PHILADELPHIA
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Home Health / Hospice
Risk Management Guidebook

The purpose of this Risk Management Program is to provide our clients in the Home Health / Hospice industry with information dealing with targeted areas of loss potential for all Home Health / Hospice operations.

Please take time to review these materials and integrate them into your ongoing loss prevention efforts at your facility.

If you would like additional Loss Control assistance please contact the Philadelphia Insurance Companies Loss Control Department by visiting us on the web: www.Phly.com

Focus on the Things that Matter
We'll Handle the **Loss Control**

PIC Loss Control Services

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TABLE OF CONTENTS:

CLIENT SCREENING

Background Information:

The needs of the patient must be carefully reviewed prior to providing services. In addition, the patient's medical history should be periodically reviewed, updated and documented.

The Patient should release and provide necessary information for you to handle special needs or handicap or disability issues with the patient.

Each patient should be required to obtain a physical exam. The physical should have a window established for acceptability such as 6 months prior or sooner.

All client/patient information should be formally documented and updated annually to ensure established criteria and/or policies are being met.

General Safety Guidelines

The following are general safety guidelines for protecting both the worker and the consumer.

- Practice safety at all times
- Think safety for both the worker and the consumer
- Take the time to do it right
- Keep quick access to a phone to be able to call 911
- Use gloves and personal protective equipment when handling chemicals or bodily fluids
- Lift safely
- Make sure smoke and carbon monoxide detectors are working properly
- Make sure good lighting is in place
- Don't use broken equipment
- Pre plan for emergencies
- Ask for help when needed

EXPOSURES -The Consumer's Home
A good assessment must be completed on the Home environment

(Conduct this safety assessment with your consumer/employer.)

- ☐ Emergency Action Plan in place.
- ☐ Adequate disposal gloves, first aid kit, masks, and bleach.
- ☐ Outside walkways are well lit, cleared of debris/material.
- ☐ Inside floors are cleared of furniture, clutter, cords, hoses, etc.
- ☐ Stairs have handrails and are well lit.
- ☐ Rug edges are not frayed and tacked down.
- ☐ Throw rugs are removed or non-skid mat in place.
- ☐ No exposed or frayed electrical wires or extension cords.
- ☐ Used needles are placed in sharps container.
- ☐ Sharp objects are padded (bed frames, etc.).
- ☐ Bathrooms have non-slip surfaces and sturdy grab bars.
- ☐ Medical equipment properly stored.
- ☐ No smoking or open flames near oxygen bottles, especially when in use.
- ☐ Liquids such as water, ice, snow, and grease are cleaned up immediately.
- ☐ Materials are stored at proper height and safely.
- ☐ Proper lighting.
- ☐ Home is free of bugs, mice, etc., and animal waste.
- ☐ Animals are controlled.
- ☐ Medications and chemicals are labeled and stored correctly.
- ☐ Fire extinguishers are readily available and serviced.
- ☐ Smoke alarms are in working condition.
- ☐ Lifting and moving objects are kept to a minimum.
- ☐ Well-fitting shoes with good tread are worn at all times.
- ☐ Flammable materials are stored properly or thrown out.

PATIENT HANDLING

Moving a patient without help, in cramped quarters, and without assistive equipment is a recipe for both patient and worker injury. In fact, research indicates that if any caregiver is required to lift more than 35 pounds of a patient's weight, assistive devices should be used for the transfer.

The National Institute for Occupational Safety and Health "NIOSH" has the following recommendations for patient care ergonomics:

Employers

- Consult with a professional in patient-care ergonomics to determine when assistive devices are necessary and to provide training on proper use of the equipment.
- Provide ergonomics training for workers.
- Evaluate each patient-care plan to determine whether ergonomic assistive devices or more than one care provider are needed.
- Reassess the training, the care plan, and the assistive devices once installed and in use by the caregiver.

Workers

- Use ergonomic assistive devices if they are available.
- When it's not possible to avoid manual patient handling:
  - Stand as close to the patient as possible to avoid reaching, bending and twisting. To avoid rotating the spine, make sure one foot is in the direction of the move.
  - Keep your knees bent and feet apart.
  - Use gentle rocking motions to move a patient.
  - When pulling a patient up from an adjustable bed, lower the head of the bed until it is flat or down. Raise the patient's knees and encourage the patient to push.
  - Don't stand in one place. Move around the patient's bed so you can position yourself in a safe posture rather than stretching, bending, and reaching

Ergonomic Assistive Devices

Here are just a few examples of equipment that can be used to improve safety for workers and patients:

- A hoist should be used for lifting patients who don't have enough strength to stand and walk on their own.
- A rolling toileting and showering chair can reduce six transfers (from bed to wheelchair to toilet to wheelchair to bathtub to wheelchair to bed) to two (from bed to chair and back to bed).
- Grab bars, adjustable beds, and raised toilet seats can improve leverage and prevent the need for awkward and unsafe postures.
- Slip sheets and other friction-reducing devices cut back on the effort needed to move a patient.

