
EMERGENCY PREPAREDNESS

INTRODUCTION

How we choose to respond to emergencies can make the difference between escalating a crisis situation or managing to solve a problem and achieve safety. It is of the utmost importance that you, as a Home Health Aide, are capable of confidently managing emergency situations if they should occur.

You never need permission to call 9-1-1! If you ever believe that anyone is in danger of physical harm, it is important that you call 9-1-1 immediately and get outside help into the situation to assist as quickly as possible. Never leave a client in an unsafe position or situation in order to make this call, make sure the client is in safe position (not mid-transfer) and in a safe location prior to contacting 9-1-1. Any time that 9-1-1 is called, you must notify your supervisor and fill out an Unusual Occurrence Report.

UNUSUAL OCCURRENCE REPORTS

The Unusual Occurrence Report form is also to be completed whenever a client files a complaint or when an incident occurs that is not consistent with the routine operation of the agency and the care of the client. This form will be used to report any occurrences which may involve maltreatment of a vulnerable adult or child. It will also be used to report any other incident involving the client.

Some examples might be: a client fall, a client misses a dose of scheduled medication, unusual bruises on the client, or client complaints about the agency. This form will not be used for employee injuries or incidents, and this form does not replace mandated reporting guidelines – you still must make a vulnerable adult or maltreatment of minors report either internally or externally in addition to this report.

When an incident occurs, report it immediately by contacting your direct supervisor. Contact the RN On-Call if the incident occurs when the office is closed at (651) 895-8030. You will be required to complete a written Unusual Occurrence Report as well.

The purpose of this report is:

1. To provide the client with any appropriate follow-up medical care necessary.
2. To assist Alliance to identify problems or potential problems that may be corrected to facilitate client safety.
3. To reduce the risk of financial liability.
4. To identify and document occurrences of potential maltreatment of a vulnerable individual to be reported to the authorities.

Prompt reporting of the incident helps you give a clear picture of the incident while it is fresh in your mind. This will protect you and the client. In addition, the RN Case Manager can handle client or family complaints better if s/he is aware of the problem. The RN will also assist you in determining the need for the client to receive medical attention.

Some examples of the incidents to be reported are:

- Missing or damaged property
- Medical or treatment errors
- Equipment related incidents
- Client falls at home
- Suspicious occurrences which may be issues of maltreatment of a vulnerable adult or child
- Other medical mishaps

EXPECTATIONS

When you complete the Unusual Occurrence Report, be clear and specific as to what occurred. Fill in all blanks on the form to the best of your knowledge of the event. Tell what happened, the date and time, and the mental and physical condition of the client. You should state how the client tolerated the incident (what the effects were). State the facts related to the incident, do not give your opinions. For example, you enter the client's home and find the client on the floor. You should report, "The client was found lying on the floor". Do not state that the client probably fell.

After receiving the Unusual Occurrence Report, the Director of Nursing will follow up, including appropriate physician notification. If necessary, further employee counseling or training will be initiated. Unusual Occurrence Reports are not a permanent part of the client medical record; they are kept in a separate file at Alliance Health Services.

EMERGENCY PROCEDURES MANUAL

INTRODUCTION AND PURPOSE

Recent disastrous fires, bomb threats, and other emergencies have intensified concern for the safe and rapid evacuation of personnel from either the area involved or an entire building. An emergency can pose additional and unique problems, particularly in high-rise buildings. Experience dictates that a safe and successful evacuation during an emergency is dependent on thorough preplanning, organization, education, training, and the rehearsal of emergency procedures. Following the procedures contained in this manual will provide safe evacuation of the Alliance Health Care/Alliance Health Services/Alliance Medical Supply (hereinafter ALLIANCE) facilities and work areas from the ALLIANCE buildings in the event of fire, bomb threat, or other emergency. Procedures contained herein shall not replace those required by police or fire department officials.

Wardens shall be responsible for executing the procedures contained in this manual. Ideally, you should appoint at least one warden per floor. Wardens shall brief the employees residing on their floor once every six months regarding the contents of this manual, fire alarms, fire protection equipment, and exits. Employees shall follow the wardens' instructions in the event of an emergency.

It is the purpose of this manual to equip ALLIANCE with established procedures pertaining to emergency conditions that may arise, in order to prevent injury or loss of life or damage or loss to property of ALLIANCE, based in the buildings.

REMEMBER

SAFETY OF LIFE IS PARAMOUNT OVER EQUIPMENT OR OTHER CONCERNS

ORGANIZATION

To effectively and efficiently implement the provisions of the emergency plan, an emergency organization has been established and staffed as shown below:

- A. Floor Wardens
- B. Alternate Floor Wardens

During an emergency, staff members are responsible for the positive exercise of leadership in providing for the safety and security of employees. This responsibility is inherent at every level of supervision and management. The responsibility continues even after evacuation until the emergency is terminated.

FLOOR WARDEN AND ALTERNATE FLOOR WARDEN

Each floor or zones within a floor shall be under the direction of a Floor Warden who is responsible for the evacuation of occupants in the event of an emergency. In preparation for a fire or other emergency, the Floor Warden shall:

- A. Supervise and direct the activities of the occupants during emergencies and drills.
- B. Be familiar with the various layouts of assigned floors, emergency plans, and the location and operation of any available fire alarm system, fire protection equipment, and coded door locks.
- C. Know the normal number of personnel on each assigned floor.
 - 1. Keep an emergency contact list of all personnel in their area.
 - 2. Keep a copy of a list of occupants of the floor for roll call purposes at evacuation areas.
- D. Know the location of and routes to exits and refuge areas.
- E. Notify the ALLIANCE Human Resources Director of any changes in emergency organization personnel under their jurisdiction, including changes in their position.
- F. Be assigned to cover the base floor.
- G. Study the floor plan, the number of occupants and the number of exits for dividing the population into groups in order to adopt a traffic pattern to primary and secondary exits for each group.
- H. Perform frequent inspections to determine that all fire exit doors to stairs on the floor are maintained in the closed position and that they are not obstructed, inoperable, or locked.
- I. Have available a current listing of all personnel with physical limitations whom cannot use stairs unaided.

In the event of a fire or other emergency, the Floor Warden shall:

- A. Verify that ALLIANCE, Police, and Fire Department have been notified.
- B. Determine the location of the fire, if known, and report data to the Fire Command Station. Do not search for the fire.
- C. Inform all persons on the floor of the fire and prepare to evacuate.

1. Direct the occupants of the building to proceed to their designated refuge area.
2. Select the safest stairway or other exit to use for evacuation based on the location of the fire and
information received from the Fire Command Station.
3. Check the environment near the designated fire exits before entry by occupants and if affected by
smoke, select an alternate exit and notify the Fire Command Station.
4. Inform the Fire Command Center of the emergency and the evacuation in process.
5. Take a head count, if possible (using the roll call list of occupants), to determine if all known
occupants have been evacuated.
6. Inform the Fire Command Center when the evacuation is complete. If
communications are impaired,
direct a subordinate to convey this report, in person, to the Fire Command Center.
7. Inform the Fire Command Center of missing, injured, or deceased (if known)
individuals.

NOTE: Refer to later in this Emergency Procedures Manual for specific procedures in other types of emergencies.

PERSONNEL WITH PHYSICAL LIMITATIONS

The Floor Warden shall maintain a list of personnel with physical limitations. The list shall contain the following:

- A. Person's Name
- B. Floor
- C. Normal Location
- D. Department
- E. Responsible Floor Warden
- F. Description of physical limitation.

The Floor Warden shall assign a "helper" to assist personnel with physical limitations during emergencies.

ACCIDENT OR ILLNESS

In the event of an accident or illness of an employee or visitor on ALLIANCE premises, follow these procedures.

Call **911** immediately and request assistance. Give the following information:

- * Street address (2260 Cliff Road, Eagan, MN 55122)
- * Name of Building (Alliance Health Care)
- * Floor level (main or upper)
- * Room location (North, South, East, or West side)
- * Other pertinent information about the fire or emergency.

HAVE SOMEONE MEET THEM OUTSIDE THE BUILDING

Call the ALLIANCE Human Resources Department to report the incident at 651-895-8030. **DO NOT** move the injured or ill person. Try to make them comfortable. If possible, have someone meet the emergency unit at the front door of the building.

EMERGENCY HELP AND 911 PROCEDURES

WHEN TO CALL 9-1-1	WHAT TO SAY
Use the following symptom/situations and common sense to determine what is a true emergency then call 9-1-1	Dial 9-1-1 and give the following information
*Severe traumatic injuries	*Nature of emergency
*Traffic accident casualties	* Exact address and cross street
*Injuries from falling	*Telephone number from which you are calling
*Severe head injuries	*Your name
*Heat related symptoms	*Floor number
If you are unsure as to the seriousness of the injuries or the situation do not hesitate to call 9-1-1	*Room number or area of location
	Do not hang-up as additional information may be needed

EMERGENCY NUMBERS			
Building Maintenance	ALLAN FINK	Eagan	651-895-8030
Alliance Policy	SHALON NOVAK	Eagan	651-895-8030
Floor Warden	SHALON NOVAK	Eagan	651-895-8030
Asst. Warden	JENNA NITSCHKE	Eagan	651-895-8030
Human Resources Office	CORPORATE	Eagan	651-895-8030
*Ambulance			911
Fire Department			911
Police Department – Emergency			911
Police Department – Non-emergency			

FLOOR OR BUILDING EVACUATION

- * Remain calm.
- * Close all doors as you leave.
- * Proceed to the nearest practical fire exit.
- * Follow the instructions of the Floor Warden and proceed out the fire exit. Keep to the right so that emergency personnel, etc., may use the exit.
- * Request help for those requiring assistance from emergency personnel.
- * Do not return to the evacuated building until the Fire Department or authorized ALLIANCE officials instruct you to do so.

EVACUATION PROCEDURES

The order for total evacuation will be given only in extreme cases, and then only by the Floor Warden, in coordination with the Fire or Police Departments or ALLIANCE officials. When leaving the building, move quickly; stay calm and keep clear of emergency vehicles, equipment, and personnel. Go to the designated refuge area and stay there until directed by the Floor Warden, the Fire or Police Department or ALLIANCE officials. When or if an order to evacuate is issued, walk in an orderly manner to the nearest available exit.

- A. Use only stairs.
- B. Do not prop exit doors open. They shall remain closed except for exiting.
- C. Proceed immediately to the predetermined outside Refuge Area.
 - 1. Remain at the designated Refuge Area until requested to return to your workstations by the Floor Warden, a member of the Fire Department or ALLIANCE official.
 - 2. The Floor Warden shall provide evacuation of employees with physical limitations.
 - 3. The designated Floor Warden will insure, through an authorized designate, that:
 - i. The entire area is cleared, i.e.: restrooms, storerooms, conference rooms, etc.
 - ii. All money, safes, records, etc., in each office is secured.
 - iii. All operating machines are turned off.
 - iv. Make sure all doors, particularly fire doors, are closed upon exiting.
 - 4. Predetermined evacuation procedures may be modified depending on the situation. Strict compliance to orders issued by the Floor Warden, the Fire Department, or ALLIANCE officials is mandatory. Violators will be subject to disciplinary action.
 - 5. Once in the Refuge Area, reentering the building for any reason is prohibited until an all-clear announcement is made.
 - 6. Once every six months, the Floor Warden will direct a complete stand-up fire drill of all employees in the building.

