



STUART T. WILSON CPA, PC
Fiscal Intermediary

Training Handbook



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Dear Medicaid Provider,

Welcome to the Self-Determination community! As the Fiscal Intermediary for your employer, we will be receiving and processing your timesheets weekly. One of the important responsibilities you have as a provider, who is paid with Medicaid funds, is to ensure that you complete and maintain required trainings.

If trainings are not completed and kept current, you are ineligible to be paid with Medicaid funds. If trainings are not complete, you should not be scheduled to work until the trainings are complete.

This training packet should be turned in before you submit your first timesheet for payment. There may be additional trainings that Community Mental Health requires. If so, please adhere to their requirements also.

Please read the entire training packet. You will need to submit the First Aid Quiz and the Attestation page. You are required to pass the quiz.

If you have any questions, please contact our office, and speak with our training coordinator.

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Infection Control/Blood Borne Pathogen Training

Infection control is preventing the spread of **germs** that cause illness and infection. Infection control starts with understanding germs and how they are spread.

ABOUT GERMS

Everyone comes in contact with millions of germs (microorganisms) each day. All germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example: elimination of waste products, (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, like an infected cut, or it can be systemic; throughout the whole body, like food poisoning or pneumonia.

THREE WAYS GERMS ARE SPREAD

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. **Direct Contact** means that germs are spread *from one infected person to another*. An example of direct contact is the person infected with a cold putting his hands to his mouth while coughing or sneezing and then touching or contacting another person before he has washed his hands. A similar situation happens when the person has an infected or open sore or wound or bodily fluids that are full of germs (feces, urine) or blood (HIV, AIDS, Hepatitis A, B, or C) or saliva that is contaminated, and the other person is contacted directly by the germs.
2. **Indirect Contact** means that germs are spread from one infected person to another person *through an object*. The germ from the person infected contaminates the object, and the person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, salmonella), handling soiled linens, soiled equipment, using soiled utensils, or from a gastrointestinal infection. The Hepatitis B virus can live up to 10 days in dried blood and can also be spread indirectly.
3. **Droplet Spread** means that germs are spread through the air from one infected person to another person. The germs are airborne and are carried over short distances. When people talk, cough or sneeze they are spreading germs through the air. The germs of the common cold, flu, and even tuberculosis travel from one person to another by droplet spread.

CONTROLLING THE SPREAD OF GERMS

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. You can protect yourself and the individuals with whom you work from germs or contamination by doing the following:

1. Know and practice standard precautions (defined in next section), especially hand washing and gloving.
2. Keep yourself, the individual, and the environment clean.
3. Be aware of the signs and symptoms of illness and infection and accurately record and report them to the doctor.

STANDARD PRECAUTIONS

Standard Precautions, including hand washing and using disposable gloves and wearing of personal protective equipment, protect both the individual you work for and you from the spread of germs and infection. Standard precautions are a set

of infection control safeguards. They are especially important to prevent the spread of blood-borne and other infectious diseases (AIDS, Hepatitis A, B, and C).

You should use these precautions when coming in contact with blood and all body fluids, secretions, and excretions (urine and feces), whether or not they contain visible blood; when touching mucous membranes such as the eyes or nose; and when dealing with skin breakdown such as a cut, abrasion, or wound.

Body Fluids Include:

- Blood
- Blood Products
- Secretions
- Semen
- Vaginal secretions
- Nasal secretions
- Septum
- Saliva from dental procedures
- Excretions
- Urine
- Feces
- Vomit

Hand Washing

Frequent, thorough, and vigorous hand washing will help in decreasing the spread of infection.

Germs are spread more frequently by hands and fingers than by any other means. When employee's SHOULD WASH THEIR HANDS:

- Employees should wash their hands when they come to work and before leaving.
- Hands should be washed at work before touching:
 - Food
 - An individual's medicine
 - Kitchen utensils and equipment
 - Someone's skin that has cuts, sores, or wounds
 - Before putting on disposable gloves
- Employee's should always wash their hands after:
 - Using the bathroom
 - Sneezing, coughing, or blowing one's nose
 - Touching one's eyes, nose, mouth, or other body parts
 - Touching bodily fluids or excretions
 - Touching someone's soiled clothing or bed linens

Gloving

Practicing standard precautions also includes the wearing of disposable (single use) latex gloves whenever you come in contact with body fluid. (Non-latex gloves should be purchased for people who are allergic to latex.) Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection. Gloves should be used only one time and changed after each use. New gloves should be put on each time you work with a

different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between individuals if used more than once and if they are not properly disposed of.