ONLINE RESOURCES

Employers and workers should gather as much information as they can about ergonomics in home healthcare, starting with the resources listed below:

- NIOSH Hazard Review: Occupational Hazards in Home Healthcare
- Preventing Back Injuries in Healthcare Settings
- Safe Lifting and Movement of Nursing Home Residents
- Parsons, KS, Galinsky, TL, Waters, TR. Suggestions for preventing musculoskeletal disorders in home healthcare workers part 1: lift and transfer assistance for partially weight-bearing home care patients, Home Healthcare Nurse 2006 Mar; 24(3):158-164. Parsons, KS, Galinsky, TL, Waters, TR. Suggestions for preventing musculoskeletal disorders in home healthcare workers part 2: lift and transfer assistance for non-weight-bearing home care patients, Home Healthcare Nurse 2006 Apr; 24(4):227-233.

SLIPS/TRIPS/FALLS

Slips and falls cause thousands of accidents and serious injuries every year. A tragic number of cases end in permanent crippling or death. The dollar cost is tremendous.

A little extra care, a few cents for correction or materials, and PROMPT ATTENTION to unsafe floor surfaces can be factors in preventing most slips and falls.

Slips:
Slips happen where there is too little friction or traction between a person's feet and the walking surface. Common causes of slips are:
- Wet or oily surfaces
- Occasional spills
- Weather hazards
- Loose, unanchored rugs or mats
- Flooring or other walking surfaces that do not have the same degree of traction in all areas

Trips:

Trips happen when feet collide (strikes, hits) an object causing a person to lose balance. Common causes of trips are:
- Obstructed view
- Poor lighting

- Clutter in pathway
- Wrinkled carpeting
- Uncovered cables
- Open drawers
- Uneven walking surfaces

Safeguarding of pedestrian surfaces will depend on the circumstances involved. The basic objective is to make walking and standing surfaces as non-slippery as possible.
To illustrate, smooth terrazzo steps should have at least roughened nosings. These are 3.5 to 4 inch carborundum type or other nonskid strips set flush with the rest of the tread. Foyers, main entrances, walks, stairs, pool decking, ramps, platforms, restrooms and any other place where a person steps or stands should be made of non-slip materials or should have a non-slip coating. Anti-slip materials include grilles, knurled, corrugated or other roughened surface. Anti-slip coatings include special paints and other surfacers which contain abrasives.

Flooring types differ. There are anti-slip waxes or anti-slip flooring treatment materials for all common types of flooring. Because of the importance of selecting the proper anti-slip wax or material for the specific flooring, the manufacturer of the flooring material should be consulted for the exact product which will provide the most effective anti-slip properties.

Nonskid mats, runners or carpet strips are highly effective in preventing slips and falls with the added benefit of not harming underlying flooring or detracting from its beauty.

Management Controls:
Good management controls will help you identify problem areas, determine preventative/corrective actions and provide documentation of inspections, recommendations and action taken.

A good system should involve:

Planning: Identify key areas of risk and set goals for improvement. Involve your whole staff in identifying areas of concern. Remember, there will be about 40 cases of a slip or stumble resulting in no or minor injury for every major injury/accident.

Organization: Give employees responsibility to ensure that all areas are kept safe, e.g. spills cleaned up quickly, access routes are free from clutter and storage, and adequate lighting in good condition is available and operational.

Control: Ensure that procedures and work processes are being carried out properly. Floors are not left wet, housekeeping is good, and lights are repaired / replaced quickly. Records of cleaning and maintenance work are maintained. Inspect your premises regularly and document findings and actions.

Monitoring and Review: Monitor your accident investigation and inspection reports. Ask employees about existing control measures, areas of concern and ideas for improvement. Involve your staff.

Wet Floor Signs may not be your most effective line of defense. 65% of the time wet floor signs were displayed, the floors were not wet. Most pedestrians ignore the signs and in some cases physically move them from where they were originally placed.

The National Flooring Safety Institute is now issuing flooring Wet Static Coefficient of Friction ratings to various flooring types.   Samples are submitted by manufacturers to the NFSI Research Center. The samples are tested in the laboratory and if they obtain a SCOF value of 0.6 or greater they are exposed to real world conditions for 30 days and then re-tested. If the product continues to meet an SCOF of 0.6 or greater the product will gain NSFI "Certification" status and be classified as "High Traction" which is defined as products meeting a higher standard of slip resistance both in the lab and in real world conditions.

