- Repeat announcement.
- Stay at the desk as long as is safe to supervise the front door.
- Guide staff, tenants, visitors, & others to seek appropriate shelter.

All Staff

- Reassure and comfort tenants, family, visitors, & others.
- Advise visitors, family, & others not to leave the building.

Nursing:

- *Ensure/assist tenants to their respective bathrooms as applicable & allow.
  **_Note: If gatherings (increased supervised areas, family style dining, activities, family gatherings, care conferences, & etc.) of occupants, families, visitors, are occurring at the time of the issued WARNING, then the Person in Charge at the time will determine appropriate locations for all effected in the gatherings to locate for safety. (E.g. shelter in place, move to inner hallways, offices & etc.)_
- Reassure and make tenants comfortable.
- Account for all residents, tenants, staff, & visitors.
- Seek shelter with tenants or public restrooms as situation allows.

Recovery:

- Following Severe Weather/Tornado Warnings: Administrator, or designee (see Emergency Contact List for phone number), Director of Nursing, or designee (see Emergency Contact List for phone number), or Current Person In Charge, may initiate any or all of the following below, depending on actual outcome of warning:
- Announce, **in plain language**: "Attention please, ALL CLEAR."
- If phone does not work, send runners to all areas.
- Check and provide any medical attention needed
- Implement the Emergency Call Tree for additional staff support as necessary
- If not present, contact Administrator, or designee (see Emergency Contact List for phone number), Director of Nursing, or designee (see Emergency Contact List for phone number), Maintenance Leadership (see Emergency Contact List for phone number)
- Administrator, or designee, will determine and implement the evacuation plan as necessary.
- Check for fires and electrical shorts, if found call 911
- Reserve telephone for emergency only
- Look for hazards such as broken water lines, broken glass, damaged equipment, spilled fluids, etc. If any are found take measures to ensure tenant, family of tenants, staff, and volunteer safety and update Director or designee.
- Make every effort to carry out routine procedures and return facility to normal operations as soon as safely possible.
- Administrator or designee to coordinate services to include but not limited to: Local Fire/Ambulance Services, Local Hospital Services, County Emergency Management Agency, state, and federal services as necessary.
- Full accounting of tenants, visiting family of tenants, staff, and volunteers following event.

Employee Signature _____

Date _____

FIRE POLICY:

Rev: 02/22/2019, 03/2019, 07/2023

- The purpose of the Fire Policy is to provide a course of action for all personnel to follow in the event of a fire.

DEFINITIONS:

- **Fire Barrier.** A continuous membrane or a membrane with discontinuities created by protected openings with a specified fire protection rating, where such membrane is designed and constructed with a specified fire resistance rating to limit the spread of fire, that also restricts the movement of smoke. (NFPA 101-2012, 3.3.31.1)
- **Fire Compartment.** A space within a building that is enclosed by fire barriers on all sides, including the top and bottom. (NFPA 101-2012, 3.3.48.1)
- **Smoke Barrier**. A Continuous membrane, or a membrane with discontinuities created by protected openings, where such membrane is designed and constructed to restrict the movement of smoke. (NFPA 101-2012, 3.3.31.2)
- **Smoke Compartment.** A space within a building enclosed by smoke barriers on all sides, including the top and bottom. (NFPA 101-2012, 3.3.48.2)

RESPONSIBILITY

- Responsibility for development, implementation and maintenance of this policy rests with the campus Administrator.
- This policy shall be reviewed when the plan is changed, employee (s) responsibility changes and updated as necessary.
- Responsibility for ensuring that all staff and employees receive training on their responsibilities.

as outlined in this Campus Fire Policy, at time of orientation and at least annually thereafter, rests with the Administrator.

- Responsibility for specific departmental training rests with each department supervisor.
- Responsibility for planning and conducting fire drills rests with the Administrator.
- All staff and employees of this campus shall be familiar with the Fire Policy information and for the safety of residents, tenants, visitors and staff. For purposes of this policy, all volunteers and vendors in the building shall be considered visitors.
    - All staff and employees of this campus shall know and be able to respond and implement the fire procedure for this campus.
    - All staff and employees of this campus shall participate in regularly scheduled fire drills, fire safety orientation, and other general fire safety programs.
- Fire drills shall be planned by the Administrator and held each month (SNF/ICF)/Bi-Monthly (Assisted Living, Memory Care) in such a manner that at least one drill is scheduled for each work shift during each calendar quarter. Fire drills shall involve a *simulated evacuation* (SNF/ICF Only) or actual (Assisted Living/Memory Care) of all tenants to a safe assembly point outside of the smoke compartment containing the area of simulated fire origin.

