



Clinician Handbook

The information contained in this Clinician Handbook is intended to provide the Advantage Medical Professionals, LLC employee guidance and a brief overview of the clinical expectations of Advantage Medical Professionals, LLC.

The Employee will also be responsible for following the specific Client Facility policies and procedures while onsite. The Employee must practice within their own scope of practice and adhere to the most current Standards of Care.

The statements set forth in this Clinician Handbook are supported by the Advantage Medical Professionals, LLC Policy and Procedure Manual available for review at any Advantage Medical Professionals, LLC office or online at <http://ampstaffing.com/pandp>.

TABLE OF CONTENTS

I. Terms And Conditions for Employment	03
II. Confidentiality Statement	04
III. Employee File Requirements	04
IV. Loans, Gifts or Gratuities	04
V. Medication Variation	05
VI. Client Facility Private Duty Case Policy	06
VII. No Show & Late Cancel Policy/Penalties	07
VIII. Consent to Searches	07
IX. Time and Attendance Policy	07
X. Joint Commission Reference Information i. Joint Commission Official “Do Not Use” List ii. Joint Commission Sentinel Event Policy And Procedure iii. Report a Complaint about a Healthcare Organization	09
XI. Quick Reference Guide i. Hand Washing Indications ii. Principles of Medication Administration / The 6 Rights iii. Proper Lifting Guide iv. Hoyer Lift Guide v. Care and Use of a PEG Tube vi. Care for a Tracheostomy Tube vii. Ebola Information Guidelines viii. COVID-19 Information ix. Bloodborne Pathogens	11

I TERMS AND CONDITIONS FOR EMPLOYMENT

The following policies form a contract for employment with Advantage Medical Professionals, LLC. Failure to comply with these policies may result in termination with cause.

1. **AVAILABILITY** – All employees are required to call Advantage Medical Professionals, LLC with their availability. Frequent calls are encouraged. Good, clear, and frequent communication is necessary so we can keep you busy at client hospitals. These requirements must be adhered to and could jeopardize your Unemployment Benefits.
2. **ASSIGNMENTS** – When a shift is offered the employee may accept or reject that shift. All shifts must be booked through Advantage Nursing Services prior to any shift being worked. We understand and appreciate that while working shifts at a facility, arrangements may be made for future shifts and we of course want you to work those shifts with Advantage. However, Advantage must be informed of the scheduled shift or shifts prior to them being worked. Failure to notify Advantage of a shift prior to it being worked may result in you working a shift without our authorization, therefore voiding the normal insurance coverage you have when working for us. Also, failure to notify Advantage of a shift or shifts prior to them being worked may result in Advantage not being able to pay you for said shift or shifts.

We suggest that you simply tell any facility that wants to book you for shifts that you want to work, “Thank you, I would be happy to work those shifts, but please make sure to call Advantage and make them aware of it so that we can follow the proper procedures and avoid problems” and then check with Advantage the same day to confirm that the facility has in fact advised Advantage of your shift or shifts.

