

Basic First Aid/Bloodborne Pathogens Quiz

*Must have a score of at least 80% (2 or less questions wrong) to pass

1. If someone has a nosebleed, you have the person lean back and look at the ceiling
True False
2. First aid for a burn includes cooling the area with large amounts of cool water
True False
3. Firm, direct pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound
True False
4. Covering the burn area with clean or sterile dressings will reduce the chance of infection and reduce the pain
True False
5. It is very important to know where the first aid supplies and emergency numbers are when you are a responsible adult caring for someone
True False
6. If someone is having a seizure, you should put something in their mouth and try to stop the movement
True False
7. If there is an insect stinger imbedded in someone's skin, scrape it out and wash the area with soap and water
True False
8. If you are having trouble breathing, notice someone else having trouble breathing, or is experiencing an allergic reaction, call 9-1-1
True False
9. Universal precautions means treating everyone's blood and other body fluids as infectious
True False
10. Contaminated sharps needles, broken glass, etc. must be placed in a covered puncture-resistant leakproof container that is red or has a biohazard label
True False
11. If you come in contact with blood or other body fluids you should wash your skin immediately
True False
12. You must clean equipment and work surfaces if they're visibly contaminated with blood or other body fluids
True False

Signature of Employee: _____

Name of Employee (print neatly): _____ Date: _____

*I attest that this employee has passed the Basic First Aid/Bloodborne Pathogens Quiz: Passed Failed

Trainer/Employer Signature: _____

Please return completed quiz with signature to:

Stuart T. Wilson CPA, PC
Attn: Personnel Dept.
6300 Schade Dr.
Midland, MI 48640
Fax: 989-832-5404

Recipient Rights Test

Name _____

DATE: _____

Work Site /Employer _____

1. Who are the Recipient Rights staff for Bay and Arenac Counties?
 - a. Gale Bradish and Diane Swank
 - b. George Bush and Bill Clinton
 - c. Melissa Neering-Prusi, Janelle Steckley and Jeff Wells
 - d. Judge Judy and Joe Brown

2. Who must report suspected incidents of Abuse, Neglect or rights violations?
 - a. All employees of a Mental Health Board
 - b. Contract employees of a Mental Health Board
 - c. Volunteers with a Mental Health Board
 - d. All of the Above

3. When must suspected incidents of Abuse, Neglect, or rights violations be reported?
 - a. Within one week
 - b. Verbal reports must be made immediately
 - c. A written report must be made by the end of your work shift
 - d. B and C

4. There must always be a "need to know" basis when releasing confidential information, even if the release is to a co-worker.
 - a. True
 - b. False

5. Staff cannot take photographs or make video and audio recordings of recipients without written permission/authorization.
- a. True
 - b. False
6. A recipient in a group home continually uses foul language in speaking with other recipients and home staff. Despite your (and staff's) repeated efforts to correct her and change this habit she continues to do so. You:
- a. Do nothing further as it is impossible to change the person's language.
 - b. Have the staff wash the recipient's mouth out with soap and water and tell her they will do so again if she continues to use foul language. Make sure they follow up with those threats as consistency is the key to successful behavior modification.
 - c. Have staff continue to encourage the recipient to use acceptable language by trying different approaches (modeling those approaches for staff yourself), working with your supervisor, or asking for a consultation with her case manager or a psychologist.

For questions 7-10 please identify the examples below as abuse, neglect or neither:

7. A staff is upset with a recipient for hitting him, so the staff grabs the arms of the recipient and pushes him against the wall.
- a. Abuse
 - b. Neglect
 - c. Neither
8. A staff member discovers a recipient laying on the floor, moaning, saying his hip hurts and is refusing to get up off the floor. The staff fails to seek out any assistance for the recipient and leaves him on the floor all night. The next day the recipient is taken by ambulance to the hospital and it is discovered he has a broken hip.
- a. Abuse
 - b. Neglect
 - c. Neither

9. A staff member asks another to help hold a recipient down so her prescribed medication can be passed on time. Both staff hold the recipient down and force the medication into her mouth.