*Annually Assisted Living/Memory Care tenants must also evacuate outside.

- The results of fire drills shall be documented. Any deficiencies noted during a fire drill will be discussed immediately with applicable personnel. Such deficiencies in drill completion will be documented and presented to the Safety Committee.
- Fire drill deficiencies will be used to develop in-services for departments.

PROCEDURE:

**All announcements will be in plain language, unless otherwise stated.*

**All announcements will be communicated by any means available.*

Personnel Discovering Fire

R.A.C.E.: Remember R.A.C.E. **R**escue, **A**larm, **C**onfine, **E**xtinguish/Evacuate.

**Do not cross thru the DANGER AREA!*

- **Rescue/Use of Alarms**:
  - Announce: E.g., ""Facility Alert + Fire (Alarm)+ Location +*Situation (Residents involved, Fire Alarm out of service, Fire Alarm malfunction)"
  - Sound the fire alarm or assign a co-worker to do so while you move patients/residents and visitors from immediate danger to a location outside the room of fire origin.

**Situation (Residents involved, Fire Alarm out of service, Fire Alarm malfunction)" communicated only if individual discovering a fire must immediately go to the aid of an endangered person or (2) the fire alarm system malfunctions or is out of service.*

- Fire alarms pull stations are located at hall entrances, egress exits and entrances to each facility area of campus.

**Do not cross thru the DANGER AREA!*

- Push in and pull down hard on the station to activate the alarm. If the fire alarm system is out of order, repeat previous announcement with applicable situation, or assign a co-worker to do so.

- **Transmission of Fire Alarm to Fire Department:**
- Attempt to alert the Person in Charge or assign a co-worker to do so.
  - Announce: E.g., "Facility Alert + Fire (Alarm)+ Location +*Situation (Residents involved, Fire Alarm out of service, Fire Alarm malfunction)"
  - Give the exact location of the fire.
  - Person in Charge in turn call "911" to give the Fire Department the location of the fire and the best entrance to use when they arrive.
  - The automatic dialer will notify the alarm monitoring company, who will in turn notify 911 Emergency Dispatch.
- **Isolation of Fire**:
- Close all patient/resident room doors to prevent the spread of fire and smoke.
- Upon activation of the fire alarm system, the magnetic door holders will automatically release all held-open doors.
- If there are patients/residents on oxygen, take portable oxygen from oxygen storage area (s) for use.

**Do not cross thru the DANGER AREA!*

Evacuation of Immediate Area: (If Fire Barrier Doors remain open, *physically close the Fire Barrier Doors as able)*

Elevator use is only for First Responders. Facility personnel are not to utilized elevator for during evacuation. (NFPA 72, 2010)

- Remove any occupant or other person from immediate danger.
    - Occupants restricted to bed shall be removed utilizing emergency evacuation procedures such as the saddle carry, extremity carry or blanket drag (to be determined by care giver at time of evac)

Evacuation of the *Entire* Smoke Compartment: ***It is no longer acceptable to just evacuate the room of fire origin, the rooms immediately adjacent and the rooms across the corridor.*

**Do not cross thru the DANGER AREA!*

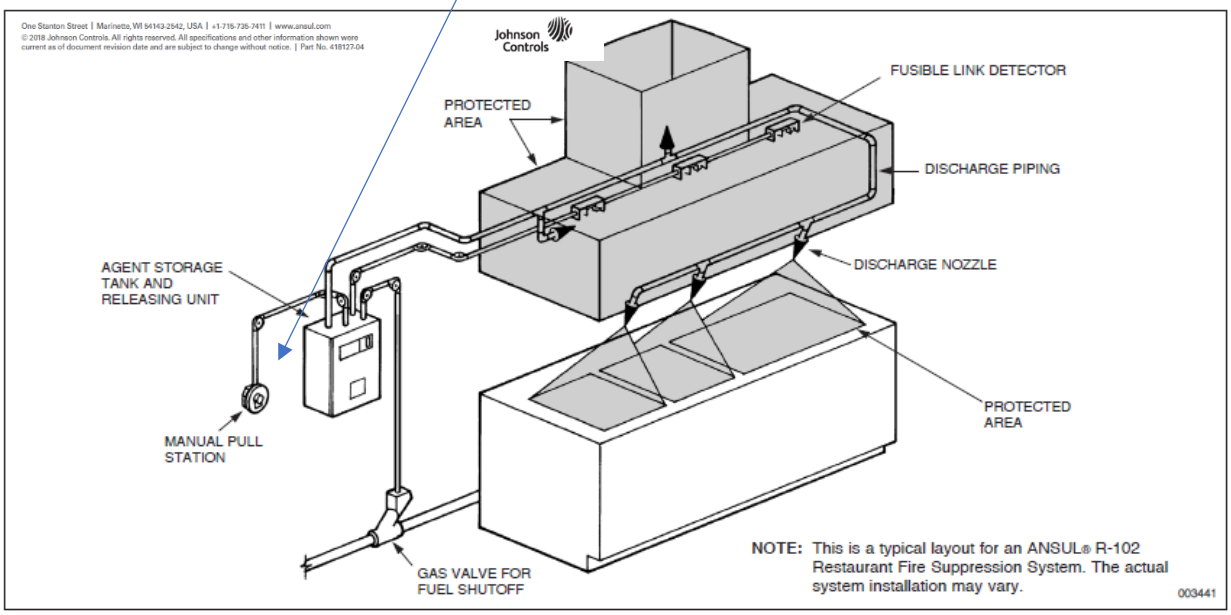
Elevator use is only for First Responders. Facility personnel are not to utilized elevator for during evacuation. (NFPA 72, 2010)