ABUSE AND MOLESTATION

Good polices and procedures are essential for prevention of abuse and molestation.

All individuals who are working in a Home / Hospice environment must undergo background screening and abuse prevention training.

Items of an Abuse Risk Management Program:

These steps should include, but not be limited to the following:

- Meet all statutory requirements and regulations pertaining to preventing and reporting abuse and neglect. When reporting abuse or neglect incident be sure the policyholder understandings the following:
- The definition of "abuse" and "neglect" varies from state to state.
- Some, but not all states impose mandatory reporting requirements on caretaker professionals.
- Most states require reporting when there is a "reason to believe" a person has been abused or neglected.
- Most states require the report be filed within 48 hours of the incident.
- All states provide some type of immunity for filing a report that means if the perpetrator abuse or neglect allocation can't be proven, he/she has the right to sue the reporter.
- Develop and implement formal recorded written policies and procedures addressing the issue of abuse. Include the following as standard practices and procedures:

Adopt policies of staff selection (regardless of whether paid or volunteer) that include the following screening elements:

- Position description
- Application
- Orientation overview
- In-depth interview
- Personal reference checks
- MVR check
- Criminal history record checks (local, state, FBI)//background checks
- State central child abuse registry check / State sex offender registry check
- Confirmation of education
- Written application

IMPORTANT NOTICE: The enclosed loss control information is for your consideration in your loss prevention efforts. They are not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related, or other, laws or regulations. You are encouraged to address the specific hazards of your business and to have your legal counsel review all of your plans and company policies.

- Psychological tests
- Medical tests
- Home visit (if warranted)
- Alcohol/drug testing
- Adopt clear written policies prohibiting unauthorized conduct.
- Adopt supervision guidelines.
- Family are free to come and go without calling
- Create confidentiality policies to prevent disclosure of hiring or disciplinary practices.
- Develop specific job descriptions and review each description annually.
- Notify family of activities, behavior, and practices that an organization deems to be unacceptable.
- With respect to staff departures, voluntary or otherwise, establish procedures concerning when and how to notify the family that an individual is no longer affiliated with the organization.

Develop and initiate abuse prevention training program for all staff members

Background Screening: Available for Phly insureds through Intellicorp -

Free Abuse Prevention Training is available to for Phly insureds

EMERGENCY PREPAREDNESS

1. Every organization has the potential of experiencing an emergency situation — whether it is a fire, weather-related situation, catastrophic accident, civil strife, or other emergency.

2. All potential emergency or catastrophic exposures must be considered, and effective control procedures evaluated for each location.

3. A written plan must be developed, implemented and periodically revised, as required, to prepare each location for any emergency that may arise.

4. A good emergency plan should consider the following elements:
   - Inspection, Maintenance and Readiness of Proper Emergency Equipment
   - Access to the facility for Ambulances/EMS Units
   - Public Relations and Employee Welfare
   - Shelter, food and medical care
   - Radio, TV and press communications
   - Fire Fighting
   - Evacuation
   - Facility Protection
   - First-Aid
   - Control of Utilities - gas, electric, water
   - Communications (police, fire, medical, other)
   - External and Internal: Telephone, 2-way radio, PA system
   - Transportation
   - Records
   - Practice Drills
   -

A complete **Emergency Response Manual** is available from Phly Loss Control at www.Phly.com

STEADYCARE

PIC has partnered with a 3rd party monitoring vendor SteadyCare. SteadyCare is a monthly subscription call-in service specifically developed for agencies that face the daily challenge of monitoring their awake overnight staff. By taking advantage of SteadyCare's system, PHLY policyholders will be able to take the guesswork out of managing their staff.

Human service agencies with 24-hour facilities know that disasters can happen when staff members are not alert and properly supervising clients. Because inadequate supervision is an inherent exposure for many of these facilities, PHLY has teamed up with SteadyCare to help policyholders reduce or eliminate the numerous claims associated with this risk.

Existing methods for monitoring overnight staff, such as 2 AM spot checks or hourly voicemail call-ins, are inefficient and unreliable. To solve this problem, SteadyCare has created a third-party verification system that is 100% accurate. SteadyCare's breakthrough call-in service lets customers know with certainty that staff members are on the job and ready to care for their clients.