- a. Abuse b. Neglect c. Neither

10. Staff fails to put seat belts on the recipients in the van. There is an accident and one recipient cuts his hand, requiring stitches.

- a. Abuse b. Neglect c. Neither

For questions 11-15 please match the word to the appropriate definition:

- | | | |
|--------------------------|-----|---|
| 11. Dignity & Respect | ___ | a. Physical management applied to a recipient when there is no immediate risk of harm to staff or recipients. |
| 12. Informed Consent | ___ | |
| 13. Civil Rights | ___ | b. The right in which the recipient and their family is treated professionally. |
| 14. Unreasonable Force | ___ | |
| 15. Person Centered Plan | ___ | c. The rights guaranteed to all US citizens which include the rights to due process, voting, and religious expression. |
| | | d. A process in which recipients identify their goals, needs, dreams, and together with a team create a plan for services. |
| | | e. The recipient and/or guardian are fully knowledgeable of the treatment or medication they are about to receive or authorize. |

*I attest that this employee has passed the Recipient Rights quiz: ___passed ___failed

Trainer/Employer Signature: _____

Employee Signature _____

Environmental Emergencies Quiz

1. Which of the following are environmental hazards for which you must be prepared?
 - a. Water shortage, heat failures, power outages
 - b. Fire, thunderstorms, tornadoes
 - c. Floods, winter storms, lightning
 - d. All of the above

2. Your BEST source of information in most emergencies is:
 - a. The next-door neighbor
 - b. Battery-powered radio, TV, NOAA weather radio
 - c. Your co-worker
 - d. Police Department

3. When taking a person for treatment of poison, what should you take with you?
 - a. Any vomit from the person
 - b. The poisonous substance, if any is left
 - c. The poison container
 - d. All of the above

4. A tornado watch means that conditions are favorable for a tornado to occur.
 - a. True
 - b. False

5. Which of the following is a way to prepare for possible isolation in winter storms?
 - a. Have first aid supplies available
 - b. Stock emergency supply of food and water
 - c. Stock battery-powered radio, flashlight, etc.
 - d. Have extra medication on hand, if possible
 - e. All of the above

6. Some winter storm supplies you should have in your car/van are:
 - a. Sand, shovel, windshield scrapper
 - b. Blankets
 - c. Emergency first aid kit
 - d. Extra gloves, mittens and hats, boots
 - e. All of the above

7. The primary responsibility of staff during a fire is to get everyone out of the house alive.
 - a. True
 - b. False

8. Using a cell phone or texting while driving doesn't affect your ability to drive.
 - a. True
 - b. False

9. Carbon monoxide is caused when fuels such as gasoline, wood, coal, natural gas, propane, oil and methane burn incompletely.
 - a. True
 - b. False

10. Carbon monoxide is easy to detect so it is not necessary to install a CO detector.
 - a. True
 - b. False

11. What does the acronym PASS stand for?
 - a. Pull-Aim-Squeeze-Sway
 - b. Push-Aim-Squirt-Sweep
 - c. Pull the pin-Aim low-Squeeze the handle-Sweep from side-to-side

Signature of Employee: _____

Name of Employee (print neatly): _____ Date: _____

*I attest that this employee has passed the Environmental Emergencies Quiz: Passed Failed

Trainer/Employer Signature: _____

First Aid:

- If someone is there, sent to call for help
- If the person is unresponsive, isn't breathing or isn't moving, proceed with CPR
- If bleeding, stop the bleeding by applying pressure to the wound with a sterile bandage or a clean cloth
- Apply a bag of ice to the injured area for up to 20 minutes, with a towel (paper or cloth) between the skin and ice
- If raising the injured part does not cause more pain to the victim, attempt to raise it
- If the person feels faint or is breathing in short, rapid breaths lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs

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

- Maintain composure, no need to panic
- In most cases, bleeding can be stopped by applying pressure to the wound
- Bleeding generally looks much worse, than it really is. If the bleeding is not stopping, apply clean cloth or bandage to the wound for 15 to 30 minutes with reasonable amount of pressure.