3. **RESPONSIBILITIES** – When an employee accepts an assignment, he/she is expected to:
 - A. Be at the hospital 15 minutes prior to the shift time.
 - B. Wear clean and ironed appropriate uniform.
 - C. Clock in/sign in with the nursing office or appropriate location.
 - D. Have a positive attitude, be well mannered, polite and abstain from using unbecoming language.
 - E. Follow the regulation of the client hospital, the hospital supervisory personnel and have a willingness to offer help to your co-workers.
 - F. Be flexible and as cooperative as possible.
 - G. Follow all Client Facility policies and procedures. If unclear of expectations, obtain guidance prior to performing task.
 - H. Perform all duties as described in your governing board’s scope of practice and follow all standard of care guidelines.
4. **CANCELLATIONS** – Do not accept a shift unless you are absolutely certain that you will be able to fulfill your obligation. Cancellations are not acceptable, unless due to dire emergency. In such cases of extreme emergency, call ONLY the ADVANTAGE office. We will contact the hospital. ADVANTAGE and the Hospital will have to make other arrangements to cover your absence, so give us as much time as possible. A minimum of twelve (12) hour notice prior to shift time is necessary. Less than a two hour cancellation is not acceptable. The Hospital needs sufficient notice to cover your absence. An untimely cancellation reflects directly on the nurse (the hospital is expecting you) and directly on ADVANTAGE.
5. Anyone who accepts an assignment and does not show up for duty, and does not call, will be considered a “NO SHOW”. This is a serious infraction which puts ADVANTAGE, the Hospital, and the nurse in a bad situation. Do not do this under any circumstances. Call Advantage even if you are running late. Refer to the Advantage No Show and Late Cancel Policy/Penalties for additional information.
6. **ACCIDENTS** – All accidents must be reported to ADVANTAGE immediately. ADVANTAGE will advise you of the names and addresses of our physicians, or approve Emergency Room care, at the time we are notified of the accident. You are not required to go to the Emergency Room for all accidents. You may call this office on a 24 hour basis for this purpose. An incident report must be filled out by the end of the shift on the day of the accident. The incident reports are available in the hospital Nursing Office. A copy of the incident report must be returned to ADVANTAGE within 24 hours of the accident. These requirements must be adhered to for Workers’ Compensation consideration.

II CONFIDENTIALITY STATEMENT

I have been formally instructed in maintaining the confidentiality of the medical record and fully understand that the medical information regarding the patient may not be discussed with anyone either inside or outside the facility except to conduct business of the day as needed.

I understand that no medical records are to be removed from facility unless a “Release of Information” form has been completed and signed by the patient.

It is my understanding that such discussion or release of information is immediate cause for dismissal.

I have been formally instructed regarding the policies and procedures of Advantage Medical Professionals, LLC. I have attended Advantage Medical Professionals, LLC formal orientation, and have read and signed the job description pertaining to my responsibilities and classification.

III EMPLOYEE FILE REQUIREMENTS

It is imperative that all Advantage Medical Professionals, LLC Clinical Field Staff keep their employee file up to date in order to stay in Active status and be eligible for assignment placement, including any Client Facility specific credentialing.

Main credentialing items that require on-going updating include: Professional License/Certificate, Certifications (BLS, ACLS, etc), AMP Annual Core Competencies, Annual Mask Fit Testing, Annual Influenza Immunization, Titters/Boosters (Hep B, MMR, Varicella, TDAP), Annual TB Records (or sooner depending on client), Annual Joint Commission and AMP Requirements, Physical, Drug Screen (client specific update), Background Screening (client specific update), Post Offer Questionnaire, and Clinical Skills Checklist, etc.

Employees who do not keep their employee file up to date will limit Advantage Medical Professionals, LLC staff ability to schedule for assignments. Per-Diem Employees whose files are not kept up to date are electing to discontinue future scheduling of assignments and breaking their Active employment status with Advantage Medical Professionals, LLC. Contract/Travel Employees on active assignment must keep their employee files up to date in order to avoid suspension of any reimbursements. If reimbursements are suspended due to expired credentials, the Contract/Travel Employee reimbursements will be issued to the Employee once their file has been brought up to date and reviewed/cleared by the Director of Nursing.

IV LOANS, GIFTS OR GRATUITIES

Advantage Medical Professionals, LLC prohibits all Advantage Medical Professionals, LLC caretakers from asking for and/or accepting loans, gifts or gratuities from clients and patients. Violation of this policy will result in disciplinary action up to and including termination.

V **MEDICATION VARIATIONS** (refer to Advantage Medical Professionals Policy HR 13 for more details)

Advantage Medical Professionals, LLC encourages staff personnel to report any medication variation or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

TYPES OF MEDICATION VARIATIONS:

Medication Variations are analyzed by the types of breakdowns within the medication system. The categories of variations may not be mutually exclusive because of the multidisciplinary and multifactorial nature of medication variations. Medication variations are categorized along each functional step of the medication cycle: ordering, transcription, preparation and dispensing, administration, monitoring, equipment /environment and contributing factors.