- Communicate, by any means available, with Person in Charge, for all available personnel to report to the fire area to assist in moving occupants and visitors from any areas of immediate danger.
- Continue to move occupants, residents and visitors beyond the closest set of corridor fire/smoke barrier/compartment doors to a safe area in an adjacent smoke compartment and/or begin removal of wheeled equipment from the corridor.
- Priority of evacuation is those closest to the danger area followed by movement thru the fire/smoke compartment, **regardless of mobility status.**

- **Preparation of Floor and Building for Evacuation**:
- Close occupant room doors behind you as you evacuate occupants.
- Clear hallways of all obstructions. Med carts, resident supplies if needed and time permits.

- **<u>Extinguishment of Fire:</u>**
- In case a fire starts in the kitchen, staff to only use the Class K fire extinguisher once the built-in hood fire suppression system has been activated.

  *Hood fire suppression system is designed to automatically activated. Failure to do so will require staff to go to “Manual Pull Station” and pull pin. (See example below)



- Refer to the placard on the wall near the Class K fire extinguisher with this reminder.
- ***<u>Use a portable fire extinguisher to assist in the evacuation of those in immediate danger and as necessary</u>***.

  *Reminder: Staff are encouraged to grab a fire extinguisher if they are heading to the scene of the fire, unless doing so delays evacuation efforts. However, the portable fire extinguisher is to aid the Person In Charge or maintenance (if available), in efforts to safely evacuate the smoke compartment. Carrying it throughout an evacuation is not necessary unless it is needed to safely evacuate.

  *<u>*Only available personnel who have been properly trained in the safe use of hand-held portable fire extinguishers shall help fight fire using portable fire extinguishers</u>*. Remember P.A.S.S. – **P**ress, **A**im, **S**queeze and **S**weep when using fire extinguishers.
- **After Fire Area is Evacuated:**
- The charge nurse will be responsible for checking:
  - Resident room list to confirm that all residents are accounted for.
  - All staff are accounted for.
  - Updating Person in Charge.
- **All Clear:** No one shall reenter the fire area until the fire incident commander has given an ALL CLEAR.

- IF YOU HEAR THE FIRE ALARM AND THE FIRE IS NOT IN YOUR AREA, FOLLOW THESE STEPS:

- Check the fire alarm annunciator panel.
- Announce: E.g., "Facility Alert + Fire (Alarm)+ Location, with any means available
- Dial 911 – Notify operator of current fire situation, location, the best door to use to access the building, and any additional information you may have related to the event.
- When the fire event is completed, announce, with any means available, "ALL CLEAR"
- **Security:** The security supervisor shall open secured entrance doors as needed for fire department personnel to enter, direct them to the fire event location and update them on known conditions, including extent of occupant evacuation. All other on-duty security personnel shall immediately respond to the fire event location to assist with evacuation.
- **Maintenance:** All on-duty maintenance staff shall immediately respond to the fire event location to assist with extinguishment of the fire to the extent safely possible to do so. Portable fire extinguishers are located throughout the facility corridors.
- **Nursing and Care Staff:** Wait for the announcement of where the fire is located and be prepared to respond to the fire event location to assist with evacuation if assigned to do so; however, patient areas should never be left unattended. Be prepared to evacuate your assigned area in case evacuation becomes necessary at some point during the fire event. Clear hallways of all obstructions. Collect the patient/resident room list as well as charts, Med carts and Med books.
- **Housekeeping, Dietary, Administration, etc.:** Wait for the announcement of where the fire is located and be prepared to respond to the fire event location to assist with evacuation if assigned to do so. Be prepared to evacuate your assigned area in case evacuation becomes necessary at some point during the fire event. Clear hallways of all obstructions.
- **Additional Notifications** by Administrator or designee, or Person in Charge include following:
    - Management Company (See Emergency Phone Contact List)