Make sure the cloth stays in place and is not moved during that time, as movement can re-aggravate the wound and cause bleeding to resume. If the bleeding persists, apply the second dressing to the wound and increase the pressure. As mentioned above, you can control or stop the bleeding in majority of the cases with pressure alone. Priority #2 is to keep the wound clean. This will minimize the chance of the victim getting an infection. If water source and soap is available, wash the wound. If not, and there is visible debris, extract it with your hands or tweezers.

Contact emergency services if the bleeding has not stopped or you suspect potential for infection or

Internal injuries (fractures, bruises, 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 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 stopped for a couple of hours, and also 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 persisted uncontrollably for more than 15 minutes
- If the bleeding is the result of an injury, where there is a potential for broken nose.

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.
- Electrocution

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, twists, 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"

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Let's define first aid: urgent medical care provided to someone who is in need of immediate assistance due to illness or injury, before qualified professional help arrives on the scene. You may be assisting people with injuries that vary in severity. One day you might be helping someone with a paper cut, and tomorrow it could be heart attack or cardiac arrest. The most important thing is to define the situation based on the information available and proceed with medical assistance according to your training and knowledge. This course will prepare you for these types of situations and besides other benefits and requirements could put you in the position to save someone's life. Also, this material should be reviewed on regular basis to refresh your knowledge. We all forget things we do not often use, and refreshing what you already know will only enhance your first aid administration skills.

In case you came in contact with 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
- the first step is to determine the degree of the burn and the damage to the skin.

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 painful. 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 other 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

BASIC FIRST AID

POISONINGS

If someone has ingested or made contact with a potential poison, contact the Poison Control Center immediately. The number is located in front of a phone book. After you call poison Control call, 911. Please have as much information you can regarding what was ingested, how much and when.

HEAD INJURY

If someone fall or hits their head and becomes unconscious, DO NOT move the person, call 911.

INSECT STING

If you or someone you know is stung by an insect, do not squeeze out the stinger. If the stinger remains in the skin, scrape it off using a fingernail or credit card. Wash the area that was stung with soap and water. If you start having trouble breathing or know someone is allergic to insect stings, call 911.

SEIZURES

If someone is having a seizure, DO NOT put anything in their mouth and DO NOT try to restrain their movement. Clear the area of hazards and put a pillow under their head if possible. If this is the first time the person has had a seizure or if the person does not stop seizing after several minutes, call 911.

Infection Control

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, certain kinds of germs or bacteria are needed for the digestion of food and for the 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 person. 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 body 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 and cups, and drinking or using contaminated water. Dysentery, a serious gastrointestinal infection, can be spread indirectly. 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 the 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
- Sputum
- 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 always 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
 - Before using the bathroom
- 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.

If bodily fluid 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 and thoroughly wash your hands. Put on a new pair of gloves and continue assisting the individual.

- Employee's should always use gloves when providing or assisting an individual with:

- Rectal or genital care.
- Tooth brushing or flossing
- Shaving with a blade razor
- Menstrual care
- Bathing or Showering
- Cleaning bathrooms
- Cleaning up urine, feces, vomit, or blood
- Cleaning toilets, bed pans, urinals
- Providing wound care
- Handling soiled linen or clothing
- Giving care when the caregiver 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 gloves 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 nails 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 a soiled gown as soon as possible, and wash hands after removing the gown.
2. **Mask or Respirator** - Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit-check respirator.
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, and excretions.
4. **Gloves** - Extend to cover wrist of isolation gown. You should use gloves when hands may become contaminated with blood, body 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 employee's 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, the employee should be careful not to be infected by others. This can be done by being clean themselves, keeping the home clean and germ free, and assisting the individuals in the home to maintain good personal hygiene. Routine, daily cleaning of household surfaces and other items with soap and water is the most effective method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection.