EVACUATION "FLOOR" PLAN

A "YOU ARE HERE" type of floor plan is posted at both ends of the building's main corridor (hallway). All occupants shall review this regularly to familiarize themselves with its contents and directions. The Evacuation Floor Plan sketches shall include the following information:

- A. Evacuation routes from the building
- B. Designated fire extinguisher and fire hose cabinet locations

IT IS IMPORTANT THAT EVERYONE FAMILIARIZE THEMSELVES WITH THE EVACUATION FLOOR PLAN FOR THE BUILDING AND THEIR PARTICULAR AREA. The closest emergency exits for the specific rooms occupied as lab or office areas are as follows. Based on the specific situation, alternative building exits from the central hallway may have to be used. Please review the exits as they're posted in each room.

FIRE PROCEDURES

REMAIN CALM

- * Leave your area immediately, closing all the doors behind you.
- * If no audible alarm automatically activates, call the Fire Department immediately from another location and follow local procedures. Report the following information:
 - Street address (2260 Cliff Road, Eagan, MN 55122)
 - Nearest cross street (Southwest corner of Slater and Cliff)
 - Floor level (main or upper)
 - Room location (North, South, East, or West side)
 - Other pertinent information about the fire emergency
- * Notify the ALLIANCE Human Resources office as soon as possible.

NOTE: Unless you observe eminent danger of fire or smoke, remain calm and wait for further instructions from the Floor Warden, Fire Department, or ALLIANCE officials.

BE PREPARED

Your own common sense is the best safety device ever developed. Above all, use your head! Determine in advance the nearest exit to your work location and the route you will follow to reach that exit in the event of an emergency. Establish an alternate route in the event your first route is blocked or is unsafe to use. Check the evacuation drawing in the hallway. This tip will be very helpful in the event you encounter heavy smoke.

Remember, if you encounter heavy smoke, this often camouflages the exit signs above the door. If you know in advance how many doors you will have to pass through, you can crawl or crouch low with your head below the smoke (watching the base of the wall) and count the doors you pass through so that you will know when you reach the exit door.

If your clothing catches fire ... STOP...DROP...ROLL **Any attempt to fight a fire should be limited to the discharge of one appropriate hand-held fire extinguisher and only if you are properly trained.**

Fire extinguishers are located in each building. Go to your designated Refuge Area and stay there until released by the Floor Warden, the Fire or Police Department, or ALLIANCE officials. Keep all talking to a minimum to reduce noise and confusion, and to insure that everyone can hear instructions and roll calls by the Floor Warden.

FIRE DISCOVERY

If you smell smoke:

- Notify ALLIANCE Human Resources immediately.
- Notify the Floor Warden.

If you see smoke (more than from a toaster or C.R.T. Terminal), filling the air or room:

If practical or possible, keep people away from the affected area while evacuating until relieved by the Floor Warden. If not, **leave**, using the fire exits.

If you see fire (more than from a candle), where it should not be:

If the fire is of wastebasket size or type and you know how to do so, get the nearest fire extinguisher and put it out. Call 9-1-1 if not easily extinguished.

Never trace the source of smoke or fire that is not obvious.

FIRE DRILLS

Fire drills shall occur at least once every six months for each working tour or shift, in the building. All occupants of the building shall participate in the fire drills; however, they are not required to leave their floors or use exterior exits unless instructed to do so by the emergency staff. Assembling outside their assigned stairwell or exterior exit fulfills the intent of the fire drill.

Since it is vital that this plan function under emergency conditions, ALLIANCE shall attempt to conduct fire drills at unexpected times to prove their effectiveness and condition employees to emergency operations. Alternate routes should be used to condition the emergency organization and building occupants to situations that might occur during an actual emergency. The plan shall be designed to familiarize the occupants with the alternate means of exit that are available.

The Floor Warden shall keep a written record of all drills for three years. This record shall be readily available for inspection. Observers from the Fire and Police departments, Safety Committee, or other agencies, may attend to observe and comment on fire drills.

Shortly after the fire drills, the Floor Warden shall hold meetings with the staff to determine the effectiveness of the fire drills, and to assure that everyone followed procedures in accordance with this emergency plan. They shall note deficiencies and review these with the Safety Committee for immediate correction. Fire drills shall include the instruction and practice regarding fire protection equipment. This may be assigned to designated individuals or to all building occupants.

MAJOR NATURAL DISASTERS

TAKE TIME TO THINK

- * Your State Office of Emergency Preparedness will activate warnings in the affected areas.
- * Whenever a major storm or other peacetime disaster threatens, keep your radio or television set tuned to hear weather reports and forecasts (issued by the National Weather Service) as well as other information and advice that may be broadcast by local government.
- * Use your telephone only to report important disaster events to authorities and the Building Management Office. If you tie up the telephone lines simply to get information, you may prevent emergency calls from being completed.
- * Stay away from disaster areas.
- * Follow the advice and instructions broadcast over the radio Emergency Warning System. The Floor Warden in your area will direct you, if you are required to evacuate your work area.
- * If evacuation is required, proceed to the area of assembly designated by your Floor Warden and remain there until further instructions are given.

COLLAPSE

Collapse is a sudden falling of a natural or artificial structure in response to the force of gravity.

Pre-loss actions include:

- * Maintain adequate clearances between storages and mobile equipment to support members and use barriers as required around the bases and corners of upright columns.
- * Treat surfaces of structural elements with rust/corrosion/rot inhibitors (paint, plasticizers, and similar coatings).
- * Adhere to recommended roof and floor loads.
- * Keep roof drain clear.
- * Promptly remove accumulations of ice and snow.

Post-loss actions include:

- * Clear areas of unnecessary personnel and equipment, including storage materials.
- * Provide temporary bracing with wood or steel elements to relieve stress on damaged components.
- * Have a contractor or licensed structural engineer inspect the damage and begin repairs immediately.

FLOOD

Inland and coastal areas are subject to flooding from heavy rainfall and melting snow, as well as to tidal surges. Inland flooding occurs when soil and vegetation are saturated by rain or melting snow and when run-off water overwhelms the natural drainage systems of lakes and rivers and the man-made drainage such as dams, levees and bayous. Coastal areas subject to inland flooding conditions are also prone to tidal flooding from storms and seismic activity.

Pre-loss actions include:

- * Evaluate location of operations; flood-prone areas or coastal areas may not be the best location from a risk management perspective.
- * Evaluate building sites for flood potential.
- * Analyze existing structures in flood zones for their ability to withstand normally expected events.
- * Use temporary levees shutters for building openings, and barriers.
- * Stock disaster supplies, including portable power equipment, to maintain vital utility services.
- * Place main electrical service equipment on upper floors of buildings above historical flood stage heights.

Pre-loss actions for minimizing fire loss exposures include:

- * Allow no open flames or electrical wiring that is not waterproof near or in a flood-exposed structure.
- * Protect flammable gas piping where exposed to mechanical damage and install shutoff or disconnects above normally expected flood heights.
- * Prevent flood water from entering buildings either by having no lower-level openings or by covering those openings against water entry.

Post-loss actions include:

- * The Disaster Recovery Coordinator should monitor the flood advisories by the National Oceanographic and Atmospheric Administration (NOAA) and decide if the conditions warrant

a shut down. Precautions should be taken and appropriate actions implemented as soon as a flood advisory has been announced.

- * If a disaster crew is to remain on the premises during the flood, adequate shelter, nonperishable food, first aid equipment, lighting, radio receivers, and stored drinking water should be provided at a safe elevation.

When the flood waters recede:

- * An immediate damage assessment should be made. Particular attention should be given to undermining or other damage to foundations.
- * Special attention should be paid to possible impairment of fire protection equipment.
- * Any opening made in a building by debris should be temporarily repaired.
- * Salvage operations should be initiated.
- * Care should be exercised around damaged or submerged power lines. The utility Alliance should be advised of necessary repairs.
- * Drains should be cleared of debris.
- * Disaster crews and salvage teams should be cautioned not to smoke or use heat-producing devices if a possibility of flammable liquids or gases exists.
- * Electric motors, switchgear and cables should be thoroughly inspected, cleaned, dried as need before energizing. Even if it is not immersed, electrical equipment can absorb sufficient moisture to reduce its insulation resistance to a dangerously low level.
- * Steam and process lines and any refractory-containing equipment should be examined for wet insulation. In some cases, if insulation is contaminated, it must be stripped and restored rather than dried in place.
- * Sources of boiler, process feed, and cooling water, and any materials in underground storage tanks should be tested for contamination before use.
- * Mechanical equipment should be cleaned with sassing opened for inspection. Shafting should be checked for alignment and lubricating systems flushed.

HAILSTORM

Precipitation in the form of irregular ice pellets are known as hail.

Pre-loss actions include:

- * Design structures to withstand hailstorms; concrete and some heavy gauge steel are acceptable. Roof structures are very susceptible to hail damage. Metal, concrete tile and certain types of built-up styles often withstand the effects of hail better than slate, tiles, and asphalt shingles.
- * Provide anti-hail blinds, shutters, or covers for exposed building features such as windows, skylights, and other features susceptible to damage.
- * Protect yard stocks and equipment or move them inside a substantial structure.

Post-loss actions include:

- * Use spare materials such as plywood panels, plastic sheet and tarpaulins to cover openings or equipment and bracing materials and other building supplies, or make temporary repairs to building structures.
- * Assign personnel to handle disaster operations such as clearing roof drains, removing hailstone accumulation on the roof (because this is a prime cause of collapse losses), and salvage or cleanup. At no time should individuals be exposed to falling hail.

ICE STORM

An ice storm is a winter storm in which a substantial glaze accumulates from freezing rain and drizzle falling on a surface that has a temperature below 32°F.

Pre-loss actions include:

- * Design structures to adequately withstand anticipated ice loading.
- * Properly maintain building roofs and structural supports.
- * Stock materials for temporary structural bracing and disaster repairs.
- * Trim tree branches that overhang power lines.
- * Maintain disaster power equipment to provide utility services, maintain protection systems, and use portable fuel-fired heaters to meet space heating requirements and to reduce ice accumulations on building surfaces.
- * Train personnel and assign them to handle disaster operations, including placing temporary structural supports, removing ice accumulations, and operating disaster equipment.

Post-loss actions include:

- * Make disaster repairs as soon as possible to limit further damage; cover damage opening with plywood sheets, tarpaulins, and plastic covers to protect equipment and stocks from weather and moisture.
- * Start salvage and cleanup operations and restore building protection to full and proper operation.

LANDSLIDE / MUDSLIDE

A Landslide is the dislodging and fall (or slide) of a mass of earth and rock. A mudslide combines landslide with water and usually occurs after a substantial rainfall.

Pre-loss actions include:

- * Have a professional survey the site.
- * Alter the slope or configuration of the area to reduce the loss exposure.
- * Install natural features to deflect the slide, such as rock barriers, earth dikes, swales, or trenches; stabilize the surface of the slide area with deep-rooted plants or rainfall-deflecting ground cover.
- * Increase structural supports for exposed building to withstand the impact and dynamic/static loading.
- * Relocate the structure to a more geologically stable location.