If bodily fluids or blood touches the skin, wash the area vigorously and thoroughly with soap and warm water. If the gloves tear or break, take them off and vigorously wash your hands. Put on a new pair of gloves and continue assisting the individual.

- Employees should follow the procedure for putting on disposable gloves at the end of this unit.
- Employees should always use gloves when providing or assisting an individual with:
 - Rectal or genital care
 - Tooth brushing or flossing
 - Menstrual care
 - Bathing or Showering
 - Cleaning bathrooms
 - Cleaning up urine, feces, vomit, or blood
 - Cleaning toilets, bed pans or urinals
 - Providing wound care
 - Handling soiled linen or clothing
 - Giving care when the DSP has open cuts or oozing sores on his or her hands
 - Providing first-aid
 - Disposing of waste in leak proof, airtight containers
 - ✓ **Always use a new pair of gloves for each activity**
 - ✓ **Always use a new pair of gloves for each individual**
 - ✓ **Always wash your hands before and after using gloves**
 - ✓ **Never wash and use again**

Since hand washing can easily dry out a person's skin, remember to apply hand lotion or cream often throughout the day. It is a best practice to keep natural nails short and avoid the use of artificial nails when providing personal care. Many hospitals have banned artificial and natural long nails for employees who provide personal care. Research has shown that healthcare workers who wear artificial nails are more likely to harbor germs than those who don't. Employees with long nails are at risk of puncturing or tearing disposable gloves.

Alcohol based hand rubs or hand sanitizers may also be used. They provide a great alternative to hand washing for the following reasons:

- Alcohol based hand rubs (foam or gel) kill more effectively and more quickly than hand washing with soap and water.
- They are less damaging to skin than soap and water, resulting in less dryness and irritation.
- They require less time than hand washing with soap and water.
- Bottles/dispensers can be placed at the point of care so they are more accessible.

Other Protective Equipment

Depending on your job, you may be expected to wear other **Personal Protective Equipment (PPE)**, such as a face mask or eye shields. The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation. Employees should always remember to:

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

If you must use PPE you should put the equipment on in the following order:

1. **Gown** – Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. Wear a gown during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions, or excretions. Remove soiled gown as soon as possible, and wash hands after removing gown.
2. **Mask or Respirator** – Secure ties or elastic bands at middle of head or neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Check respirator fit.
3. **Goggles or Face Shield** – Place over face and eyes and adjust to fit. Wear a mask and eye protection, or a face shield, during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions or excretions.
4. **Gloves** – Extend to cover wrist of isolation gown. You should use gloves when hands may become contaminated with blood, bodily fluids, excretions, or secretions, **or** when touching mucous membranes or non-intact skin, **or** contaminated surfaces or objects.

If this equipment is required in your work setting you should receive training on the location, proper use and disposal of the PPE.

Cleaning and Disinfecting

The second way for employees to prevent the spread of germs is through cleaning and disinfecting the environment. Employees should be careful not to transfer infection to others and equally important, employees should be careful not to become infected themselves.

First Aid

What is first aid? It is the immediate care for injury or sudden illness.

Know the location of the first aid kit in your employer's home. Be familiar with the contents of the kit.

Safety

Ensure the scene is safe for the victim as well as everyone else present. If possible, locate additional help. They can be deployed to call 911.

Gear to have on hand for administering first aid: gloves, eye protection and mask protection.

In case you encountered bodily fluids, blood or skin follow the following instructions as soon as you can:

- Take the gloves off, if wearing any
- Wash the area with soap (work up soap lather for 15 seconds) and water, if contact with eyes, nose, or ear rinse with water
- Wash your hands thoroughly with soap, if not available use waterless hand sanitizer, and wash your hands with water later
- Dry your hands with paper towel and use paper towel to close the faucet
- Inform your supervisor/person responsible for emergency response and consult your medical provider as soon as possible

Burns

Burns are categorized as first-, second-, or third-degree.