Disinfection is the process of killing germs after cleaning with soap and water, then rinsing with clear water. Disinfecting usually requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the remaining germs. One of the most common cleaning solutions is household bleach and water. Remember, this solution will discolor fabric and carpeting. The solutions lose effect very quickly and must be made fresh every 24 hours or daily.

Household Hints for Reducing the Spread of Infection

- Clean most surfaces with soap and water to remove germs
- Always clean up spills from the less soiled to the most soiled to limit the spread of germs.
- Handle soiled laundry as little as possible.
- Wash soiled clothing and linens separately from other clothes.
- Use paper towels throughout the house.
- Make sure everyone follows good hand-washing practices (for example, before touching food, after using the bathroom)

- Keep clean hands away from the face and other areas of the body.
- Make sure individuals use their own toiletries and equipment (for example, combs, brushes, razors, etc.)

Safety And Fire Prevention

Emergency Information and Supplies:

During orientation you should become familiar with the specific needs of the individual(s) residing in the home. Make sure you are familiar with safety needs pointed out in the PCP. If you have a suggestion to improve safety in the home, or recognize an area of concern discuss it with your employer or their guardian.

What supplies are recommended at minimum?

- Latex (or similar gloves), are ideal for clean up and help prevent spread of illness or disease when accidents or emergencies may occur.
- A first aid kit, battery powered radio, flashlights and extra batteries can keep you informed and able to move about safely in a power outage!

Severe storms and tornado safety

Have a discussion about the safest place in the home to be if a severe storm or tornado occurred. If a basement is not available or practical for use, the safest place is usually the smallest centrally located room without windows.

A "watch" means: conditions are favorable for a severe storm or tornado to occur.

A "warning" means: that a severe storm or tornado is actually happening and you should take cover. If you are traveling when conditions are favorable for a tornado, drive to the nearest large building that can be used as a shelter. Stay near a shelter until the threat has passed. If you are driving and a warning is issued, seek shelter in a large building. If a building is not available, you may need to lie down in a ditch or ravine. Do not try to outrun a tornado in your vehicle!

Winter storms

Winter storms call for special precautions. Snowfall, blizzards and ice storms can trap people inside for days. Snow and ice can break power lines and cause loss of electricity and heat. A winter storm may also cause utility failure. Extended exposure to cold temperatures may cause injury or death.

What precautions can you take?

- A battery-powered radio is your best source of information in an emergency.
- Draw water into as many containers as possible. Gather battery-powered lanterns, flashlights, etc. in case you lose your power. Make sure you have a home has a corded phone or cell phone!
- If candles are used, **BE CAUTIOUS!** Candle-holders should surround the candle totally (like a glass globe or a fish bowl). Do not leave a candle burning unattended. Battery operated candles or camp lights are good ideas!
- If you experience heat failure, dress in layers and keep moving!
- If your home has fuel delivery, remember to assure an adequate supply of fuel is available at all times, especially if a winter storm is predicted!

Notes:

- If you experience a heating failure you may need to keep a steady trickle of water flowing from each faucet to prevent the pipes from freezing.
- If the temperature inside falls to below 55 degrees it may be necessary to contact someone so that you can evacuate.

Floods

Floods usually occur in Michigan during the Spring and Fall when rainfall and water runoff are at their peak. Floods can interrupt power and make roads impassable. Severe floods occur rarely, but knowing how to prepare and respond can prevent disaster.

Notification and warning

Notification of a flood watch or warning is received by:

- Radio and television
- Sirens and alert monitors
- Emergency personnel who go door to door
- National Weather Service or local emergency jurisdiction

If a flood warning is issued for your area, local government officials will issue evacuation instructions over the television or radio. Never drive through an area where water is covering the road or moving swiftly across the road. Turn around and find another route.

Water Shortage Precautions

- Keep a supply of bottled water in case of an emergency.
- Fill bathtubs if a water shortage is possible. This will allow water for filling toilets, washing dishes, personal care, etc.