Post-loss actions include:

- * Provide temporary supports for stressed building members exposed to landslide or mudslide material.
- * Inspect any facility in a landslide area for damage and protect it against further harm.
- * Begin salvage and cleanup as soon as possible and inspect components and equipment exposed to damage before use. High moisture levels could damage the internal wiring of a motor even if this is not visible from the outward appearance.
- * Coordinate all activities with public authorities.

SEVERE COLD WEATHER

A cold wave brings a rapid drop in air temperature within a short time period, requiring special procedures and protection for all operations. Cold waves depend on the relative temperature drops and minimum temperatures, which vary by location.

Wind chill index:

- * The wind chill index is the cooling effect of wind speed in colder weather that can drastically reduce the stated temperature as indicated by a thermometer.
- * A twenty mph wind occurring when the outside air temperature is 30°F can feel like 4°F. The effects of that lowered temperature can be more pronounced than the nominal temperature without wind chill factor
- *The danger comes from extended periods of abnormally low temperatures

Pre-loss actions include:

- * Install building installation adequate for the cold weather climate to reduce heat loss and also provide a barrier against cooler outside air temperatures.
- * Use properly designed heating systems of adequate size.
- * Install backup diesel generators to keep furnaces operations during a power outage.
- * Position buildings to exploit natural terrain features that modify severe weather influences and design buildings with minimal openings on the prevailing weather side.
- * Stock disaster supplies such as plywood panels and install curtains and plastic sheets to cover exposed openings.
- * Provide temporary heating devices to maintain temperatures, shut off exposed systems, and keep protection systems in service.
- * Maintain plant facilities and buildings in state of good repair.
- * Practice energy conservation measures.
- * Design and prepare fire protection equipment for subfreezing temperatures.

Post-loss actions include:

- * Isolate damaged areas and complete temporary repairs.
- * Cover any building openings to minimize further weather damage.
- * Start salvage operations and permanent repairs as soon as practicable and restore protection systems.

SOIL DETERIORATION

Soil deterioration is usually a problem for after other structures are built in the immediate area around the original structure. This weakening of the soil support capacity can create instability below building foundations and other supports, collapsing the construction placed on it.

Pre-loss actions include:

- * Investigate surface and subsurface conditions thoroughly; take borings and samples for analysis.
- * Have qualified geologist and licensed mining engineer perform a detailed study to determine soil integrity acceptability.
- * Avoid soil contamination on the property, especially around building foundations, with chemicals or other compounds that break down the soil.
- * Protect the soil by following recommended land management practices.

- * Inspect building foundations and support pads on a regular basis for evidence of settling or soil instability; be alert for changes.

Post-loss actions include:

- * Shore up structures; using wider footings, and/or bracing the structural load on a more stable formation (for example, use pilings where shafts are sunk to ensure more stable underground structures).
- * Remove and fill areas with more stable material such as concrete rock.

THUNDERSTORM

A thunderstorm is a severe electrical storm accompanied by moderately heavy rainfall.

Pre-loss actions include:

- * Design structures to adequately withstand high winds.
- * Properly maintain building roofs, guy-wire supports for outside structures, and use tie downs for structures of light construction.
- * Move yard stocks inside a substantial structure or protect them against high winds.
- * Provide lightning protection systems for the building structure and services.
- * Evaluate lost exposure characteristics such as building construction and occupancy on a case-by-case basis.

Post-loss actions include:

- * Make temporary repairs to damaged portions of the building to prevent further loss.
- * Use spare construction materials to board up the structure with plywood panels and use tarps and plastic sheets to reduce further exposure to the elements.

TORNADO

A tornado, or cyclone, is a rotating column of air in a funnel-shaped vortex. The Tornado extends downward from a cloud and rotates at speeds of up to 300 mph.

- * Over half of all tornadoes occur between April and June, although they can happen at any time throughout the year, and they can cause extensive property damage.
- * Nothing can prevent property losses from direct tornado contact. Bodily injury can be reduced by taking shelter.
- * Tornadoes exhibit the following characteristics:
 - Generally occur between 3:00 PM and 7:00 PM
 - Move from the southwest to northeast
 - Travel about four miles along a from 300-400 yards long
 - Travel at 25-40 mph
 - Have wind velocities of 200-300 mph
 - Last about six to ten minutes

Notification

Tornado Watch

- * The National Weather Service will issue a Tornado Watch if there is the possibility of tornadoes forming in the area.

Tornado Warning

- * A tornado warning is an alert by the National Weather Service confirming a tornado sighting

and location. The weather service will announce the approximate time of detection and direction of movement. Wind will be 75 mph or greater.

* A public warning will come over the radio, TV or by the Civil Defense warning system (steady five-minute blasts of sirens).

* When one is sighted or a warning alert is issued by the National Weather Service, all employees should immediately move to areas designated by the Disaster Coordinator.

Actions to take

* Get away from the perimeter of the building and exterior glass.

* Leave your exterior office and close the door.

* Go to your designated shelter area.

* Stairwells are safe. If crowded, move down to a lower level for shelter.

* Do not go to the first floor lobby or outside the building.

* If you are trapped outside the center corridor, keep calm and take cover!

* Keep your radio or television set tuned to a local station for information.

* Do not use the telephone to get information or advice.

* Follow the directions of your Floor Warden and ALLIANCE officials.

TORNADO AND CIVIL DEFENSE DESIGNATED SHELTER PLAN

A diagram of designated shelter areas for all building occupants is located on the Floor Evacuation Plan.

Each Floor Warden and Alternate has a copy, and copies may be made for occupants, if desired. All Floor Wardens and Alternates should be able to account for occupants under their control. Once in your designated refuge area, keep all talking to a minimum to avoid excessive noise and confusion.

Make sure to remain in designated areas until an "all-clear" is given. No one may leave the building. Keep notes regarding missing persons or those who refused to leave their work area, or decided to leave the building.

After the tornado has passed:

* Start search and rescue operations immediately.

* Prepare a damage report and initiate repairs to prevent further damage

* Pay special attention to possible fire, flooding, or impairment of fire protection equipment.

* Temporarily repair openings on the building or cover the contents of the building with tarpaulins to minimize rain damage.

* Initiate salvage operations.

* Exercise care around damaged power lines. The utility Alliance should be advised of necessary repairs.

* Clear roof drains of debris to prevent water from pooling on the roofs which could lead to roof collapse.

* Caution disaster crews and salvage teams not to smoke or use heat-producing devices if there is a possibility that flammable gases are present.

WINDSTORM

A windstorm is a storm with high winds or violent gusts of wind with little or no rain.

Pre-loss actions include:

- * Design buildings and outside structures to withstand anticipated wind loads. The design should reflect location conditions in which wind velocities might exceed the average.
- * Provide storm shutters and blinds for windows and other openings rated to handle higher wind loads.
- * Maintain roof and wall systems, including roof tie-downs in good repair and provide adequate supports for outside structures.
- * Secure materials and equipment located in areas surrounding the facility.

Post-loss actions include:

- * Use spare construction materials such as plywood panels, tarpaulins, and plastic sheets to repair damage to buildings and to reduce further loss exposure of the building and equipment to the elements.
- * Patrol premises to prevent looting and vandalism.

WINTER STORM

Snowstorms are characterized by heavy snowfall and are typically accompanied by high winds. Severe snowstorms are typically called blizzards when combined with high winds and intense cold. Snow loads on roofs generally pose the greatest risk; that is structural collapse

Pre-loss actions include:

- * Design all buildings and structures to withstand at least the anticipated snow loads, and carefully evaluate local conditions before completing any design or building activities.

In planning for winter storms, the Safety Committee should:

- * Decide when the Disaster Control Center should be activated.
- * Assign specific internal tasks such as:
 - Plowing and shoveling.
 - Installing snow fences and marker poles at hydrants and fire protection control valves.
 - Establishing a tour to inspect:
 - o Outside air dampers and other possible sources of outside air leakage that could result in freezing.
 - o Steam tracing and electric heating systems for outside vessels and piping.
 - o Heating systems in remote area.
- * Establish procedures for calling in outside plowing contractors and other assistance.
- * Stock or arrange a reliable source of portable heaters, heating blankets or other auxiliary or disaster anti-freezing devices as may be prudent.
- * Plan for disaster generators and other equipment that may be needed to assure continued functioning of heating systems, realizing that electric utility lines are frequent casualties of winter storms.

During a major winter storm, the Safety Committee should/may:

- * Recommend early closing or delay opening.
- * Request outside plowing assistance as needed.
- * Establish communication with employees on the premises, snow plow operators, and disaster crews.
- * Continue to monitor National Weather Service advisories.

- * Initiate cleanup procedures on a continuing basis. Particular emphasis should be placed on:
 - Clearing snow from exits, fire protection apparatus, and utilities for accessibility.
 - Removing snow from roofs in areas subject to drifting. Typically, these areas are at the junction of buildings with different roof heights.
 - Inspecting roof drains and roof-mounted cooling equipment to be sure there is no ice buildup.
 - Checking all areas of the facility to be certain that sufficient heat is being maintained to prevent sprinkler systems, process equipment and piping and utility systems from freezing.
 - Giving attention to those areas most likely to freeze first, such as the concealed space above suspended ceilings that contains sprinkler system piping or sprinkler-protected entry ways and remote stair towers. Cooling jackets on engines and compressors in remote locations are especially vulnerable. Attention must also be given to less obvious sources of freeze damage such as water in air system drains or gas drip legs.

After the storm has ended:

- * Assess damage immediately and make temporary repairs.
- * Remove the remaining snow, with priority given to valves, hydrants, pump houses and fire department access routes.
- * Promptly inspect areas within the facility most likely to have suffered freeze damage to detect as early as possible any cracks or leaks in piping. Such actions can help prevent major damage when liquids are released from thawed and damaged pipes.

EARTHQUAKE

A sudden movement of a portion of the earth's surface that is sometimes sufficient to cause property damage, injury, and death.

How long will it last:

- * The shaking may last only a minute or two.
- * There may be after-shocks (over several hours/days/weeks/months).

What are the dangers?

- * Falling objects (pictures, items in cupboards and on shelves, ceiling tiles and fixtures, furniture, file cabinets and bookshelves).
- * Swinging doors and broken windows.
- * Many things may stop working (lights, telephones, elevators, heat and air conditioning).
- * Possible fires (from broken natural gas lines, electrical short circuits, or other causes).
- * Electrical shock hazards (be aware of potential damage to electrical equipment).
- * The motion may be severe. If you are standing, you may be thrown to the ground.
- * Visibility may be poor inside due to dust in the air.

During the earthquake:

- Remain calm.
- Take cover under a desk or table. Protect your head and neck from falling objects.
- Face away from the windows and get out of their proximity.
- Stay away from objects that could fall on you.
- Stay where you are. Do not run outside. Falling debris may cause injury.

- If outdoors, stay in an open area. Do not enter a building.
- If operating an appliance: turn it off at the first sign of shaking. Then take cover quickly.
- Do not be surprised if:
 - The electricity goes out.
 - The elevator stops.
 - The fire alarm goes off or the sprinkler system goes on.

When the earthquake stops

- Follow the direction of the Floor Warden, or local procedures.

