



A&D Home Health Care, Inc.
MI Choice Waiver Program - Waiver Division

Dear Self Determination Employee,

As a Self Determination employee, there are certain safety procedures that you must have knowledge of to work with our clients.

The attached required Chest Compression Resuscitation (CPR), First Aid, and Bloodborne Pathogens/Universal Precaution training materials that must be read. The training log identifies that you have knowledge of these tasks.

You may choose to attend a full CPR training class if you wish, however, that training will be at your own expense.

If you have any questions, please call the participant's primary A&D Supports Coordinator at:

<p>Pigeon Office P.O. Box 80 S. Main Pigeon, MI 48755 Toll Free 1-800-884-3341 Phone (989) 453-2828 Fax (989) 453-2893</p>	<p>Saginaw Office 3150 Enterprise Saginaw, MI 48603 Toll Free 1-800-884-3335 Phone (989) 249-0929 Fax (989) 249-1147</p>	<p>Mt. Pleasant Office 2100 East Remus Rd, Suite B Mt. Pleasant, MI 48858 Toll Free 1-877-718-1844 Phone (989) 775-5500 Fax (989) 775-5550</p>
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The training log (#99 A) must be completed and sent to the Fiscal Intermediary before a paycheck will be issued.

<p><input type="checkbox"/> GT Independence Telephone (877) 659-4500 Fax (888) 972-3891</p>	<p><input type="checkbox"/> Stuart Wilson, CPA PC Telephone (989) 832-5400 Fax (989) 832-5404</p>	<p><input type="checkbox"/> LaJoy Group, Inc. Telephone (734) 453-1115 Fax (989) 778-1312</p>
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Training Record

Employer Name: _____

Employee Name: _____

Please return this document to the Fiscal Intermediary and A&D Home Health Care, Inc., Waiver Division will receive a copy for the Employer's chart.

Completed

- 1. I have completed the **CPR training** materials and feel I could perform CPR in case of an emergency. Yes
- 2. I have read the material on **blood borne pathogens** and the use of **universal precautions** and feel I am well informed about blood borne pathogens and the use of universal precautions. Yes
- 3. I have read the First Aid reference guide on **basic first aid** and feel I could perform basic first aid if needed. Yes

I attest that the above information is true and that I have completed all three training requirements.

Employee Signature

Date

I have further training in the following areas:

Completion date

_____	_____
_____	_____
_____	_____

Comments:

Pigeon Office
P.O. Box 80 S. Main
Pigeon, MI 48755
Toll Free 1-800-884-3341
Phone (989) 453-2828
Fax (989) 453-2893

Saginaw Office
3150 Enterprise
Saginaw, MI 48603
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Phone (989) 249-0929
Fax (989) 249-1147

Mt. Pleasant Office
2100 East Remus Rd, Suite B
Mt. Pleasant, MI 48858
Toll Free 1-877-718-1844
Phone (989) 775-5500
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CPR

Chest Compression Resuscitation (Hands on Only)



1. Check the scene for safety, and then check the person.
2. Tap on the shoulder and shout, “Are you okay?”
3. CALL 911 if no response.
4. If unresponsive and not breathing normally, begin chest compressions as follows:
 - Place the heel of one hand on the center of the chest.
 - Place the heel of the other hand on top of the first hand, lacing your fingers together.
 - Keep your arms straight; position your shoulders directly over your hands.
 - Push hard, push fast.
 - Compress the chest at least 2 inches.
 - Compress at least 100 times per minute.
 - Let the chest rise completely before pushing down again.
 - Continue chest compressions.
5. Whenever possible use disposable gloves when giving care.

DO NOT STOP Chest Compressions Except:

- You see an obvious sign of life (normal breathing)
- Another trained responder arrives and takes over
- EMS personnel arrive and take over
- You are too exhausted to continue
- The scene becomes unsafe



FIRST AID

Burn Care

What to Do?

*Call 911 for serious burns.

1. Check the scene for safety then check the person and obtain consent if possible.
2. Cool the burn with cold running water until pain is relieved.
3. Cover the burn loosely with a sterile dressing.
4. Prevent shock (see section on shock).
5. Do not break blisters but loosely cover blisters with a sterile dressing.

Checking an Injured or Ill Person

What to Do?

1. Check scene for safety, and then check the person
2. Obtain verbal consent to provide aid/assistance.
3. Call 911 for any life-threatening conditions.
4. Ask the person the following
 - What is your name?
 - Where do you feel pain or discomfort?
 - Are you taking medications for any medical conditions? When was your last dose?
 - What happened?
 - Do you have allergies to medication/ latex etc?
 - When did you last eat or drink anything?
5. Check head to toe for the following:
 - Bleeding, fluids or wounds.
 - Skin color changes and temperature.
 - Medical ID bracelets or necklaces.
 - Observable signals of pain.
6. Continue to monitor breathing, circulation.