Power Outage Concerns

Air Conditioning Failure:

Air conditioning failure can pose a serious threat to the elderly or those with other health conditions. The following tips will help you keep cool in an air conditioning failure.

- Shut all curtains
- Don't open windows unless it will let cooler air in.
- Go to a lower level of the home if possible to stay cool.

Foods that spoil:

If a power failure continues for a long time, food may begin to spoil. A loaded freezer will keep foods frozen 36-48 hours if the door is kept shut. Avoid opening freezer and refrigerator doors more than necessary. Transfer foods you will use soon to an insulated chest type freezer. If you can obtain ice, transfer as much as possible into coolers.

Gas Leaks:

If you think there is a gas leak do the following:

1. Evacuate immediately!
2. Do not turn any electrical switches on or off.
3. Do not use the telephone.
4. Do not use any matches or lighters.
5. Go to a neighbor's and call the gas company right away.

Carbon Monoxide Poisoning:

Carbon monoxide is a clear, odorless gas. The symptoms may be headaches, dizziness, and sleepiness. Carbon monoxide detectors are recommended. If your carbon monoxide detector goes off, or you suspect carbon monoxide poisoning, you must evacuate immediately!

Other emergencies:

- Know the symptoms and treatment of frostbite and hypothermia.
- Know the procedures for responding to a suspected poisoning.

Fire safety and prevention:

Immediate evacuation is the key to safety in a fire or smoke emergency. If a smoke detector goes off you should assist people out of the home immediately. Fighting a fire is never recommended.

Discuss safety concerns with your employer or their guardian. Things to consider and discuss are:

- Will your employer hear the alarm? Would a bed shaker or other assistive device help?
- Are their barriers in the home to a fast exit? Would rearranging a room be helpful?
- Does everyone know where they would meet when they exit the home?
- Does everyone know they should not re-enter the home once they are out?

Fire extinguishers:

An ABC (multi-purpose) extinguisher will put out most fires that start in a home. An extinguisher is useless unless you know how to operate it!

Using a fire extinguisher:

1. Hold extinguisher upright. Pull the pin out.
2. Stand at least 6-8 feet from the fire. Do not get closer!
3. Aim the nozzle at the base of the fire and squeeze the handles.
4. Sweep side to side slowly, moving closer as the flames diminish.

Fire extinguishers last only about 8-10 seconds! Fires can and do re-ignite. Fires can double in size every 19 seconds. Assisting people out is important. Fighting fires is not recommended.

Protection plans and considerations:

You should know how to assist or evacuate a person before an emergency. Are you confident in your ability to do this?

Fire prevention is the key to a safer environment!

- Are there enough working smoke detectors to provide sufficient warning? At minimum there should be one on every level and outside sleeping areas.
- Are detectors properly placed according to manufacturer instructions.
- Are detectors tested regularly?
- Are batteries replaced at least once a year?
- Don't take the battery out of a smoke detector because it keeps going off due to cooking, etc. If you are having nuisance alarms check to see if the detector is located too close to an area that would cause problems such as the kitchen or bathroom.

Monitoring provides opportunity for preventative measures!

- Is a smoking policy available and in effect?
- Are safety ashtrays used?
- Fire extinguishers - minimum of one per floor and basement?
- Is the extinguisher a 5 lb. ABC? (A 10 lb. is recommended).
- Are hallways, stairways, egress routes clear of obstacles & storage?
- Do all exit doors open easily?
- Is there a special alarm for people who are deaf?
- Are stairway handrails secure, steps in good condition?
- Does the main floor have two separate means of egress?
- If wheelchairs are used, is there a ramp at both exits?
- Is the mechanical room free of stored items?
- Is the furnace filter clean?
- Are flammable or combustible items properly stored?
- Is emergency lighting available?
- Is the dryer vent solid or flexible metal?
- Is the dryer filter cleaned after use?
- Is the stove vent screen clean?
- Does the oven door shut tightly?
- Are electrical outlets overloaded?
- Are there any frayed, hanging or exposed electrical cords?