Power failure

- Remain calm and in place.
- Follow direction of emergency personnel.
- If available, turn on a battery powered radio to find out what is happening in your area.

EARTHQUAKE EVACUATION

When the earthquake stops:

1. Check yourself for injuries.
2. Check others for injuries.
3. Call out, asking if anyone is injured or trapped.
4. Begin assembling people in small groups near supporting columns.
5. Make a rapid assessment of the damage to determine if evacuation is possible (safer than staying), or practical. Look outside, if possible, to see what ground damage occurred. If some, or all, of the ceiling has collapsed, it may be necessary to climb over it. Watch out for all electrical wires.
6. When and only while there is no shaking, have one group at a time carefully exit via a stairwell. When the group reaches the exit, first check that no loose debris is hanging above the exit path. Have members of the group exit one at a time quickly, and get at least as far away from the building.
7. Do not touch anything that is hanging down or damaged.
8. After everyone is assembled at an evacuation area, get a count of deceased, trapped, injured, missing, and accounted for individuals.
9. Stay at your designated refuge area until otherwise directed by a Floor Warden, the fire or police department or ALLIANCE officials.

WATER DAMAGE

This type of damage can occur because of many disasters. It is a direct consequence of burst water pipes, floods and, is often a result of fire-fighting activities. It is frequently an indirect consequence of tornadoes (often accompanied by rain). Structural failure can cause broken water, sewer, and fuel lines causing chemical damage or fires. Often the severest impacts of an earthquake are not due to building failure itself, but rather to fires and flooding which occur because of that failure. Wooden and other organic objects affected by water may warp, split, check, and rot; the

corrosion of metals will be accelerated; stone and masonry may erode. In addition, water enhances bacterial action, supports mold growth, dissolves pigments and finishes, and may deposit chemicals and fuels onto objects, causing other forms of secondary damage.

Water damage can occur many ways in buildings. Most of these will be the result of a break in a water or steam pipe. Normally, this should cause no problem, because most rooms used have floor drains that will allow extraction of any water. However, floodwater might affect laboratory, office or repository materials before reaching the floor drains. This can occur if a steam pipe would break in the space above the affected objects. Floor drains might back up and flood the floor level.

POWER FAILURE

In the event of commercial power failure, the emergency lighting in the main hallway should come on in about 10-15 seconds. During the normal workday, ALLIANCE will be aware of any power failure immediately.

After hours and on weekends and holidays, the building maintenance staff should be notified. NOTE: Exit lights work only with commercial or battery power. If both fail, nothing in the building will work.

BOMB THREATS

All bomb threats MUST be taken seriously. In the event of a bomb threat, the person receiving the call should do the following.

- Remain calm.
- Do not try to transfer the call.
- Ask the caller the following questions:
 - When is the bomb going to explode?
 - Where is it right now?
 - What type of bomb is it?
 - What does it look like?
 - What will cause it to explode?
 - Did you place the bomb? Why?
 - What is your address?
 - What is your name?
- Notify the police department "911"
- The Floor Warden should notify ALLIANCE officials.

NOTE: The building staff may be asked to search public areas.

Do not touch suspicious objects!

Additional instructions

- If the caller is familiar with the building and specific about the location of the bomb, the call should be regarded with a high degree of urgency.

- The management office will advise the other tenants, as appropriate, that a bomb threat has been made on the building.
- Emergency instruction or false alarm will be phoned to the Floor Warden.
- Tenants are not encouraged to leave their office except at the direction of the Police or the Fire Department, although it is up to the tenant to make the decision.
- If you are to evacuate, please take purses and briefcases out of the building with you to facilitate the search for the unusual item. Follow the directions of your Floor Warden during the evacuation.

Bomb threat report

In addition to the questions to be asked, document the following information to the best of your ability.

Background information:

Sex of caller:

Race:

Age:

Length of call: min.

Number at which the call is received:

Time am pm Date:

Callers Voice:

- | | | | |
|-----------------------------------|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Slurred | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Nasal | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Cracked voice | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Slow | <input type="checkbox"/> Loud | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Familiar | <input type="checkbox"/> Disguised | <input type="checkbox"/> Accent |

If voice is familiar, whom did it sound like?

Never discuss a bomb threat with anyone other than the Floor Warden, Security, or your supervisory personnel.

Background Sounds:

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Static | <input type="checkbox"/> Street noise | <input type="checkbox"/> Music | <input type="checkbox"/> Motor |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Animal noise | <input type="checkbox"/> House noise | <input type="checkbox"/> Local |
| <input type="checkbox"/> Voices | <input type="checkbox"/> PA System | <input type="checkbox"/> Long distance | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Other | |

Threat Language

- | | | | |
|-----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Foul | <input type="checkbox"/> Well spoken
(educated) | <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Coherent | | <input type="checkbox"/> Message read by
threat maker | |

Remarks:



As SOON AS POSSIBLE, notify the Police at 911.

A bomb threat of any type is to be immediately referred to the Police: Call 911.

If a suspicious object is found or a threat is received after hours or on weekends or holidays, call the Police -- call 911.

Evacuation may be to the designated refuge area, your home, or other location. A Floor Warden or the Fire or Police department shall give direction. Everyone should stay at the designated refuge area until released, to facilitate a roll call.

GUIDE FOR HANDLING BOMB THREATS

Employee responsibilities

Bomb threats to governmental buildings and private companies or equipment are of continuing concern throughout the country. Because of the need for uninterrupted services to the public, everyone should share in the concern for the safety of employees and the security of ALLIANCE offices.

This guide outlines briefly the procedures to follow if a bomb threat of any kind is received by an employee. This procedure is in effect 24 hours a day.

Bomb threat received by telephone

An employee receiving a call that indicates that a bomb has been placed in an Alliance building or equipment should:

1. Get as much information as possible from caller:
 - a. Type of bomb
 - b. Male or female
 - c. Accent or dialect
 - d. Background noises
 - e. Name and address if possible
 - f. Motive for placing bomb
 - g. Keep caller talking, notify supervisor if possible and start trace of call
2. After receiving a bomb threat, dial 911 immediately and advise the operator that you have received a bomb threat.
3. Give all available information about the threat and stay on the line unless released by the operator.
4. Fill out bomb threat form while information is fresh in your mind.

Bomb threat received by written message

1. As soon as possible after receiving a bomb threat by note or letter, dial 911. Tell the operator you have received a bomb threat. NOTE: do not handle the message more than necessary so as not to destroy fingerprints or other identifying marks.
2. Give all available information to the operator and stay on the line unless released by the operator.

Suspicious envelope or parcel received by mail

1. If an employee has reason to be suspicious of an envelope or parcel, notify the Floor Warden immediately.
2. Under no circumstances should the employee or supervisor attempt to open or inspect a questionable item.

NOTE: Refer to following page for letter bomb detection guide.

Evacuation of building in event of bomb threat

1. When directed to evacuate, employees will walk, not run, to the nearest available exit.
2. Money, safes, etc., in each office will be secured.
3. Operating machines will be turned off if possible.
4. Security directors and wardens will insure that their section is cleared (restrooms, storerooms, conference rooms, etc.), and floor doors will be closed.
5. The Floor Warden provides for the evacuation of disabled/handicapped employees using the buddy system.

The Police Department is responsible for coordinating bomb searches in ALLIANCE buildings. Floor wardens are responsible for security of their assigned areas. They are responsible for moving personnel away from suspicious objects and for evacuation of part or the entire floor according to the severity of the situation.

LETTER BOMB DETECTION GUIDELINE

Suspicious media should be checked for the following:

1. Address
 - a. No return address
 - b. Addressed to officer level executive by name, title, or department
 - c. Title for the executive is incorrect.
 - d. Poorly typed or handwritten address
2. Thickness
 - a. Not uniform
 - b. For medium-size envelopes, the thickness of a small book and rigid
 - c. For large envelopes, bulkiness, an inch or more in thickness
 - d. Rigidity
 - e. Greater than normal, particularly along its center length
3. Envelopes
 - a. Oil stains ("sweating" of plastic explosives).
 - b. Appears to have been opened and re-glued, or is taped, or otherwise tampered with
 - c. Strange odor
 - d. Wires or strings sticking out or attached
 - e. Feeling of springiness in the sides, bottom, or top

4. Packages
 - a. Excessive use of tape, cord, or both
 - b. Not packaged or wrapped in a professional manner
 - c. Excessive postage or unusual class of mail
5. Writing
 - a. Marked personal, confidential or private
 - b. Marked airmail, registered, certified, or special delivery
 - c. Misspelled words
6. Stamps
 - a. More postage than required to mail the item
7. Postmark
 - a. Foreign country
 - b. Sent from a small U. S. city or town
8. Move suspicious items to a safe area
 - a. Carefully set the item down and make sure it is not touched by anyone
 - b. Notify Police Department

HAZARDOUS MATERIALS

Hazardous materials are chemicals or substances that are physically hazardous or present other health hazards, whether the materials are in a usable or waste condition.

Hazardous materials include:

<u>Classification</u>	<u>Hazard</u>
Toxic Chemicals	Can be a gaseous, liquid, or solid and can cause illness or death if not handled properly.
Dangerous Liquids with air.	Give off vapors that can form an explosive mixture when mixed with air.
Dangerous Gases poisonous, or all of these.	Can be corrosive, combustible, flammable, explosive,
Explosives	Mixtures or compounds that can cause an explosion.
Corrosives	Can destroy living issue and other substances.

How to handle hazardous materials

- * Before handling, obtain proper training, read the labels and warnings, and follow all recommended precautions.
- * Know what to do if the substance leaks or spills. This information is available on the Material Safety Data Sheet (MSDS). DO NOT attempt to handle leaks or spills without proper training.
- * Consider unknown substances hazardous until you can identify their contents.
- * Handled carelessly, hazardous substances can cause injury, illness or even death.
- * Hazardous substance emergencies can affect large areas and many people.

In case of a spill or leak

- Immediately evacuate the area
- Call the ALLIANCE Safety Committee and give them the following information
 - * Building Name & Address
 - * Room Number or Area
 - * Other pertinent information about the hazardous emergency
 - * Follow their instructions
 - * If injuries occur, call the Police Department -- 911 or immediately and provide the same information

HAZARDOUS MATERIAL SPECIAL INSTRUCTIONS

In a hazardous material incident in the building,

1. If the agent is migratory, the entire building must be cleared and secured.
2. If the agent is radiant, move occupants out of range and prohibit proximity.
3. If the agent is stationary, prohibit contact.

If ordered to evacuate, go to your designated Refuge Area, as directed by a Floor Warden, fire or police department, or ALLIANCE official.

Some indications of hazardous material spill are as follows:

1. A liquid giving off an odor when exposed to air.
2. A liquid foaming when spilled.
3. A liquid staining floor or carpeting when spilled.
4. A haze in the air or visible fumes or odors from a spill.
5. Sudden headaches or fainting of several or many occupants.
6. Itchiness, rashes, choking, eye tearing, or runny noses of several or many occupants.

These symptoms may not appear suddenly. They may occur gradually over hours, days, or weeks, depending on the size and type of material. A few, several, all, or none of the occupants may acquire symptoms.

If there is a question as to the status of any material, call the ALLIANCE Safety Committee.

If there is any suspicion about any material that has spilled, clear the immediate area and call the ALLIANCE Safety Committee.