    After Business Hours (See Emergency Phone Contact List)

    - Fire Marshal's Office (See Emergency Phone Contact List)
    - Local Fire Department (Chief) "911"
    - Facility Liability Insurance Company (See Emergency Phone Contact List)
    - Department of Inspection and Appeals (See Emergency Phone Contact List)
    - Facility Department Supervisors/Charge Nurse Personnel
    - Fire Alarm Monitoring Company (See Emergency Phone Contact List)

    (When the system returns to normal, notify such)

EDUCATION/GUIDANCE:

General Fire Safety Information:

- Help prevent fires. Good housekeeping is the best assurance against fire. Do all you can to maintain order and a high state of cleanliness in the interest of fire safety. Make it a habit to watch for fire hazards and report them to your supervisor or the facility safety officer.
- Be alert for signs of fire. If you see or smell smoke, report it immediately for investigation. Early detection means prompt extinguishing of fires. Form habits of watchful care. Above all be especially alert at night as help is in smaller numbers on that shift.
- Avoid panic. Never shout FIRE or any other danger signal. One of the greatest dangers in a fire event is panic. Never alarm the residents by excited motions. They look to you for protection. Appear calm, cool and collected and move with assurance.
- Know your fire plan and the location of all extinguishers and fire alarm pull stations so that in case of emergency you can act quickly.
- Fire extinguishers are easily accessible and located in cabinets throughout the corridors and in certain higher hazard areas (i.e., laundry, kitchen, mechanical rooms, etc.). This campus utilizes mainly ABC multi-purpose fire extinguishers that can be used for a variety of fire situations.
- Fire alarms pull stations are located at egress exits. (See Facility Layout) Sounding the building fire alarm system serves to notify building occupants of a fire problem and summon assistance for evacuation of patients/residents and visitors.
    - The building is equipped with what is called an addressable fire alarm system that includes automatic smoke detection in the corridors and other selected locations for early warning. When any fire alarm pull station or automatic smoke detector is activated, the exact location of the device activated will be identified at the fire alarm annunciator panel(s) located at key locations.
    - The fire alarm system is connected to an "automatic dialer" or digital communicator. Upon actuation of the fire alarm system, this dialer automatically dials a monitoring agency and gives them a recorded message. This helps to insure a quick response by our local fire department. However, when you discover a fire, the person or station discovering the fire should also immediately call the facility operator who, in turn, will call “911” as an added precaution in case the automatic equipment should fail.
    - The building’s main air handling units are also inter-connected to the fire alarm system. Thus, when the fire alarm is activated all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system.
    - The building is protected by an automatic fire sprinkler system, which is inter-connected with the building fire alarm system. Water flow equivalent to that from one sprinkler head will cause the sounding of a general building fire alarm.
- Know evacuation procedures, methods of moving patients with limited help and the location of fire/smoke barrier walls. The escape route will, of course, depend on the location of the actual fire.
    - Special consideration must be given to those patients/residents with mobility impairments or who are impaired by medications or with loss of hearing, vision or other sensory functions to ensure that they receive notification, assistance and immediate attention when in endangered areas.

- Emergency evacuation of patients/residents in a health care facility can be very labor-intensive and time-consuming. For campus smoke compartments (See Facility Layout).
- If it becomes necessary to evacuate an area, evacuation is horizontal to another smoke compartment on the same floor.
- Evacuation to the exterior.
  *GENERAL EVACUATION OF THE ENTIRE BUILDING WILL BE DONE ONLY UPON ORDERS FROM ADMINISTRATION OR THE FIRE DEPARTMENT INCIDENT COMMANDER.

- If evacuation by wheelchair is not feasible, the following methods maybe utilized, *to be determined by care giver at time of evac*, for evacuating non-ambulatory persons:
  - HIP CARRY – One person carrying one patient/resident (only when necessary).
  - SADDLE CARRY – Two persons locking hands and wrists to form a chair.
  - EXTREMITY CARRY – Two persons, one at the top of the victim; the other between the legs at the knees.
  - BLANKET DRAG – Lowering the resident onto a blanket on the floor and pulling them to safety.
    - Ambulatory patients/residents shall be instructed to crouch below the smoke level and be assisted to safety.
  - To the extent possible, corridors shall be kept free from obstructions at all times. While federal fire/life safety standards allow some wheeled equipment in corridors (e.g., carts in use, resident lifts, isolation carts, etc.), this equipment should be promptly removed from the corridor when evacuation has been ordered.