Controlling Visible Bleeding

What to Do?

1. Check the scene for safety, then check the person and obtain consent.

2. Cover the wound with a sterile dressing,
3. Apply direct pressure until bleeding stops then cover with dressing and bandage
4. If bleeding does not stop, do the following:
 - Apply additional dressings and bandages
 - Take steps to prevent shock (see section on shock) and call 911

Head, Neck, or Back Injuries

What to Look For?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Person not fully alert • Person appears intoxicated • Involved in an auto accident • Injury resulting from a fall distance greater than standing height | <ul style="list-style-type: none"> • Person appears frail or over 65 years of age • Complaints of neck or back pain, tingling or weakness in arms or legs |
|--|---|

What to Do?

- Check the scene for safety then check the person and obtain consent
- Call 911
- Try to keep person as still as possible- **DO NOT MOVE THE PERSON**

Poisoning

What to Look For?

- | | |
|--|--|
| <ul style="list-style-type: none"> • Breathing difficulty • Nausea, vomiting or diarrhea • Chest or abdominal pain • Sweating • Changes in consciousness • Seizure | <ul style="list-style-type: none"> • Burning/tearing of the eyes • Change in skin color • Burns around the lips, tongue or on the skin • Headache or dizziness • Irregular pupil size |
|--|--|

What to Do?

- Check the scene for safety, then check the person and obtain consent
- If unconscious, not breathing or a change in consciousness
- If conscious, call the **National Poison Control Center (PCC) at 800-222-1222** for instructions
- Do not give anything to eat or drink unless instructed to do so by EMS or PCC
- If possible find out the following from the person:

1. What type of poison taken
2. How much was taken
3. When it was taken
4. How poison entered the body (mouth or other routes)

Seizure

What to Do?

1. Check the scene for safety, then check the person and obtain consent.
2. Remove nearby objects.
 - DO NOT hold or restrain person.
 - DO NOT place anything between person's teeth or in person's mouth.
3. Protect the person's head by placing a thin folded towel or clothing under it.
4. Check breathing, circulation.
5. Place in recover position (in recovery position the mouth is downward so that fluid can drain from the patient's airway, keeping the chin up, arms and legs are locked to stabilize the patient's position).
6. Call 911 if the patient has any of the following:
 - Does not regain consciousness
 - Is pregnant
 - Is a known diabetic
 - Has sustained an injury
 - Shows life-threatening conditions
 - Has never had a seizure before
 - Has seizure lasts longer than 5 minutes
 - Seizure is repeated

Severe Allergic Reaction

A life-threatening allergic reaction (anaphylaxis) can cause shock, a sudden drop in blood pressure and trouble breathing. In people who have an allergy, anaphylaxis can occur minutes after exposure to a specific allergy-causing substance (allergen). In some cases, there may be a delayed reaction, or anaphylaxis may occur without an obvious trigger.

Some common anaphylaxis triggers include:

- Medications
- Latex
- Foods such as peanuts, tree nuts, fish and shellfish
- Insect stings from bees, yellow jackets, wasps, hornets and fire ants

If you've had any kind of severe allergic reaction in the past, ask your doctor if you should be prescribed an epinephrine autoinjector to carry with you.

What to Look For?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Feeling of fear or confusion • Skin reactions, including hives, itching, and skin that becomes flushed or changes color • Swelling of the face, eyes, lips or throat | <ul style="list-style-type: none"> • Narrowing of the airways, leading to wheezing and trouble breathing or swallowing • A weak and rapid pulse • Nausea, vomiting or diarrhea • Dizziness, fainting or unconsciousness |
|--|---|

What to Do?

- Immediately call 911 or your local medical emergency number.
- Ask if the person is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others) to treat an allergic attack.
- If the person needs to use an autoinjector, ask whether you should help inject the medication. This is usually done by pressing the autoinjector against the person's thigh.
- Have the person lie face up and be still.
- Loosen tight clothing and cover the person with a blanket. Don't give the person anything to drink.
- If there's vomiting or bleeding from the mouth, turn the person to the side to prevent choking.
- If there are no signs of breathing, coughing or movement, begin CPR. Do uninterrupted chest presses — about 100 every minute — until paramedics arrive.
- Get emergency treatment even if symptoms start to improve. After anaphylaxis, it's possible for symptoms to start again (recur). Monitoring in a hospital for several hours is usually necessary.

Shock

What to Look For?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Restlessness or irritability • Confusion or altered level of consciousness • Pale or ashen, cool, moist skin | <ul style="list-style-type: none"> • Rapid breathing and pulse • Excessive thirst • Nausea or vomiting |
|--|---|

What to Do?