Try to use good judgment about any spill, but above all, play it safe.

Keep in mind that hazardous materials are not used or stored at this facility in significant amounts to constitute a hazardous area. What few materials are used, are in containment areas, and in small amounts. All flammable materials are stored in flame resistant storage cupboards. Eyewash Stations are available for use where most chemical usage occurs. Material Safety Data Sheets (MSDS) of all chemicals used by the ALLIANCE are in room(s), of the Building, and are on file and available for review in Room.

NEVER ATTEMPT TO CLEAN UP A HAZARDOUS SPILL UNLESS YOU HAVE THE PROPER TRAINING AND PROTECTIVE CLOTHING.

HAZARD INDICATORS

Any abnormal, obvious conditions should be reported to the Floor Warden or ALLIANCE immediately.

"Obvious conditions" apply to a smell or scent, sound, or visual observation, by some or all occupants in an area, rather than sensitivity by one person to a specific thing.

Abnormal obvious conditions would be:

- * Eye irritation.
- * Persistent symptoms or illnesses.
- * An odor of gas, sewer, electrical, or other odor.
- * A haze in the air.
- * Visible dust clouds or fumes.
- * A vibration.
- * A crack developing in a structural wall, floor, or ceiling.
- * An unusual hot spot in a wall, floor, or ceiling.
- * Hissing or grating sounds that cannot be explained.
- * A sudden pop or bang sound that cannot be explained.
- * Any suspected water leak.
- * Anything dripping from the ceiling.
- * Dirt or grit falling from the ceiling.

In order to ensure hazardous conditions do not occur, or are corrected as soon as possible, the Floor Warden shall inspect the building at a minimum of once a year. Items needing correction by building staff shall be completed as soon as possible after being noted.

Items the building staff cannot correct shall be brought to the attention of the building maintenance staff.

PEST MANAGEMENT

The damage caused to objects by pests is usually irreversible. Once an object becomes infested, the options for eliminating the infestation without further damaging or altering the object are limited. Many of the chemicals traditionally used to manage infestations have been found to damage or somehow alter the material from which the object has been made. Therefore, it is preferable to prevent pests from gaining access to or becoming established. This can be accomplished with an Integrated Pest Management (IPM) program for the building. Through an effective IPM program, those elements essential to pest survival (e.g., food, moisture and habitat) are minimized.

The basic components of any IPM program are monitoring and identification, inspection, habitat modification, good housekeeping, treatment, evaluation, and education. These components are on going and cyclical in nature. For the ALLIANCE'S IPM program, these components are used in five activities:

- * Determination of Biological Activity.
- * Prevention of pests from gaining access to and surviving in the building.
- * Establishment of thresholds for pest activity.
- * Treatment to modify conditions that permit pest access and survival.
- * Action taken when an infestation is discovered.

Determination of Biological Activity

Monitoring is the key to developing an effective IPM Program. Monitoring provides base line information on the biological activity and climate conditions in the building, where the pests are, how they came into the building, and why they are surviving. It can also help to determine strategies to eliminate future access and survival of pests in the building. Finally, monitoring can help evaluate the effectiveness of any treatment.

For basic IPM, there are two types of monitoring: monitoring for pests in the storerooms and environmental monitoring. Environmental monitoring not only provides information critical to the protection of documents against climatic damage, but also provides information about the interior climatic conditions of the building that might help to support an infestation.

Monitoring for pests is accomplished through the documentation of biological populations within the building. Monitoring relies on the use of a variety of techniques such as direct observation, population sampling, routine inspections and passive trapping. Depending upon the target pest, different techniques are used. Since most insect pests of documents are small, shun people and are nocturnal, one of the easiest ways to document their populations in buildings is to use traps placed throughout the area to be monitored. Traps are passive and denote the presence of pests when no one is present. Traps are also useful because they can document the distribution of the insect population over time.

The most effective all-purpose insect trap currently available is a "sticky" trap commonly known as a "roach motel." These come from a variety of manufacturers and usually in two shapes, a box and a tent. Both shapes consist of cardboard with an adhesive layer tacky enough to catch insects. For a wide variety of insects, the tent-shaped trap may be best. These traps contain a food bait attractant.

Inspect the traps on a regular schedule and record in a logbook or on a form the following information: the trap number, the location of the trap, the date inspected, the species of insects and number of individuals per species found in the trap. Also useful is a notation of the life stage of the species found, unusual conditions (e.g., leaky pipe, maintenance work), and replacement date for a trap. During the initial phase of the monitoring period -- usually the first 3 to 6 months -- inspect the traps weekly.

As the trapping routine becomes more regular, refinements in trap placement and inspection periods can be made depending upon the structure and the evidence found in the traps. An understanding of the biology of the pest will assist in the placement and scheduling for the maintenance of the traps. It is important, however, not to leave the traps unattended too long because the dead insects caught in the trap can become attractive as food sources for other insects and rodents, which may feed on the dead insects in the trap without being caught. Replace traps at least every 2 months, when they become full, or when the adhesive loses its tackiness, whichever comes first.

Another important activity in monitoring for insects is making routine, thorough inspections for insect evidence of all the interior spaces of the structure, including the collections themselves. Gain a familiarity with the structure(s) housing museum collections. At least once a week the following areas should be checked for insects:

- * Window Sills: Sills are a common repository for insects attracted to light. This is especially important for determining if a carpet beetle problem exists since after pupation, the adults are attracted to light and attempt to go outside to feed on pollen and breed.
- * Door Jamb: Look for evidence of spider webs. If there are gaps around the doors, insects are likely to enter the building through these gaps. Spiders are likely to spin their webs so they can trap any insects entering the building through the gaps.

Inspect the storeroom documents at least every six months. Look for cast larval skins of demisted beetles, holes in textiles, piles of woodborer frass developing beneath wooden material. All evidence should be thoroughly documented.

Document what was found, where it was found and when it was found. If possible, identify the species of the insect. Without proper documentation, monitoring is not effective.

The identification of the insect and its life stage are critical to determining what is happening in the areas being monitored. Assistance with identifying insects can be obtained from entomologists through the cooperative Extension Service, U.S. Forest Service, State Departments of Food and Agriculture, and museums of natural history. Monitoring for rodents uses a combination of techniques, including the use of traps. Sticky traps known as glue boards are available for rats and mice. These are usually shallow plastic trays filled with an adhesive onto which the rodent walks and is stuck. In addition, effective for rodents are old-fashioned snap traps that can be baited with cotton batting (an attractive nesting material, preferable for use in buildings to food bait, which can attract insects). Inspections using a variety of tools are also part of a rodent monitoring program.

ACTION TO TAKE WHEN AN INFESTATION IS DISCOVERED

If an infestation is discovered in the building, immediately initiate the below listed actions. These actions include steps to isolate and identify the infestation, develop a treatment strategy, and review the effectiveness of the existing IPM.

Isolating and Identifying the Problem

- A. Isolate the infested material: Heavy polyethylene plastic (6-mill minimum) is useful. Small objects can be placed in re-sealable bags (e.g., Ziploc bags). For larger objects, a polyethylene tent can be made using tape or heat-sealing equipment. Make sure the plastic is completely sealed.
- B. Identify the pest.
- C. Based on the habits of the pest, determine the extent of the infestation. Start at the site where the first infested object was found and inspect the collections/areas in ever-widening circles. Isolate infested material as it is found and document the findings.

D. Determine the source of the problem. If the problem is structural, make structural repairs to the building. If infested material was brought into the building, evaluate and modify the policies and procedures that permitted this to occur.

Treating the Problem

- E. Develop a treatment strategy. A treatment strategy includes the following steps.
1. Identify the pest and the stage in its development that is found on the materials.
 2. Identify the media of the infested material (e.g., what is the material composition of the object/specimen?).
 3. Based on an understanding of the biology of the pest, their life stages when found, and the material of the object, answer the following questions:
 - * Can you disinfect the infested material through removing the pest?
 - * Are eggs present?
 - * What is the least damaging approach to treatment?
 4. Treatment decisions must incorporate the identification of the pest, the infested materials, and the condition of the object. Choose an effective treatment that will cause the least amount of damage to the object and to the environment. Treatment options range from simple cleaning to fumigation.
 5. Document treatments made. After treatment, clean the objects, with all the removable evidence of the infestation documented and removed, and any pest damage documented and added to the building records.
 6. Evaluate the treatment to determine if it was effective.

Reviewing IPM Program

- F. Review the established IPM Program to determine how it can be modified to prevent a similar infestation from occurring in the future.
- G. As necessary, modify the IPM procedures. Document any modifications.

CIVIL DISTURBANCE

1. In a building, or on any floor, actually involved:
 - A. Notify the Floor Warden immediately.
 - B. Secure records, disconnect office machines, and lock doors, time permitting.
 - C. Report suspected presence of incendiary or explosive materials to Floor Warden.
 - D. Avoid contact with dissident parties.
 - E. If order is given to evacuate floor or building, remove handicapped and injured persons first.
2. Near a building or on a floor not actually involved:
 - A. Notify Floor Warden immediately.
 - B. Remain in your office or area for further instructions.
 - C. Be alert for suspect persons in your area.
3. In the event of an explosion in an area already evacuated, report the occurrence to your Floor Warden and do not reenter the area until cleared to do so.
4. As soon as possible, the Floor Warden will notify the security director at building operations.

Safety and security are basic responsibilities of every building occupant.

If you see something unsafe that is within your power to correct, do so. If not, at least call someone to get it fixed. The key to security is awareness. Be aware of what is going on around you always. A door ajar, a window unlocked, a light off that should be on, a stranger's actions, are only a few signals. If you ever notice a peculiarity in an otherwise normal situation, call someone.

VIOLENCE IN THE WORKPLACE

Violence in the workplace can happen anywhere resulting in a multitude of negative outcomes such as property damage, loss of work time and even death. Everyone deserves a safe workplace. We cannot create a flawless job site; however, by taking precautionary steps we can help reduce the possibility of violence by making all employees more aware of this alarming occurrence.

ALLIANCE is cognizant of its responsibility to provide a safe work environment. While respecting individual rights is important, priority certainly must be given to the safety and welfare of all employees. It is for this reason ALLIANCE has instituted the following conditions:

1. All employees, with the exception of law enforcement personnel, are strictly prohibited from possessing deadly weapons while occupying any facility owned, leased or rented by any ALLIANCE entity. This also applies to ALLIANCE motor vehicles and any other equipment. A "Deadly weapon" includes but is not limited to a firearm, explosive or incendiary material, or other device or substance, which in the manner it is used or is intended to be used is reasonably capable of producing death or serious bodily injury." Any employee found to be in violation of this directive will be subject to disciplinary action for any or all of the following: Insubordination, Misconduct, and Unsatisfactory Work Performance. ALLIANCE will use all available resources in determining and applying appropriate disciplinary action.
2. Employees communicating threats to other employees, clients, vendors or constituents will be subject to disciplinary measures for any or all of the following: Insubordination, Misconduct, and Unsatisfactory Work Performance. All management positions are responsible for insuring incidents of this nature are reported to the Human Resource Director immediately. At that time, the Human Resource Director will conduct an investigation of such occurrence prior to any disciplinary action. Information will be sought from all known parties.
3. If threats are communicated by clients or constituents, employees should not respond in kind. Remain calm and assuming the threat is verbal in nature, contact your supervisor and/or the section manager and division administrator. If the conflict involves a weapon in the building or elsewhere at ALLIANCE, contact the Police Department immediately. Division administrators should make sure each office site is familiar with this process. If escalation occurs, evacuate the building using the plans presented above. Staff awareness is of great importance. Natural disaster evacuation plans should serve hostile action as well.