First-degree burn

The least serious burns are those in which only the outer layer of skin is burned. The skin is usually red, with swelling and pain. The skin is dry without blisters.

Second-degree burn

Second-degree burns are more serious and involve the skin layers beneath the top layer. These burns produce blisters, severe pain, and redness.

Third-degree burn

The most serious burn. These burns are painless (due to nerve damage) and involve all layers of the skin. The burned area may be charred brown, leathery or appear dry and white.

- Important:
 - Don't apply butter or ointments to the burn to ensure proper healing of the burned skin.
 - Don't break blisters to prevent infection.
 - Don't use ice to prevent destruction to the skin.
 - Don't immerse large severe burns in cold water to prevent shock.
- For major burns call for emergency medical assistance. Until an emergency unit arrives, follow these steps:
 - Make sure the victim is no longer in contact with the burning material or exposed to smoke or heat.
 - Don't immerse large severe burns in cold water to prevent shock.
 - Check for signs of circulation and if there is no breathing or sign of circulation, proceed with CPR.
- If possible, raise the burned body part above heart level.
- Use a cool, moist bandage to cover the burned area.

Choking

Our body relies on oxygen to work properly, without oxygen the survival time could vary from 1 to 3 minutes. So, someone who is having breathing problems needs immediate medical attention. Common cause for such problems is air passage block.

General reasons for developing mild or severe air passage block include:

- Asthma
- Swelling of the lining of the airway, can be related to allergic reactions (eggs, peanuts, stings by insects and bees)
- Food, or small object, like medication pill, going down into the air passage instead of stomach
- Infections
- Injuries to vital organs (head, stomach, etc.)

If the victim is developing an asthma attack, he/she might experience mild or severe breathing problems. Usually, the person will have the necessary medication, which should relieve the symptoms quickly.

Check with the victim whether the medications are available and get it if out of reach.

In case of an allergic reaction, common treatment includes epinephrine, and can be injected through cloth. Verify the expiration date prior to administering.

When the victim is choking, older than 1 year of age, give abdominal thrusts (Heimlich Maneuver). It is not recommended for choking in infants under age 1. These thrusts push the air out of lungs, causing an artificial cough, which will help remove the foreign body that is blocking the airway of the victim.

If the person is sitting or standing, stand behind him or her. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. Keeping your arms off the person's rib

cage, give four quick inward and upward thrusts. Repeat until the obstructing object is coughed out or emergency personnel arrive.

If the person is lying down or unconscious, place the heel of your hand just above the waistline. Place your other hand on top of this hand. Keeping your elbows straight, give four quick upward thrusts. Repeat this several times until the obstructing object is coughed out or emergency personnel arrives.

Bleeding

When dealing with a bleeding wound, Priority #1 is to stop the bleeding. Below are several rules to keep in mind:

- Maintain composure, don't panic
- In most cases, bleeding can be stopped by applying pressure to the wound
- Wash your hands and put on medical examination gloves before caring for a wound
- Cover the wound with a clean cloth, sterile gauze pad or tissue.
- Firmly apply pressure for several minutes until the bleeding stops.
- Gently rinse minor injuries and clean with mild soap and water.
- Apply antibiotic ointment or cream and a sterile bandage.

Get Medical help if the bleeding is severe or does not stop.

Priority #2 is to keep the wound clean. This will minimize the chance of the victim getting an infection. If a water source and soap are available, wash the wound. If not, and there is visible debris, extract it with your gloved hands or tweezers.

Contact emergency services if the bleeding has not stopped or you suspect potential for infection or internal injuries (fractures, breaks, head injury, etc.) For small wounds and scrapes it is generally advised to use triple antibiotic ointment, which is the best in preventing infections.

Nosebleeds in the majority of cases (more than 90%) tend to be benign and can be easily stopped with simple steps that we will outline a little later. The condition is caused by rupture of blood vessel in the nasal septum. However, in certain cases nosebleed is a much more serious event and can indicate life threatening or serious condition. These are relatively rare and usually occur with elderly. These nosebleeds generally originate in the artery located in the back part of the nose and are much more complicated to treat.

Steps to follow if dealing with common nosebleed:

- Have the victim sit in upright position
- Pinch victim's nose with thumb and index finger, and hold it for about 10 minutes, this generally applies enough pressure to the septum to stop the bleeding

To prevent reoccurrence, advise the victim to avoid picking or blowing the nose, until the bleeding has stopped for a couple of hours, and avoid bending.