  **Rescue of persons in immediate danger shall, however, take precedence over clearing the corridors.*
  - Nursing & any other available staff (when needed) will be responsible for removing isolation carts, linen carts, housekeeping carts, food carts and removing and securing med carts (Nurse only) from the corridor.
  - Never block fire exits or fire/smoke barrier doors. Do not leave chairs, over-bed tables, wheelchairs, or housekeeping or medication carts in front of fire exits or fire/smoke barrier doors.
  - Never use wedges or other hold-open devices to prop open fire doors or smoke barrier doors. Fire and smoke barrier doors must be closed at all times or held open by an electromagnetic door holder which will release the door automatically when the alarm is activated.

https://www.osha.gov/SLTC/etools/evacuation/portable_about.html

Fire Triangle:

To understand how fire extinguishers work, you need to understand a little about fire. Fire is a very rapid chemical reaction between oxygen and a combustible material, which results in the release of heat, light, flames, and smoke.



For fire to exist, the following four elements must be present at the same time:

- Enough oxygen to sustain combustion.
- Enough heat to raise the material to its ignition temperature.
- Some sort of fuel or combustible material.

The chemical reaction that is fire.

How a Fire Extinguisher Works:

Portable fire extinguishers apply an extinguishing agent that will either cool burning fuel, displace or remove oxygen, or stop the chemical reaction so a fire cannot continue to burn. When the handle of an extinguisher is compressed, agent is expelled out the nozzle.

All portable fire extinguishers must be approved by a nationally recognized testing laboratory to verify compliance with applicable standards. [29 CFR 1910.157(c)(2)] Equipment that passes the laboratory's tests are labeled and given an alpha-numeric classification based on the type and size of fire it will extinguish.



Let's take a look at the label pictured. The classification is:
1-A:10-BC
The letters (A, B, and C) represent the type(s) of fire for which the extinguisher has been approved.



The number in front of the A rating indicates how much water the extinguisher is equal to and represents 1.25 gallons of water for every unit of one. For example, a 4-A rated extinguisher would be equal to five (4 x 1.25) gallons of water.
The number in front of the B rating represents the area in square feet of a class B fire that a non-expert user should be able to extinguish. Using the above example, a non-expert user should be able to put out a flammable liquid fire that is as large as 10 square feet.

Types of fire extinguishers

Different types of fire extinguishers are designed to fight different types of fire. The three most common types of fire extinguishers are: air pressurized water, CO_2 (carbon dioxide), and dry chemical. The following table provides information regarding the type of fire and which fire extinguisher should be used.

Extinguisher Type	Type of Fire	Extinguisher Type	Type of Fire
 Water	**Ordinary Combustibles** Fires in paper, cloth, wood, rubber, and many plastics require a water. type extinguisher labeled A. 	 **Multi-Purpose**	**Ordinary Combustibles, Flammable Liquids, or Electrical Equipment** Multi-purpose dry chemical is suitable for use on class A, B, and C. 
 **CO_2** **OR**	**Flammable Liquids** Fires in oils, gasoline, some paints, lacquers, grease, solvents, and other flammable liquids require an extinguisher labeled B. 	**Class D**	**Metals** Fires involving powders, flakes or shavings of combustible metals such as magnesium, titanium, potassium, and sodium require special extinguishers labeled D.
 **Dry Chemical**	**Electrical Equipment** Fires in wiring, fuse boxes, energized electrical equipment, computers, and other electrical sources require an extinguisher labeled C. 	**Class K**	**Kitchen Fires** Fires involving combustible cooking fluids such as oils and fats.  *NOTE*: Your present fire extinguishing equipment may not put out a fire involving vegetable oil in your deep fat fryer
Water - Air-pressurized Water Extinguishers (APW)			



Water is one of the most commonly used extinguishing agents for type A fires. You can recognize an APW by its large silver container. They are filled about two-thirds of the way with ordinary water, then pressurized with air. In some cases, detergents are added to the water to produce a foam. They stand about two to three feet tall and weigh approximately 25 pounds when full.

APWs extinguish fire by cooling the surface of the fuel to remove the "heat" element of the fire triangle.

APWs are designed for Class A (wood, paper, cloth, rubber, and certain plastics) fires only.



Important:

- *Never use water to extinguish flammable liquid fires.* Water is extremely ineffective at extinguishing this type of fire and may make matters worse by the spreading the fire.
- *Never use water to extinguish an electrical fire.* Water is a good conductor and may lead to electrocution if used to extinguish an electrical fire. Electrical equipment must be unplugged and/or de-energized before using a water extinguisher on an electrical fire.