SHUT DOWN PROCEDURES

Shut down procedures are steps taken when a severe loss temporarily closes all or part of an organization's facilities. Standard shut down procedures that apply when the facility needs to be routinely closed for such things as maintenance, vacations, anticipated labor union strikes, or model changeovers. The purpose of these non-disaster shutdown procedures is to protect the facilities from damage or deterioration and to be able to resume production with minimal time.

The same goals and actions of other disaster procedures should be the basis for disaster shutdown procedures, with the added constraints that the disaster might shorten the time available for an orderly shutdown and that the damage created by the disaster might preclude desirable shutdown procedures.

Highest priority should go to shutdown procedures that, if not taken, would cause greater loss of future ability to operate. The next priority is often the safeguard property loss against fire, theft, vandalism, or other causes of loss which would idle; unoccupied properties tend to be particularly susceptible. Another priority is to notify customers and suppliers (including utility companies) of the shutdown so they can find alternative sources or cease their own supply activities.

One necessary part of shutdown procedures is to inform employees of the status of the premises and of their continuing employment status and benefits. To promptly reopen the facilities, personnel must be ready to return to work. In addition, some personnel might be required to enter the premises after it has been shut down to inspect production machinery or to verify that fire and burglar alarms remain operational. A procedure should be established for admitting only authorized personnel to the premises during the shutdown and for documenting their entry and exit. It might also be appropriate to station guards (the organization's own employees or hired guards) at the perimeter of the premises, particularly if looting, vandalism, or sabotage is a significant danger.

Transferring operations to temporary substitute facilities becomes an essential aspect of the disaster recovery response. The disaster recovery plan must therefore include (1) an early and ongoing senior management evaluation of whether the organization can continue operating on its primary premises or whether it must transfer to some other location and (2) recovery plans that provide for a tolerable brief shutdown should include procedures for relocating to temporary facilities.

INFECTION CONTROL

WHAT IS UNIVERSAL PRECAUTIONS & INFECTION CONTROL

Taking precautions to protect your clients and yourself. In essence, this means preventing disease transmission by consistently using infection control practices with all patients in all healthcare settings.

BLOODBORNE PATHOGENS

Bloodborne pathogens are capable of causing disease. They can be carried, replicated and/or transmitted in blood or other blood products. Bloodborne pathogens can be found in human blood and other potentially infectious materials (OPIM) and should be considered infectious. They can be carried by people that you serve or by you, the caregiver. So always remember the simplest rule of thumb; “Protect your client from your potential infections and, in turn, you will protect yourself from their potential infections.”

HEALTHCARE ASSOCIATED INFECTIONS

The Centers for Disease Control and Prevention (CDC) provides a vast amount of information concerning Healthcare Associated Infections (HAI). The CDC estimates that these account for 1.7 million infections and 99,000 associated deaths each year in American hospitals. Of these infections:

- 32% are urinary tract infections
- 22% are surgical site infections
- 15% are lung infections (e.g. pneumonia)
- 14% are bloodstream infections

Healthcare Associated Infections (HAI) are also known as Hospital-Acquired Infections and as Nosocomial Infections (from the Greek words for “disease” and “to take care of”). These would include;

- Bloodborne pathogens (including HIV/AIDS, Hepatitis B & C)
- MRSA (Methicillin-Resistant Staphylococcus Aureus)
- Pneumonia
- Influenza
- Norovirus
- Varicella (chickenpox), mumps, C. diff (Clostridium Difficile), TB and a host of others

THE BIG THREE

Much of the driving force for the recommendations and regulations regarding HAI has stemmed from concern over these three diseases (though they certainly aren't the only bloodborne pathogen infections with the potential to circulate in healthcare settings):

- HIV/AIDS
- Hepatitis B (HBV)
- Hepatitis C (HCV)

TRANSMISSION OF HAI

Communicable diseases, that is those diseases which are transmitted to a recipient from a host, make their “leap” through one or more of the following pathways:

- Direct physical contact (including touching and sexual means)
- Indirect contact (via fomite on an inanimate object)
- Vector (recipient is bitten by an insect or an animal)
- Fecal-oral (from contaminated food or drink)
- Droplet (expelled through coughing, sneezing, talking)
- Airborne (pathogen hitchhikes a ride on dust or evaporated droplets)

Note that bloodborne pathogens (those in blood or other bodily fluids) may be transmitted by sexual or direct contact through fomites – for example surgical instruments or dried blood on an object.

WHO PROTECTS CAREGIVERS

The answer is YOU, but there are a couple of federal agencies deeply committed to setting standards and regulating healthcare practice for the safety of your clients and you. The CCS has the mission statement of, “To collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.” In the 1980’s, the DCD instigated universal precautions in response to the HIV/AIDS epidemic to prevent the spread of pathogens responsible for diseases such as HIV/AIDS, HBV and HCV. These diseases are transmitted in blood and other bodily fluids containing blood such as semen & vaginal secretions. These precautions also apply to tissues, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Saliva is included if visibly contaminated with blood.

The more recent CDC recommendations are called the “Standard Precautions”. Standard precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

The Occupational Safety & Health Administration (OSHA) is all about regulating standards of occupational health including those related to injuries, fatalities and illnesses. It is an agency of the US Department of Labor. In 2001, OSHA updated its standards to include “Universal Precautions”, making them not just a recommendation but an enforceable set of regulations concerning infections control and bloodborne pathogens in particular.

CONFIDENTIALITY

Whatever you might learn about a patient’s health status is private and protected information not to be shared beyond the circle of those involved in the patient’s care. The US Department of Health and Human Services have specifics available to those who inquire about information privacy, specifically regarding the Health Insurance Portability and Accountability Act (HIPAA). Alliance expects all employees to follow the confidentiality section found in their employee handbook.

PRIMARY CATEGORIES OF PROTECTION

Engineering Controls

Engineering controls aim to isolate or remove the hazard. This includes sharps disposal containers, self-sheathing needles, sharps with sharp injury protection, needleless systems, hand washing sinks being readily available and/or appropriate antiseptic hand cleaner or towelettes.

Work Practice Controls

Work practice controls aim to make protection a habit in the workplace. Hand washing should be done prior to and after each client care interaction, changing gloves with every new care. Again, hand washing should also occur immediately or as soon as feasible after removing gloves or other Personal Protective Equipment (PPE). When washing with soap and water, wet your hands with clean running water and apply soap. Use warm water when available. Rub your hands together to make a lather and scrub all surfaces. Continue rubbing your hands for 15-20 seconds, or imagine singing "Happy Birthday" twice through to a friend. Rinse your hands well under running water. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet. Hand hygiene should be practiced before contact with a client, before performing an aseptic task (e.g. performing wound care), after contact with the client or objects in the immediate vicinity of the client, after contact with blood or OPIM or contaminated surfaces, when moving from a contaminated body site to a clean body site during patient care, and after removal of PPE.

Alcohol-based hand sanitizers are not effective when hands are visibly dirty or contaminated with blood or fecal matter, as examples. In these instances, washing with antimicrobial soap and water is best. When using alcohol-based hand sanitizer, apply the product to the palm of one hand. Rub your hands together and continue to rub the product over all surfaces of hands and fingers until your hands are dry. When you're able to, it is still advised to use soap and water for a thorough cleaning, even after using alcohol-based hand sanitizer.

Sharps should not be bent, recapped, sheared nor broken. Sharps disposal needs to be done immediately after use and in an appropriate sharps container that is puncture resistant, leak proof and labeled with the Universal Biohazard symbol.

Training facilitator should observe and skill staff out on proper glove application and removal during next step

Personal Protective Equipment (PPE)

Gloves are worn to prevent the health care worker's hands from becoming contaminated with blood or body substances.

Gloves should be worn for:

- Procedures involving direct contact with the blood and body substances of any patient
- Procedures where contact with blood and body substances might be expected to occur
- Procedures involving direct or potential contact with the mucous membranes of any patient
- Procedures involving direct or potential contact with the non-intact skin of any patient
- Procedures involving providing care to a client or in managing equipment when the healthcare worker has cuts, scratches or other breaks in the skin on his or her hands

Sterile gloves should be used for all sterile procedures and for activities that involve contact with areas of the body that are normally sterile. There should be an adequate supply of clean disposable gloves on the standard precautions stations or in other locations that are convenient to each patient's room. Gloves used in patient's care should be worn only for contact with the patient. Once used, gloves must be discarded before leaving the patient's room.

Gloves and other forms of PPE should be discarded in a waste receptacle, unless they are contaminated with blood or OPIUM. The rule of thumb is, if the blood or OPIM could potentially soak through a paper bag (like a lunch sack), it should be discarded in a specified Hazardous Waste bag and not in a traditional waste basket. You will not transport any hazardous nor potentially hazardous materials.

If you are unsure of where to find these items, contact your Staffing Coordinator. All items of PPE are available to all of our staff through Alliance Medical Supply. Please place all orders for PPE at least 5 business days in advance of needing the item(s), so that we are able to order any needed items that might not be actively in stock. It is the responsibility of each Home Health Aide to keep track of their PPE materials and notify their supervisor when they are in need.

REMINDERS

There should be no eating, drinking, applying cosmetics, handling contacts, or touching of the eyes, nose or mouth when there is potential for contact with infectious material. In addition, there should be no storage of food nor drink for human consumption in the same area as storage for human specimens.

It is a job requirement that you protect yourself and your client using Universal/Standard Precautions and Infection Control guidelines. Please remember the rule of thumb, that we will always use protection and treat every situation as if it has a potential for infection.

Remember, it's not always easy to identify the risks or potential risks of infectious diseases. Many infections cannot be seen with the naked eye and require medical testing to be confirmed. Some observations that would be cause for concern, documentation, and discussion with the RN Case Manager include:

- Clinical record review for infectious diseases
- Staff reporting procedures
- Review of data from physician's and medical team
- Identification of symptoms by surveilling the client over time

If you notice any change in your client that might be indicative of a potentially infectious disease, it is your responsibility to document these changes and notify the RN Case Manager immediately. Failure to do so could be considered client neglect. Additionally, if any accident occurs during the provision of services that could result in your health being compromised (e.g. needle stick, contact without use of PPE), it is the expectation that you will notify HR immediately to begin proper procedures for further protection. Our HR Department tracks the occurrence of potential infectious incidents over time to review the viability of our infection control planning and training.

SKIN INTEGRITY

Promoting skin integrity and preventing pressure sores is everyone's responsibility. Alliance's goal is zero pressure sores or areas of skin breakdown on any individual that we serve. This will require quick recognition and interventions when breakdown occurs. After this training, all Home Health Aides will have the knowledge, skills and ability to provide for the needs of even the most vulnerable individuals using a team approach.