Recipient Rights

THE RIGHTS OF INDIVIDUALS
RECEIVING MENTAL HEALTH
SERVICES

LEGAL BASIS OF RIGHTS

- **Persons who receive mental health service have the same rights as you.**
- **It is important to understand where rights come from, what they are, and what additional rights are granted to recipients of mental health services in Michigan.**
- **Rights are defined by law and have a legal means of being protected.**

Civil Rights

- Religious Expression
- Freedom of Speech
- Search and Seizure
- Due Process
- Legal Protection
- Discrimination
- Voting
- Education

Mental Health Code Rights

- **The right to have a written plan of service developed through a person-centered process. Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's preferences and choices, and abilities and promote community life. The person-centered planning process involves families, friends, and professionals, as the individual desires or requires.**
- **The right not to be required to receive treatment unless the law allows it and a court orders it.**

Confidentiality

Information about a recipient and his or her treatment is confidential. It is important to understand what is meant by confidentiality, to know what the Mental Health code requires of you, to recognize instances when the confidentiality of a recipient has been violated, and to know what you should do if this happens.

Mental Health Code Requirements Regarding Confidentiality

- Every recipient is informed about the law requiring confidentiality.
- A record is maintained of any information about the recipient that is disclosed. This record must indicate what information was released, to whom it was released and the reason for release.
- Some information can be provided to legal and medical personnel who are providing services to the recipient without obtaining a release of information. However, this information is limited to that which relates to the services being provided.
- There are times when it is appropriate to disclose information about a recipient.

Release of Information

- Is not pressured in any way to give consent
- Is able to understand what information he or she is agreeing to release.
- Understands the risks, benefits and consequences of agreeing, or not agreeing, to the release of information requested.

*A person who has a guardian is not legally capable of giving informed consent. In most cases involving children, informed consent must be obtained from their parents.



If you have questions about releasing information, or if someone is authorized to receive information, check with your supervisor.

Examples of Unknowingly Violating Confidentiality and Privacy

- Talking about recipients outside of work.
- Referring to recipients by name when discussing work with family or friends.
- Giving information over the phone to persons who say they are relatives.
- Taking photographs or videotapes of recipients without permission.
- Listening in on a recipient's phone call.
- Discussing information in a recipient's record with other mental health or service professionals who are not authorized to receive information.
- Referring to a recipient by name in another recipient's report for another recipient.
- Referring to a recipient by full name when speaking with another recipient's family or teachers.

Abuse & Neglect

- The abuse or neglect of a recipient is not acceptable and will not be tolerated. It is important to understand what is meant by abuse and neglect, to recognize a situation that is abusive or neglectful, and to know what the law requires you to do when you become aware that a recipient has been abused or neglected.
- Abuse and Neglect are defined in the Administrative Rules of the Department of Community Health. These rules supplement the Mental Health Code and have the force of the law.
- Abuse and Neglect definitions have several classes and are based upon the action taken and the severity of the injury to the recipient.

ABUSE – CLASS I

A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

Abuse Class II

- A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
- Any action or provocation of another to act that causes or contributes to emotional harm to a recipient.
- An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- The exploitation of a recipient. Exploitation means an action taken by an employee that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

Abuse Class II – Unreasonable Force

Unreasonable force means physical management or force that is applied by an employee to a recipient in one or more of the following circumstances:

- There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
- The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
- The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

ABUSE – CLASS III

Abuse Class III is the use of language or other means of communication by an employee to degrade, threaten, or sexually harass a recipient.

Examples of Abuse

- Any sexual contact with a recipient.
- Sexually harassing a recipient.
- Making remarks which could be emotionally harmful to a recipient.
- Causing or prompting others to commit any of the actions listed above.
- Hitting, slapping, biting, poking, or kicking a recipient.
- Use of weapons on a recipient.
- Swearing at, using foul language, racial or ethnic slurs, or other means of communication to degrade, or threaten, the recipient.