- Check the scene for safety then check the person, obtain consent, & call 911
- Check breathing and circulation- control any bleeding
- Keep person from getting chilled or overheated
- Raise legs 8-12 inches if you do not suspect a head, neck, back injury, or broken bones in hips or legs. If broken bones are suspected, do not move person.

Splinting

What to Know?

Splint injured body part only if person must be moved and it does not cause pain

What to Do?

- Check the scene for safety, then check person and obtain consent
- Check injured body part for circulation, feeling, warmth and color
- Splint injured body part in position found- Recheck circulation
- If there is an obvious deformity, suspected fracture of person cannot bear weight call 911
- General care for muscle, bone or joint injuries includes R.I.C.E.
 1. Rest
 2. Immobilize
 3. Cold
 4. Elevation

Stroke

What to Look For?

Sudden signals of Stroke – Think F.A.S.T.

- **F**ace – weakness on one side of the face. Ask person to smile.
- **A**rm – weakness or numbness in one arm. Ask person to raise both arms.
- **S**peech – slurred speech or trouble getting words out. Ask person to say a simple sentence.
- **T**ime – note time signs first observed and Call 911.

What to Do?

1. Check the scene for safety then check the person, obtain consent & call 911.



Bloodborne Pathogens and Universal Precautions

This training module is designed to provide a basic understanding of bloodborne pathogens, common modes of their transmission, methods of prevention, and other pertinent information. This program is designed to meet the requirements of the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogen Standard, 29 CFR 1910.1030.

Bloodborne Diseases

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens including malaria, syphilis, and brucellosis, but *Hepatitis B (HBV)* and the *Human Immunodeficiency Virus (HIV)* are the two diseases specifically addressed by the OSHA Bloodborne Pathogen Standard.

Modes of Transmission

Bloodborne pathogens such as HBV and HIV can be transmitted through contact with infected human **blood** and **other potentially infectious body fluids** such as:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva (in dental procedures), and
- Any bodily fluid that is visibly contaminated with blood.

HBV and HIV are most commonly transmitted through:

- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Sexual Contact
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Universal Precautions

It is extremely important to use personal protective equipment and work practice

controls to protect yourself from bloodborne pathogens.

"**Universal Precautions**" is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is*. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall **always** be utilized in situations where exposure may occur.

If you are working in an area where there is reasonable likelihood of exposure, you should never:

- Eat
- Drink
- Smoke
- Apply makeup or lip balm
- Handle contact lenses



No food or drink should be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present.

Hand Hygiene Practices



Handwashing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. If you are working in an area without access to such facilities, you may use an antiseptic cleanser or hand cleanser gel in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

Broken Glassware

- Broken glassware that has been visibly contaminated with blood must be sterilized with an approved disinfectant solution before it is disturbed or

cleaned up.

- Glassware that has been decontaminated may be disposed of in an appropriate sharps container: i.e., closable, puncture-resistant, leak-proof on sides and bottom, with appropriate labels.
- Broken glassware will not be picked up directly with the hands. Sweep or brush the material into a dustpan.
- Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

By using Universal Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of bloodborne pathogens.

Personal Protective Equipment

Personal protective equipment (PPE) is worn to prohibit blood or other potentially infectious material from passing through to clothing, skin, eyes or mucous membranes. PPE must be removed before leaving the work area and disposed of or laundered properly. To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Rules to follow:

- Always wear personal protective equipment in exposure situations.
- Replace PPE that is torn or punctured.
- Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to bloodborne pathogens.
- Remove PPE before leaving the work area.

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed or, decontaminated, or laundered.

Gloves

If gloves are thin or flimsy, double glove (2 pair). If you have cuts or sores on your hands, you should cover them with a bandage as an additional precaution before putting on gloves. Always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, do not use. When removing contaminated gloves, do so carefully. Make sure you do not touch the outside of the gloves with any bare

skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them.

Clothing

Normal clothing that becomes contaminated with blood or other body fluids should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

Blood Spills

To clean up a blood spill, first be sure to put on your gloves. Then carefully cover the spill with paper towels or rags, prepare a mixture of a quarter cup of bleach per one gallon of water, then gently pour the solution over the towels or rags and leave it for at least 10 minutes.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.

Decontamination should be accomplished by using

- A solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, then gently pour the 10% solution of bleach over the towels or rags, and leave it for *at least 10 minutes*. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.

If you are decontaminating equipment or other objects (be it scalpels, microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave the disinfectant in place for *at least 10 minutes* before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Emergency Procedures

In an emergency situation involving blood or potentially infectious materials, you should always use Universal Precautions. If you are exposed, you should do the following:

1. Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap if possible.
2. If blood is splashed in the eyes or mucous membranes, flush affected area with running water for at least 15 minutes.
3. Report exposure to your physician as soon as possible

www.mesacc.edu/sites/default/files/pages/section/employees/occupational-health-safety