Healthy skin is very important! Skin is the largest organ in the body. Skin prevents infection from outside sources entering into the body. The skin protects us from heat, cold and the elements. The skin helps to regulate body temperature and permits the sensations of touch, heat and cold. The skin stores fat and water to help with shock absorption and to prevent dehydration. It is important to have clean, well lubricated skin to prevent skin from breaking down and becoming torn and/or infected. Bathing often and cleaning all parts of the skin with mild soap and water is essential. Applying a lubricating cream or lotion per a health care provider's prescription is important. Inspecting the skin and seeking treatment from a medical professional for changes in the skin can reduce long term complications.

Why do skin infections happen? A number of reasons, including:

- Poor skin hygiene
- Poor housekeeping practices
- Long term use of antibiotics
- Germs transmitted from person to person by direct or indirect contact
- Build up of bacteria and other germs on or within the skin
- Germs get into cracks or breaks in the skin causing infection that can effect the whole body

Pressure sores, also known as pressure ulcers and/or bed sores, are injuries to the skin and underlying tissue resulting from prolonged pressure and/or friction on the skin. Pressure against the skin reduces the blood flow to the skin and nearby tissue, stopping the flow of oxygen. This reduced blood flow causes the skin to redden, then open, causing a wound which can be very deep and difficult to heal. Be aware that there are areas on the bod that are at higher risk of breaking down due to pressure and friction. Common pressure points when lying on their back include heels, tailbones, elbows, shoulders and the back of the head. Common pressure points when lying on their side include ankles, knees, hips, shoulders and ears. Common pressure points when sitting include shoulder blades, buttocks, heels and the ball of the foot.

Friction is the resistance of motion. This may occur when skin is dragged across a surface, such as changing positions. If the skin is moist, the friction is worse and can cause significant skin and tissue damage. Objects that commonly create pressure and friction include splints, rolls, abdominal binders, medical tubing, oxygen tubes, CPAPs, G-tubes, catheters, socks, clothing, sheets, towels, draw sheets when wrinkled or bunched, and hand-held objects.

Who is at risk for pressure sores? A number of individuals, including:

- Those with poor health and/or chronic health conditions
- Individuals who take eight or more medications
- Paralysis, heavy sedation or those who are in a coma
- Individuals who are post surgery or have recently had a medical procedure where they are not less mobile
- People with fragile skin, skin tears and chronic skin problems
- Older adults
- Those with a lack of sensory perception (spinal cord injuries, neurological disorders, etc.)
- Those experiencing weight loss during prolonged illness
- Individuals who are immobile
- Those with poor nutrition and hydration
- Those with excess skin moisture or with skin dryness
- Bowel and urinary incontinence
- Those with medical conditions such as vascular diseases and diabetes
- Smokers

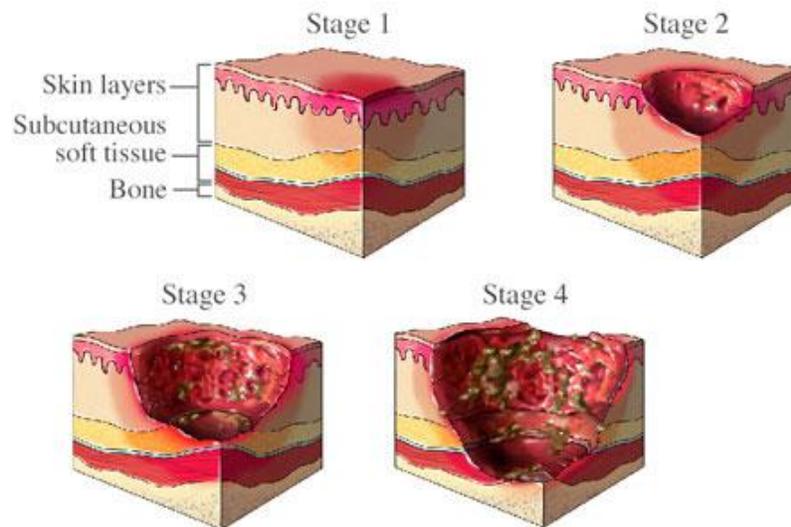
Complications from pressure sores can occur quickly and get worse fast. Cellulitis is an infection of the skin and connected tissues. It can cause severe pain, redness and swelling. People with nerve damage often cannot feel this pain. Cellulitis can lead to life threatening complications. Call your RN Case Manager immediately upon observing any symptoms of possible cellulitis. Infections from these sores can travel into bones and joints. This can damage cartilage and may reduce the function of the joints and limbs.

Sepsis is a severe complication from a skin sore and can lead to death. Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure and death. Sepsis is often associated with infections of the lungs (e.g. pneumonia), urinary tract (e.g. kidney), skin and gut. A CDC evaluation found that more than 90% of adults and 70% of children who developed sepsis had a health condition that may have put them at risk. There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Since sepsis is the result of an infection, symptoms can include infection signs like diarrhea, vomiting, sore throat, etc. as well as any of the following symptoms:

- Shivering, fever, or very cold
- Extreme pain or discomfort
- Clammy or sweaty skin
- Confusion or disorientation
- Shortness of breath
- High heart rate

If you notice your client is experiencing any of these symptoms, get help immediately by contacting your RN Case Manager for that client and document the observed symptoms.

When skin break down happens, medical professionals talk about it in terms of “Stages”. There are different Stages of pressure ulcers. Stage 1 is the least serious and Stage 4 is the most serious condition. Examples of these stages are on the following page.



Stage 1

A persistent area of skin redness that does not disappear when pressure is removed. The skin is not broken and it appears red. Skin may not lighten when lightly pressed or touched. The site may be tender, painful, firm, soft and warm or cool compared to surrounding skin.

Stage 2

The outer layer of skin and the inner layer of skin is damaged or lost. The wound's open area may be shallow and pinkish or red. The wound may look like an abrasion, a fluid-filled blister, or a shallow crater.

Stage 3

The full thickness of skin is lost. The loss of skin usually exposes the fat layer. The ulcer/sore looks like a crater. The bottom of the wound may have yellowish tissue. The damage may extend beyond what you see to below layers of healthy skin.

Stage 4

The pressure sore is very deep, reaching into muscle and bone and causing extensive damage. Damage occurs to deeper tissues, tendons, and joints. This wound will likely have a foul/rotten odor to it.

RN Case Managers are able to complete assessments for individuals and do so before every client enters our program. Part of this assessment is gathering a complete health history and assessing risks for skin integrity based on an individual's health status. If a risk is identified, plans for prevention are put into place.

There are a number of things you can do to prevent sores from occurring. First and foremost, follow all doctor's orders as written. Reposition your clients and encourage them to change positions at minimum every two hours. Use pillows, wedges, and cushions on pressure points to prevent sores. If your client is in a wheelchair, encourage repositioning every 15 minutes (if the wheelchair has a "tilt" function, encourage them to tilt every hour). You can also support the environment that your client is in. Special ordered air mattresses are available to those who are deemed medically necessary. Wedges, cushions and pillows can be ordered by therapists to assist with proper prevention as well. Keep their skin clean and dry – patting the skin dry after cleaning. Apply lotions and ointments as prescribed to promote skin integrity, using a "circle 8" motion with your fingertips. Never massage over an area of skin that is reddened or where there is a skin breakdown. Inspect the skin on every visit and report any changes to the RN Case Manager. Manage incontinence with your client – this will help to keep the affected area clean. Assess wheelchairs and mobility aids on each visit for stability and cleanliness. Inspect cushions for wear and proper placement, inspect brakes, arm resets, foot rests, head rests, wheels and belts and contact Staffing Coordinator if repairs are needed. Make sure that any attachments are clean and in good working order. Encourage a healthy diet for your clients, including drinking enough fluids.

Prevention and early detection and treatment saves lives and human suffering!

Clearly document any time you notice a potential issue with skin integrity. What did you notice? What did you do? Whom did you contact? What instructions did they give you? How did you implement those instructions? What was the result? If the result was not effective, what did you do? What is your ongoing plan?

COMMUNICATION

Why is it important to communicate & document? *If you don't, then it didn't happen.*

Documentation is a measure of protection for you, the employee, as well as the client. It substantiates compliance with auditors, measures client outcomes, reminds you and other staff about past events, creates an accurate history of behavioral patterns and enhances the quality of services that we provide.

Always:

Documentation must be written clearly in blue or black ink and must be written objectively. Documentation cannot include any name except for the client's name. All others must be referred to generally (e.g. "staff" or "friend" or "peer", etc.). Documentation should always be written in third person. No portions of documentation may be left blank during your shift, please mark "N/A" for "Not Applicable" for anything that you cannot document observing. Staff will follow each entry with their signature and title.

Documentation should include both of the following:

P-I-R

Problem(s) – *"Megan slipped and fell while getting out of bed..."*

Intervention(s) – *"Staff assisted Megan to her feet and administered First Aid..."*

Response(s) – *"Megan stated she was 'Fine' and agreed to leave her slippers near her bed at night to avoid slippery socks on hardwood floors..."*

G-I-R-P

Goal(s) – *"Megan's Physical Therapist asked that she participate in ROME daily..."*

Intervention(s) – *"Staff prompted Megan four times to participate in ROME..."*

Response(s) – *"Megan agreed to on the fourth prompt when staff offered to play music while Megan did ROME exercises..."*

Plan – *"Staff recommends always offering workout music for Megan when prompting her to participate in ROME..."*

Remember to include instances of positive and neutral behavior in documentation and not just negative behaviors.

Avoid:

Documentation should not include abbreviations at any time. Any spelling errors, etc. that must be crossed out in documentation should be crossed out by a single line drawn through the word(s) followed by the staff initials. Do not use whiteout on documentation. Avoid using any diagnoses that have not been verified by a medical provider, talk instead about symptoms expressed. Omit details of the scenario unless they are relevant to the care plan or behavior. Avoid all objective writing.

Examples of objective vs. subjective writing:

Subjective: angry, in a bad mood, feisty, happy, negative, hungry, misbehaving, etc.

Objective: spoke in loud tones, expressed frustration verbally, stated they felt happy, broke two plates in the kitchen when asked to wash dishes, etc.

Include:

Highlight the client's strengths, supports and coping mechanisms. Don't just report facts as you've been told. Instead, specify where the information came from (client reports/states, etc.). Each page should have client's name or identification.

Plan of Care:

The Plan of Care and our documentation of following the Plan of Care is the main source of communication between yourself and the RN Case Manager. The purpose of a Plan of Care is to structuralize the reporting system agency-wide. Plans of Care allow Home Health Aides to document their observations appropriately and completely. A Plan of Care will be given to each Home Health Aide as they begin new client(s), and when any changes are made. A copy of the Plan of Care will also be kept in the client's home for referencing. Home Health Aides will use the Plan of Care as a guide to the services that they will provide while in the home to ensure that assigned duties outlined on the care plan are followed through with. Upon starting a first shift with a client, Home Health Aides will introduce themselves and explain each procedure from the Plan of Care prior to initiating it. Additionally, HHA's will explain procedures on a continual basis for any clients with cognitive or memory issues that require repetition-based learning. Any cares you believe are necessary that are not listed on the Plan of Care, discuss this need with the RN Case Manager prior to beginning the new care.