NEGLECT – CLASS I

- Acts of commission or omission by an employee that result from a noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
- The failure to report Abuse Class I or Neglect Class I.

NEGLECT – CLASS II

- Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.
- The failure to report Abuse Class II or Neglect Class II.

NEGLECT – CLASS III

- Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that either placed or could have placed a recipient at risk of physical harm or sexual abuse, or
- The failure to report Abuse Class III or Neglect Class III.

*Note: No actual harm has to occur to the recipient in Class 3 neglect; it is only required that the recipient be placed in a situation where there is, or could be, a risk of harm.

Examples of Neglect

- Leaving a recipient, who is not able to care for himself, unattended.
- Not providing the proper medication or the correct dosage of a medication.
- Being aware of an abusive or neglectful situation and not reporting that to the Recipient Rights Office and to your supervisor.

REPORTING ABUSE AND NEGLECT

WHEN YOU SEE OR HEAR ABOUT A RECIPIENT
BEING ABUSED OR NEGLECTED, IT IS
IMPORTANT THAT YOU TAKE ACTION
QUICKLY!

- Protecting the recipient is your primary responsibility. The failure to report abuse or neglect will result in your being charged with neglect as well.
- All violations must be verbally reported immediately and followed up by a written report within 24 hours or at the end of your shift.

Dignity & Respect

Dignity

To be treated with esteem, honor, politeness, or honesty; to be addressed in a manner that is not patronizing, condescending, or demeaning, to be treated as an equal; to be treated the way the individual wants to be treated.

Respect

To show differential regard for; to be treated with esteem, concern, consideration, or appreciation; to protect the individual's privacy, to be sensitive to cultural differences; to allow the individual to make choices.

Services Suited to Condition

Encompassing the Person Centered philosophy, a recipient is entitled to treatment suitable to his or her own condition, medical care, and medication for mental and physical health, as needed.

Freedom of Movement

- The recipient shall not be restricted more than what is necessary to provide services, to prevent injury, or to prevent substantial property damage. Any limitations on freedom of movement must be clinically justified on a time-limited basis and entered into the recipient's record.
- Recipients shall receive services in the **LEAST** restrictive setting.

Restraint & Seclusion

Seclusion

Temporary placement of a recipient in a room alone, where egress is prevented by any means. Seclusion is NOT to be used in community treatment settings.

Restraint

The use of physical device to restrain an individual's movement. Restraint shall NOT be used in any programs under contract with BABH.

Personal Property

- The recipient is entitled to receive, possess, and use all personal property, including clothing, except for those items prohibited including: weapons, drugs, etc.
- Any exclusion of personal property shall be written and posted in each setting. Additional limitations may be imposed in the recipient's plan of service.

Entertainment Materials

- Recipients shall have the right to entertainment material, information, and news. The recipient shall not be prevented from obtaining, reading, viewing, listening to material at his or her own expense.
- Any limitations must be specifically approved in the recipient's plan of service.

Communication, Telephone, Visitors, Mail

- A recipient shall be provided access to a telephone for incoming and outgoing calls during hours stated in the house rules, unless the recipient is otherwise restricted in an approved treatment plan.
- A recipient shall be guaranteed regular visiting hours, unless the recipient is otherwise restricted in an approved treatment plan. Visiting hours shall be scheduled to be least disruptive of normal treatment activity and to occur on no less than three days weekly.
- A recipient shall be provided daily distribution of mail unless the recipient is restricted and limitations have been incorporated into the recipient's treatment plan. A postal box or daily pickup and deposit of mail shall be provided.

INVESTIGATING RIGHTS ALLEGATIONS

- Anyone can file a complaint on behalf of a recipient. If you become aware that a recipient's rights are being violated, you must report this to the Rights Office.
- The Rights Officer from the CMH Board reviews all allegations of rights violations and all incident reports involving recipients in their jurisdiction.
- The Office of Recipient Rights may investigate and can make recommendations about remedial action, the service provider, and the responsible CMH Services Program.
- Rights Officers often serve as advocates for individuals and groups of recipients.