CO_2 or Dry Chemical - Carbon Dioxide Extinguishers



This type of extinguisher is filled with Carbon Dioxide (CO_2), a non-flammable gas under extreme pressure. These extinguishers put out fires by displacing oxygen or taking away the oxygen element of the fire triangle. Because of its high pressure, when you use this extinguisher pieces of dry ice shoot from the horn, which also has a cooling effect on the fire.

You can recognize this type of extinguisher by its hard horn and absent pressure gauge.

CO_2 cylinders are red and range in size from five to 100 pounds or larger.

CO_2 extinguishers are designed for Class B and C (flammable liquid and electrical) fires only.



Important:

- CO_2 is not recommended for Class A fires because they may continue to smolder and re-ignite after the CO_2 dissipates.
- Never use CO_2 extinguishers in a confined space while people are present without proper respiratory protection.

Locations:

Carbon dioxide extinguishers will frequently be found in industrial vehicles, mechanical rooms, offices, computer labs, and flammable liquid storage areas.

Multi-purpose - Dry Chemical Extinguishers



Dry chemical extinguishers put out fires by coating the fuel with a thin layer of fire-retardant powder, separating the fuel from the oxygen. The powder also works to interrupt the chemical reaction, which makes these extinguishers extremely effective.

Dry chemical extinguishers are usually rated for class B and C fires and may be marked multiple purpose for use in A, B, and C fires. They contain an extinguishing agent and use a compressed, non-flammable gas as a propellant.

ABC fire extinguishers are red in color, and range in size from five pounds to 20 pounds.

Dry Chemical extinguishers will have a label indicating they may be used on class A, B, and/or C fires.



Locations:

These extinguishers will be found in a variety of locations including public hallways, laboratories, mechanical rooms, break rooms, chemical storage areas, offices, commercial vehicles, and other areas with flammable liquids.



Class K - Dry and Wet Chemical Extinguishers for Kitchen Fires

Due to the higher heating rates of vegetable oils in commercial cooking appliances NFPA 10, Portable Fire Extinguishers, now includes a Class K rating for kitchen fires extinguishers which are now required to be installed in all applicable restaurant kitchens. Once a fire starts in a deep fryer, it cannot always be extinguished by traditional range hoods or Class B extinguishers.

- Do not attempt to use a Class A extinguisher containing water or CO_2 on a deep fat fryer fire. An explosive type reaction may result.
- Place a placard near the Class K fire extinguisher which states: "In case of appliance fire, use this extinguisher only after the fixed fire suppression system has been actuated". Class K fire extinguishers are only intended to be used after the activation of a built-in hood suppression system. If no commercial cooking system hood and fire suppression system exists, Class K extinguishers are not required.
- Extinguishing agents in many Class K extinguishers are electrically conductive and should only be used after electrical power to the kitchen appliance has been shut off. Class K extinguishers use a variety of agents. Potassium bicarbonate is used in some Class K dry chemical extinguishers, and there are also Class K wet chemical extinguishers which spray a fine mist.
- Travel distance to a Class K extinguisher shall not exceed 30 feet.
- Install a 2-A water-type extinguisher or 6L wet chemical fire extinguisher for solid fuel cooking appliances with fire boxes.
- Inspect, test and maintain Class K fire extinguishers yearly.



Locations:

These extinguishers will be found in commercial cooking operations such as restaurants, cafeterias, and other locations where food would be served.

Employee Signature _____ Date: _____

Disclaimer: It is important to note that each situation is going to be different, and that a situation may not allow for the above procedures to be implemented in this specific order. At a time of a disaster, during, and recovery, it is imperative that the Administrator be contacted in order to give staff proper direction. This policy and procedure are written so that there are clear guidelines for providing resident care and ensuring their safety in the event of a disaster. Sound judgment and common sense are the best practices in an emergency. Therefore, the Administrator and charge persons will have to make the best judgment at that time. This plan should be in cooperation with the American Red Cross, the County Emergency Agency, Government office, and local Police and County Sheriff's/Fire Departments

FORM 1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi (*S.* Typhi), *Shigella* spp., ShigaToxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional Employee Name (print) _____
Food Employee Name (print) _____
Address _____
Telephone *Daytime:*_____ *Evening:* _____
Date _____

Are you suffering from any of the following symptoms? (Circle one)

		If YES, Date of Onset
Diarrhea?	**YES / NO**	_____
Vomiting?	**YES / NO**	_____
Jaundice?	**YES / NO**	_____
Sore throat with fever?	**YES / NO**	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered? **YES / NO**
(Examples: *boils and infected wounds, however small)*