Accurate Timecard Recording:

Adherence to the schedule and accurate timecard recording is of the utmost importance. Dishonest or otherwise inaccurate timekeeping is a form of fraud and you can be prosecuted against for falsifying timecard documentation. Accurate timekeeping ensures that our clients can maintain the services that they need on an ongoing basis. Timecards must be turned in to the main office every Monday, and can be mailed, faxed, emailed, or dropped off in person (after hours drop box located to the left of the main entrance doors). Any cares that are signed for on the timecard must match the cares assigned on the care plan. On the following page is an example of a Home Health Aide timecard. Everything except for the "For Office Use Only" section on the bottom right corner is an area that will be filled out by the HHA prior to turning it in. This includes the comments section.

Communication and Healthy Boundaries:

The boundaries training helps health care workers recognize and maintain professional behavior toward clients. The following statements reflect attitudes that may be held by personnel that the boundaries trainings are designed to counter.

1. I only feel appreciated at work.
2. I can't do enough for my client.
3. I disclose more information about myself to my client than is necessary in the course of treatment.
4. Nobody else cares about this client.
5. Only I can help this client.
6. This client really needs me.
7. Why shouldn't I take this \$20 from the family? Nobody will ever know, and they don't pay me enough anyway.
8. It's my birthday (or Christmas). It was nice of them to get me a gift. Why shouldn't I keep it?

Staff members who harbor these types of feelings could benefit from boundaries training, in which they learn the principles listed below:

1. If my job is my whole life, then I don't have a whole life.
2. Personal sharing is not professional caring.
3. Professional boundaries protect the client's right to professional care.
4. Encouraging my clients to be dependent means that I, in turn, am codependent.
5. Needing to be needed makes me needy.
6. Accepting more than a "thank you" from clients makes me a caretaker, not a caregiver.

SETTING PROFESSIONAL BOUNDARIES

We often use the *negative field* method of telling staff how to set boundaries – "Don't be their friend, don't tell them about yourself, don't get involved, and don't breach the boundaries." Unfortunately, giving inexperienced people only things *not* to do, isn't very helpful. When they have to make judgments about issues not directly addressed by policy, they either have to guess, based on their own experiences, or you must have an exhaustive policy.

This is a dilemma for staff. They know that they need to make a connection with the person they are working with, or they seem uncaring. In our personal lives, we connect by sharing our story. When we are prevented from making a connection in this way, many of us are stumped. When we try to find a way around this, we tread on dangerous ground.

The troubled, but well-meaning staff says, "I want to be friendly and make a connection; what *can* I say about me?" That isn't the question, because this isn't about *you*. The question should be, "How do I form a partnership with this person that will help our *professional relationship*?" When we recognize that the base of our relationships is confined to the professional partnership we have created to get the job done, the things we should share become much clearer.

The Top 10 Tips for Setting Boundaries

Boundaries are lines of protection that you draw in your life. You decide what is and isn't ok and then hold people and yourself to these boundaries. Developing this skill is an important part of living a life you enjoy.

1. **Be Compassionate.**
Setting boundaries can be an act of compassion. You teach others how to interact with you. Empathize, don't sympathize, and set your boundary.
2. **Neutral Tone of Voice.**
When you are setting a boundary, it is critical that your voice be neutral in tone. If there is a negative tone to your communication then the message can get lost and the clarity of the boundary becomes clouded.
3. **4-Step Model.**
This is simple and effective and can keep your communication on track: (1) Inform the person that you have set a boundary, (2) Request that the boundary be respected, (3) Insist that the boundary be respected and (4) Leave or end the interaction with the person at this time.

4. **Practice.**
Practice your new skill and when you get more confident then start setting boundaries with others in your life. Start setting boundaries with people who will offer little resistance and then move up to more challenging people. Get a feel for what it is like to draw the line.
5. **Body Language of Confidence.**
Watch your body language. Do your shoulders slump? Do you look down when you are talking? Do you mumble? Do you fidget? Start becoming aware of how others perceive you. You want your body language to communicate confidence, so challenge yourself to hold your shoulders back, sit straight and make eye contact.
6. **Use "I" Statements.**
When you are speaking, be responsible for the words coming out of your mouth. Make "I" statements that reflect how things effect you, what you believe, or your ideas. "You" statements can put people on the defensive and detract from effectively communicating a boundary.
7. **Don't Take Things Personally.**
How other people behave, act, and think often has nothing to do with you. It has to do with their life experiences, their beliefs and how they define themselves as members of society. You can be responsible for your own communication and yet not take it personally.
8. **Find Your Own Words.**
Listen to how others talk, learn different ways to communicate what you want to say and read how others communicate and set boundaries. Develop your own style of expression. That way it will be natural for you.
9. **Don't Assume Responsibility for Others.**
Don't assume responsibility for other people's feelings. Again, this has much more to do with them and their views of the world. Create clear direct ways of communicating and allow others to feel how they choose.
10. **Be Aware of Your Own Sensitivity.**
When you first begin setting boundaries you might be very sensitive to what people ask of you or how they relate to you. You have opened up a new awareness and you may be viewing your communication in a completely new light. This is great, but it can also get in the way if you jump ahead in the 4-step model or your new sensitivity affects the charge of your voice.

WORKING WITH THE DEAF & HARD OF HEARING

More than 1/3 of the US populations has a significant loss of hearing by the age of 65. An estimated 500,000 Deaf & hard of hearing people reside in Minnesota alone. The purpose of this training is for you to gain an understanding of the culture and communication needs of Deaf and hard of hearing individuals and to learn how to provide accommodations and accessible services.

Terminology

What do you call a person who can't hear? Use of appropriate terminology is a good indicator of respect and understanding. Which terminology is appropriate?

- **Deaf** with a "big D" focuses on a group of people who share a language (ASL), common life experiences, a history and values. These individuals are part of Deaf Culture and they associate themselves as such.
- **deaf** with a "little d" focuses on a group of people who have the inability to understand speech with or without amplification. It highlights the association of disability. Many individuals who become deaf later in life associate themselves with this category.
- **Hard of Hearing** refers to those who have some hearing, are able to use it for communication purposes, who feel reasonably comfortable doing so. Often times, hard of hearing individuals have been hearing their entire life up until this point.

Communication and Language

Each individual who is Deaf or hard of hearing will have their own preference for how they like to communicate. We can only know this by asking them their preferences, and respecting their response. It's important to understand the effects of linguistic differences on one's view of the world and ability to communicate. Our education system is based on the English language and isn't often accessible for those who grow up Deaf, speaking ASL. Like many languages, ASL does not always have literal translations into the English language, and vice versa.

Though ASL is the third most used language in the United States, it is purely a visual language while English is a spoken and written language. This requires most Deaf people to be bi-lingual – speaking ASL and reading and writing English. A common misconception is that Deaf individuals or those who are hard of hearing are "rude". There are cultural behaviors that play a role in this to understand.

DEAF/HARD OF HEARING	HEARING
Attention getting devices: flickering the lights, stomping their feet, throwing things, etc.	Attention getting devices: "Hey" or "Hello" or using someone's name, pausing music or TV, etc.
Facial expressions: standing close and holding eye contact, using exaggerated emotional expressions	Facial expressions: generally using a "poker face", perhaps smiling and or appearing to concentrate
Pointing is permitted and used often	Pointing is considered "rude"
Hugging after introductions	Shaking hands after introductions
Talks while in the middle of chewing	Talking while chewing is "rude"
Does not talk while driving	Talks to passengers while driving
Interrupts when they can't see someone's lips	Any interruption is considered "rude"

Hard of Hearing

As we get older, we lose our hearing. Some people get an age-related hearing loss earlier than others. Age-related hearing loss is also called Presbycusis. Statistically, we begin to lose our hearing in our 30s and 40s. Most people with age-related hearing loss first experience a decline in their ability to hear high frequency sounds. Speech contains these sounds, so often the first sign of Presbycusis is difficulty hearing what people are saying. The speech sounds with the highest frequencies are the consonants, such as s, t, k, p and f. There is no cure for age-related hearing loss. If left untreated, age-related hearing loss can lead to larger issues such as increased incidence of dementia, falls, subsequent hospitalizations, isolation and depression.

Hard of hearing individuals often still use English as their primary language. This comes to include, for them, voice pattern recognition and lip reading. Hard of hearing individuals are more likely to depend on technology, such as hearing aids, in order to maximize the use of residual hearing. The personal perspective of having hearing loss is significantly different than that of Deaf perspective. Those who are hard of hearing tend to immerse themselves among hearing individuals and do not culturally identify themselves with a hard of hearing group. For this and other reasons, individuals who are hard of hearing are often overlooked.

Hearing loss is measured in decibels and discriminations. Decibels, or the loudness of something, is tested to see how loud a noise must be in order for an individual to hear it. Discrimination is measured to find out what an individual understands of the speech that they could hear. This allows audiologists to discern level of hearing ability.

Only 25% of the English language is visible on the mouth. Many words and combinations of letters sound a look alike when used, and intonation for things like sarcasm, question asking, oxymorons, etc. is lost on those individuals who are unable to hear tone. Often times, those who are hard of hearing or Deaf are presumed to be less intelligent and more dependent on others, but this is often due to cultural misunderstanding and not due to actual cognitive impairment nor lack of intelligence.

Many of the phrases that we use in the English language do not make sense if we stop to think about them. Additionally, words are spelled the same but often mean very different things contingent on vocal emphasis. This is confusing to those who are Deaf. Say the following phrases and watch your mouth while you say them, to see if you could read lips.

- “He could lead if he would get the lead out.”
- “The bandage was wound around the wound.”
- “Pretty ugly.”
- “Act naturally.”
- “Good grief.”
- “Found missing.”

Tips for Communication

There are a number of things that we can keep in mind when communicating with an individual who is Deaf or hard of hearing. Here are some tips to take into the field:

- Be aware of the environment – it should be well lit with no visual distractions
- Make sure that you get the individual’s attention by waving your hand or tapping on their shoulder
- Face the person when speaking to them

- Maintain your voice level, shouting can result in speech distortion and is a negative experience for your listener
- Be aware of your facial expressions, use your entire face to display emotion congruent with what you say
- If the person nods, do not assume that means understanding – often it just means “I’m listening”
- Be patient

If you are writing notes to communicate, keep the message short and simple. Don’t try and prove how smart you are or how beautifully you can write, often those “extra” words confuse the message. Try to minimize the notes by asking yes or no questions. Avoid putting two ideas in one sentence. Use visual representations and acting out whenever possible. Use an interpreter whenever preferred. Alliance works with many interpreter agencies, contact your Staffing Coordinator to get one set up if the need arises.

If there are specific questions or duties you will perform when with the Deaf or hard of hearing individual, it’s helpful to give them a written copy of the questions or procedure well beforehand, giving them ample time to look it over and understand what to expect.

There is no “one size fits all” for communication. Possible accommodations include; interpreter, assistive listening devices, pocket talkers, real-time captioning, TTY, voice amplified phone, relay services, VRS/VRI, email, instant messaging or text, Ubiduo machines, etc. If using an interpreter service, it’s important to plan your visit well in advance and speak directly to the person who is Deaf or hard of hearing. Interpreters facilitate communication, they do not speak for the Deaf person. Make sure to maintain a well-lit environment where only one person speaks at a time, speak clearly and in a normal tone of voice.

Remember, attitude is everything! You have more in common with these individuals than you do differences.