INVESTIGATING RIGHTS ALLEGATIONS

You can contact the local Rights Office Monday – Friday
between 8:00 am – 5:00pm at (989) 895-2317:

Recipient Rights Staff

Melissa Prusi, Recipient Rights Manager

Janelle Steckley, Recipient Rights Advisor

Vicki Atkinson, Recipient Rights Secretary

- If the actions of the local officer do not solve the problem, you can contact the Department of Community Health Office of Recipient Rights. Write or Call:

Office of Recipient Rights, Michigan DCH

Lewis Cass Bldg.

Lansing, MI 48913

(800) 854-9090

The Investigative Process

See Handout

- The Recipient Rights Officer has access to all documentation and any staff necessary to complete the investigation.
- You are expected to answer questions about work related matters asked by the Rights Officer, the State Police, DCH, or DHS and industry authorities who are conducting a review or investigation.
- You have the right to talk to an attorney before giving answers to others.
- You have the right to have any attorney or personal representative present during questioning by the police.
- The Mental Health Code requires an investigation be completed within 90 days of receipt of the complaint.
- A "Report of Investigative Findings" will be given to the Executive Director of the CMH agency and to the service provider.
- The CMH Executive Director is responsible to issue a report summarizing the investigation to the complainant and the recipient within 10 days after receiving the Rights Officer's investigate report.

RESULTS OF SUBSTANTIATED INVESTIGATION

The decision about what happens to a staff person who has committed abuse or neglect, or otherwise violated the rights of a recipient, rests with the employer. Each provider should have policies and procedures for dealing with offenses. These should emphasize the seriousness of improper actions.

The Appeal Process

- Upon completion of a recipient rights investigation, the recipient, his or her guardian, the parent of a minor, and, of course, the person who made the complaint, have the right to appeal the decision. This appeal can be made for the following reasons:
- The findings of the investigation are inconsistent with the law, facts, rules, and policies or guidelines;
- The action, or plan of action, is inadequate; or,
- The investigation was untimely.

*NOTE: Staff are not eligible to file an appeal unless they were the complainant.

Employee Rights

You have rights that protect you from actions based on incorrect or malicious information. There are laws which protect employees when they report rights violations.

The Mental Health Code mandates that complainants, staff of the Office of Recipient Rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

WHISTLEBLOWERS PROTECTION ACT



- Protects employees who report rights violations.
- The law states it is illegal for employers in Michigan to discharge, threaten, or otherwise discriminate against you regarding compensation, terms, conditions, locations, or privileges of employment because you, or a person acting on your behalf:
 - Reports, or is about to report a violation, or a suspected violation.
 - Takes part in a public hearing, investigation inquiry, or court action.

BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT

This act requires that you be notified when an employer or former employer divulges:

- **A Disciplinary Report**
- **Letter of Reprimand**
- **Other disciplinary action to a third party, to a party who is not a part of the employers organization, or to a party who is not a part of a labor organization representing the employee without written notice.**

***NOTE: The written notice to the employee shall be by first-class mail to the employee's last known address, and shall be mailed on or before the day the information is divulged from the personnel record.**

Incident Reports

Circumstances in which an Incident Report is required:

- **Any explained or unexplained injury of a recipient**
- **An unusual or first time medically related occurrence, such as seizures**
- **Environmental emergencies**
- **Problem behaviors not addressed in the treatment plan such as breaking things, attacking people, or setting fires**
- **Suspected abuse or neglect (a complaint form should also be completed)**
- **Inappropriate sexual acts (excessive masturbation, inappropriate touching of others, etc.)**
- **Medication errors or refusals**
- **Suspected criminal offenses involving recipients**
- **Use of physical intervention**
- **Involvement of other agencies (police, hospital, fire, etc.)**
- **Any unauthorized leave of absence of a recipient**
- **The death of a recipient**

4/4/2018

**If you have any questions
regarding Recipient Rights,
please contact your local
Recipient Rights Office.**