LINK: SteadyCare information and offer to PIC insureds

VEHICLE SAFETY

Philadelphia Insurance Companies has a complete "FLEET LOSS CONTROL PROGRAM" available at www.Phly.com
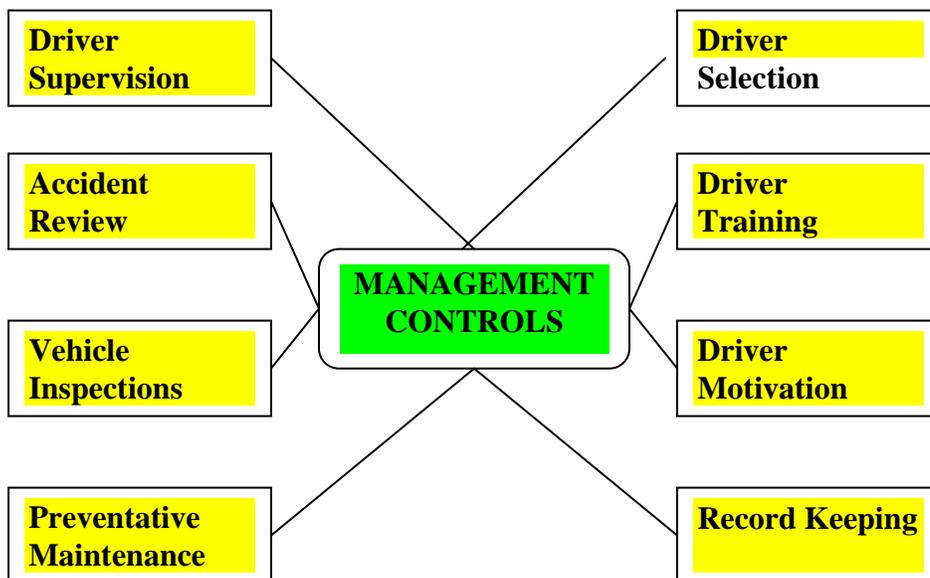
One of the most important functions of management in successful fleet operation is the establishment of a vehicle safety program. A basic fleet safety program should include:

Driver Supervision
Driver Selection
Driver Training
Driver Motivation
Preventative Maintenance
Vehicle Inspections
Accident Reviews
Detailed Record Keeping

Consider these key elements when developing and implementing your vehicle safety program:

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Driver Training

Conduct a basic review of the specific vehicles safety features; operational features and specific municipal department vehicle policy. Policy items such as seat belt use for drivers and passengers, cell phone use, emergency situations and basic defensive driving principals should be provided on a regularly scheduled basis.

A free online **Defensive Drivers Safety Training Program** is available for our fleet clients. – Simply register at www.Phly.com Drivers should take this program when hired and annually thereafter.

Road Evaluation: Conduct road evaluations on all drivers. The purpose is to review defensive driving techniques learned in the classroom or online taking the PHLY online defensive driver course.

Driver Selection: Review motor vehicle department records prior to hiring and at least annually thereafter. Some states have an automated system where employers can provide driver names and the DMV automatically mails the motor vehicle record if there is any activity.   A valid driver's license should be required and verified annually.
A brief driving test including backing, parking, freeway merging and vehicle speed control should be conducted for all potential driving hires. A resource for both MVR and Background checks is available through INTELLICORP on www.Phly.com.

Vehicle Inspections: A daily, written pre-operational inspection of the vehicle should be conducted. Any items impacting the safe operation of the vehicle should be corrected before the vehicle is placed into service.

Preventative Maintenance: Periodic preventative maintenance following the manufacturer's suggested servicing intervals should be provided for all vehicles. Service logs should be maintained for all vehicles.

Accident Investigation: Maintain an accident reporting kit in all vehicles. This kit should include a standard format to obtain necessary information in the event of an accident and a disposable camera for pictures of the accident scene and damage.

Personal use of company vehicles should be prohibited.

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15

15 Passenger Vans:
If you operate 15 passenger vans, take steps to reduce the risk of roll over crashes. Recent research by the National Highway Traffic Safety Administration (NHTSA) has found the risk of a rollover crash is greatly increase when 10 or more people ride in a 15 passenger van. This increased risk occurs because the passenger weight raises the vehicles center of gravity and causes it to shift rearward. As a result, the van has less resistance to rollover and handles differently from other commonly driven passenger vehicles, making it more difficult to control in an emergency situation. Placing loads on the roof also raises the center of gravity and increases the likelihood of a rollover.

Seat belt use is especially critical. Research has shown that large numbers of people die in rollover crashes when they area partially or completely thrown from the vehicle.

When possible, limit the number of persons riding in the 15 passenger van to under 15 people.

When the van is not full, passengers should sit in seats that are in front of the rear axle.

Van operators should keep in mind that the vehicle is substantially longer and wider than a car and it:

- Requires more space and additional reliance on side view mirrors for changing lanes
- Does not respond well to abrupt steering maneuvers
- Requires additional braking time