If bleeding re-occurs, blow the nose with force to clear out the remaining blood clots, and repeat the pinching procedure described above. It is recommended for the victim to contact a physician for consultation.

Contact emergency services immediately:

- If bleeding persists uncontrollably for more than 15 minutes
- If the bleeding is the result of an injury, where there is a potential for broken nose.

Non-Bleeding Wounds

Wounds that do not cause bleeding should be treated with as much and probably more attention than the wounds that do bleed. The danger here is that the damage cannot be clearly assessed. As a first aid administrator you should be looking for signs of internal damage, like internal bleeding, internal tissue or organ damage, etc. For example, a blow to the head might not show any exterior signs of distress, not even a bruise, but the victim might be experiencing a life threatening condition because of internal bleeding. If misdiagnosed, the consequences can be catastrophic.

Below is the list of injuries where you should suspect internal injury:

- Car crashes, even when the impact/damage is minor
- Shock signs after the injury, even with no signs of any exterior damage
- Injury via collision, generally sustained in sports, especially if there is a loss of consciousness
- Injury to abdomen or pain in abdomen
- Injury to the chest or pain in the chest
- Blood discharge after the injury
- Firearm or knife wounds

When faced with the victim that you suspect has a non-bleeding injury follow the following steps:

- Contact emergency services
- Put the victim in the horizontal position on his back
- Make sure the victim does not move
- Check for signs of shock
- If the victim does not respond start CPR

The skull is a bony structure, and its purpose is protecting the brain from any damage. If the injury to the head occurs there is always a risk of brain damage. Also, it should always be assumed, that if there is a risk of head injury then there is also a risk of spine injury and neck injury.

You should suspect a head, neck or spine injury in case of the following accidents:

- Car or motorcycle accident, even minor bump can cause internal head injury
- Fall from height
- Injury to the head, fight, sporting event, etc.
- Electric Shock

You should suspect a head, neck or spine injury if the symptoms below follow the accident:

- Lack of responsiveness or moaning
- Vision problems or confusion
- Trouble walking or moving
- Seizures, Vomiting, or Headache

Steps for administering First Aid:

- As always, make sure the scene is safe for you and the victim(s)
- Phone or ask someone to phone 911
- Hold the neck and head so it does not move, twist, or bend
- Turn the victim only if: *victim is in danger, *if you need to check if the victim is breathing, *if the victim is vomiting
- If the victim does not respond, begin CPR

Important: If you must turn, make sure you are holding the head and neck in place to avoid/minimize movement, twisting or bending. Ideally, this requires two rescuers.

Basic First Aid Quiz

Return to Stuart T. Wilson CPA, PC

Name: _____ Date: _____

1. If someone has a nosebleed, you have the person lean back and look at the ceiling.
 - a. True
 - b. False
2. First aid for a burn includes cooling the area with large amounts of cool water.
 - a. True
 - b. False
3. You should apply butter or other oil-based products to a burn once the area has cooled.
 - a. True
 - b. False
4. Firm, direct pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound.
 - a. True
 - b. False
5. Covering the burn area with clean or sterile dressings will reduce the chance of infection and reduce the pain.
 - a. True
 - b. False
6. If you suspect a head injury, do not move the person.
 - a. True
 - b. False
7. It is very important to know where the first aid supplies and emergency numbers are when you are a responsible adult caring for someone.
 - a. True
 - b. False
8. If someone is having a seizure, you should put something in their mouth and try to stop the movement.
 - a. True
 - b. False
9. If there is an insect stinger imbedded in someone's skin, scrape it out and wash the area with soap and water.
 - a. True
 - b. False
10. If you are having trouble breathing, notice someone else having trouble breathing, or is experiencing an allergic reaction, call 9-1-1.
 - a. True
 - b. False

Attestation

I have read and understand the following trainings from the Stuart T. Wilson CPA, PC Training Guide.
Please initial each training and sign and date.

_____ Infection Control

_____ Basic First Aid

Name: _____ Date: _____

Employer: _____

Proof of training is due with or before your first timesheet.

Return the *First Aid Quiz* and the *Attestation* page to:

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