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*S.*Typhi) **YES / NO**
If you have, what was the date of the diagnosis? _____
If within the past 3 months, did you take antibiotics for *S.* Typhi? **YES / NO**
If so, how many days did you take the antibiotics? _____
If you took antibiotics, did you finish the prescription? _____ **YES / NO**

History of Exposure:

1. Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently? **YES / NO**
If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?
Cause: _____

i. Norovirus (last exposure within the past 48 hours)	**Date of illness outbreak** _____
ii. *E. coli* O157:H7 infection (last exposure within the past 3 days)	**Date of illness outbreak** _____
iii. Hepatitis A virus (last exposure within the past 30 days)	**Date of illness outbreak** _____
iv. Typhoid fever (last exposure within the past 14 days)	**Date of illness outbreak** _____
v. Shigellosis (last exposure within the past 3 days)	**Date of illness outbreak** _____

b. If YES, did you:

i. **Consume food implicated in the outbreak?** _____

ii. **Work in a food establishment that was the source of the outbreak?** _____

iii. **Consume food at an event that was prepared by person who is ill?** _____

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak? **YES / NO**

If so, what was the cause of the confirmed disease outbreak? _____

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

a. **Norovirus (last exposure within the past 48 hours)** **YES / NO**

b. ***E. coli* O157:H7 (or other STEC (last exposure within the past 3 days)** **YES / NO**

c. ***Shigella* spp. (last exposure within the past 3 days)** **YES / NO**

d. ***S.* Typhi (last exposure within the past 14 days)** **YES / NO**

e. **Hepatitis A virus (last exposure within the past 30 days)** **YES / NO**

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other STEC?

YES / NO Date of onset of illness _____

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A?

YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name _____

Address _____

Telephone – *Daytime:* _____ *Evening:* _____

Signature of Conditional Employee _____ **Date** _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

FORM 1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small)*

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia* coli O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

OSHA Respirator Medical Evaluation Questionnaire

*Once filled out, please return your completed medical questionnaire directly to the designated PLHCP (if present) or return in a sealed envelope (envelope available upon request) addressed to: Director of Nursing (PLHCP) and deliver to the facility business office, Director of Nursing, Supervisor, or designated PLHCP. Employees are permitted to complete the questionnaire on company time with assistance from employer as employee requests.

**Your Director of Nursing is the designated PLHCP* or RN designee who will be reviewing this form or designee. You are able contact the Director of Nursing in person or call per facility phone number.

Part A Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:_____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):

    a. ___ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

    b. ___ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

	YES	NO
1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?	☐	☐
2. Have you *ever had* any of the following conditions?		
a. Seizures	☐	☐
b. Diabetes (sugar disease)	☐	☐
c. Allergic reactions that interfere with your breathing	☐	☐
d. Claustrophobia (fear of closed-in places)	☐	☐
e. Trouble smelling odors	☐	☐
3. Have you *ever had* any of the following pulmonary or lung problems?		
a. Asbestosis	☐	☐
b. Asthma	☐	☐
c. Chronic bronchitis	☐	☐
d. Emphysema	☐	☐
e. Pneumonia	☐	☐
f. Tuberculosis	☐	☐
g. Silicosis	☐	☐
h. Pneumothorax (collapsed lung)	☐	☐
i. Lung cancer	☐	☐
j. Broken ribs	☐	☐
k. Any chest injuries or surgeries	☐	☐
l. Any other lung problem that you've been told about	☐	☐
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath	☐	☐
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐	☐
c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
d. Have to stop for breath when walking at your own pace on level ground	☐	☐
e. Shortness of breath when washing or dressing yourself	☐	☐
f. Shortness of breath that interferes with your job	☐	☐

	YES	NO
g. Coughing that produces phlegm (thick sputum)	☐	☐
h. Coughing that wakes you early in the morning	☐	☐
i. Coughing that occurs mostly when you are lying down	☐	☐
j. Coughing up blood in the last month	☐	☐
k. Wheezing	☐	☐
l. Wheezing that interferes with your job	☐	☐
m. Chest pain when you breathe deeply	☐	☐
n. Any other symptoms that you think may be related to lung problems	☐	☐
5. Have you *ever had* any of the following cardiovascular or heart problems?		
a. Heart attack	☐	☐
b. Stroke	☐	☐
c. Angina	☐	☐
d. Heart failure	☐	☐
e. Swelling in your legs or feet (not caused by walking)	☐	☐
f. Heart arrhythmia (heart beating irregularly)	☐	☐
g. High blood pressure	☐	☐
h. Any other heart problem that you've been told about	☐	☐
6. Have you *ever had* any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest	☐	☐
b. Pain or tightness in your chest during physical activity	☐	☐
c. Pain or tightness in your chest that interferes with your job	☐	☐
d. In the past two years, have you noticed your heart skipping or missing a beat	☐	☐
e. Heartburn or indigestion that is not related to eating	☐	☐
f. Any other symptoms that you think may be related to heart or circulation problems	☐	☐
7. Do you *currently* take medication for any of the following problems?	☐	☐
a. Breathing or lung problems	☐	☐
b. Heart trouble	☐	☐
c. Blood pressure	☐	☐
d. Seizures	☐	☐

	YES	NO
8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9.) ☐	☐	☐
a. Eye irritation	☐	☐
b. Skin allergies or rashes	☐	☐
c. Anxiety	☐	☐
d. General weakness or fatigue	☐	☐
e. Any other problem that interferes with your use of a respirator	☐	☐
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	☐	☐

Employee Signature _____ **Date** _____

CONFIDENTIAL WHEN COMPLETE

MEDICAL CLEARANCE *(Physician or other Licensed Health Care Provider completes)*

Medical Clearance for use of an N95 respirator in a clinical care setting:

❑ Approved ❑ Approved with restrictions ❑ Denied.

Remarks:

PHYSICIAN/HEALTH CARE PROFESSIONAL PRINTED NAME	PHYSICIAN/HEALTH CARE PROFESSIONAL SIGNATURE
PHYSICIAN/HEALTH CARE PROFESSIONAL COMPANY ☐ Medical Director ☐ Director of Nursing ☐ PLHCP ☐ Registered Nurse	DATE

PRIVACY ACT NOTIFICATION RESPIRATOR USE APPROVAL

Participation in this program will require that you provide personal biographical and medical information to professional medical personnel. The Privacy Act of 1974, therefore, requires that you be given the following information about the program before you participate.

AUTHORITY - We are authorized by the Occupational Safety and Health Act of 1970 and 5 U.S.C. 3301 to obtain personal information from participants in the program. Title 29, Code of Federal Regulations, Part 1910.134 provides for medical evaluation and mandatory participation in a respiratory protection program.

PURPOSE - The program is designed to protect Agency employees from potential hazards in their work environment and to reduce exposures to harmful agents. Respirator medical evaluation records will document health status and provide an assessment of approved respiratory protective measures.

ROUTINE USES - Using a respirator may place a physiological burden that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Medical evaluation information is used to assess an employee's ability to wear a respirator.

EFFECTS OF NON-PARTICIPATION - If you decide not to participate or refuse medical evaluation, we will be unable to assess your ability to wear a respirator, respiratory protection will not be provided to you. This may affect your ability to enter some work environments. Non-participation may result in disciplinary action for failure to follow instructions.

New Employee Safety Orientation Form

Employee Name:	Date hired:	Orientation date:
Job Title:	Department Name:	
check one: ☐ New employee ☐ Agency ☐ Rehire ☐ Part time ☐ Temporary		

Check items covered:

- ☐ Safety Program
  - Safety committee, safety meetings, names of safety committee representatives
  - Safety policies and procedures
  - Hazard Communications
  - Bloodborne Pathogen Exposure Plan (located in each Department)
  - Health & Safety Coordinator- Administrator/Director
- ☐ Accident Reporting
  - Report all accidents to supervisor
  - Ensure that employee and Supervisor complete Employee Incident Report Forms for all reported workplace accidents/injuries/illness
  - Workplace injury/Illness Procedure with facility authorized provider or emergency department. (Agency staff report to their perspective agency)
- ☐ First Aid
  - See facility nurse for assessment/treatment.
  - Location of first aid kits
  - Location of other emergency equipment (eyewash, showers)
  - How to summon medical aid
- ☐ Emergency Action Plan
  - What to do in the event of fire, earthquake, chemical spill and other emergencies
  - Emergency Preparedness Manual locations: Nurses Station &/or Administrator/Director Office.
  - Building evacuation procedures
  - Location of exits, evacuation routes, and designated evacuation location
  - Location of fire alarm pull stations and fire extinguishers
  - How to summon emergency aid
- ☐ Personal Work Habits
  - Proper lifting techniques
  - Ergonomics
  - Good housekeeping
  - Avoiding slips and falls
  - Smoking policy
- ☐ Potential Hazards on the Job
  - Identification of job specific hazards and how to minimize hazards
  - Assigned Personal Protective Equipment – care, use, limitations
- ☐ On the Job Training
  - Facility/Department training/meetings
  - CE Solutions

I received training on the items checked	Employee Signature:	Date:
I instructed the employee on the items checked	Supervisor/Trainer Signature:	Date:

**Please complete and file in employee's unit personnel file*