Order Variation – Types of ordering variations include: inappropriate medication selected, inappropriate dose, illegible order, duplicate order, order not dated/timed, wrong patient/chart selected, contraindications, verbal order misunderstood, verbal order not written in the chart, wrong frequency, route, therapy duration, alert information bypassed or use of nonstandard nomenclature or abbreviations.

Transcription Variation – Transcription involves both the orders that are manually transcribed onto manual record (e.g., medication administration record (MAR) and electronically transcribed into computer systems (e.g., into the pharmacy computer system). Types of transcription variations include: wrong medication, time, dose, frequency, duration, rate patient/chart, verbal order misunderstanding, medication administration record reconciliation problems, Order not manually transcribed onto medication administration record, and wrong pharmacy order entry.

Preparation/Dispensing Variation – Types of preparation and dispensing variations include: Inaccurate labeling, wrong quantity, medication, dose, diluent, formulation, expired medication, automated dispensing systems refill variation, and delay in medication delivery.

Administration Variation – Types of administration variations include: Wrong patient, dose, time, medication, route, rate, omission, extravasation (may be an adverse drug reaction) and unauthorized dose given.

Equipment Environmental Factors – Types of equipment environmental problems included: look alike/sound-alike problems, pump problems, problems, computer problem, equipment availability, and packaging/design problem.

Contributing Factors – Types of contributing factors include: fatigue, calculation variation, knowledge deficit, performance deficit, workload, computer software issue, computer downtime, hybrid system (manual/computer processes), lack of communication between practitioners, missing critical info, alert bypassed, MAR reconciliation process, order entry into pharmacy systems, accessed via override, charting related variation, medication reconciliation at transitions.

Other - Any system breakdown that is not captured with one of the above predefined breakdown point should be classified as “other” and described.

MEDICATION VARIATION EXCEPTIONS:

Omission Variation - The failure to administer an ordered dose to a patient before the next scheduled dose, if any. Exclusions would be (1) a patient’s refusal to take the medication or (2) a decision not to administer the dose because of recognized contraindications. If an explanation for the omission is apparent (e.g. patient was away from nursing unit for tests or medication was not available), that reason should be documented in the appropriate records.

Wrong Time Variation - Administration of medication outside of its scheduled administration time excluding doses that deviate due to logistical administration. Employee MUST follow Client Facility specific process for administration and documenting all routine medications within 60 minutes and time critical medications within 30 minutes. If unclear of requirement obtain guidance from Client Facility management and/or pharmacy.

Wrong Dosage Form Variation - Administration to the patient of a drug product in a different dosage form than ordered by the prescriber. Excluded would be accepted protocols (established by the Pharmacy and therapeutics committee) that authorize pharmacists to dispense alternate dosage forms for patients with special needs (e.g., liquid formulations for patients with naso-gastric tubes or those who have difficulty swallowing), as allowed by state regulation.

MEDICATION VARIATION REVIEW

Upon discovery of an unusual incident regarding a medication, the staff member should immediately notify the nursing staff and attending physician or immediate clinical supervisor in the area assigned. The staff member will report the incident immediately by submitting an occurrence/incident report according to the facility guidelines. If the variation occurred that resulted in potential patient harm, the employee is to contact Advantage Medical Professionals, LLC management immediately. If the patient has sustained serious illness/injury as a result of the incident, Advantage Medical Professionals, LLC senior management MUST be notified.

The medication variation report should include:

1. Patient demographics (name, location, medical service)
2. Notation as to medical personnel who were notified of the incident (i.e. physician)
3. Type of System Breakdown
4. Severity rating of the incident
5. Name and title of person reporting and how to contact them
6. Accurate description of incident

Action to be taken by Advantage Medical Professionals, LLC:

- A. First Occurrence: senior management to follow-up with personnel involved in the incident. Employee must complete the incident/occurrence report required for the facility. DO NOT COPY the facility incident/occurrence report. Write a separate occurrence of the incident on paper or in e-mail format to senior management, to review. The employee will receive a coaching, including information on the Rights and Responsibilities of Medication Administration.
- B. Second Occurrence: The employee will be required to complete the assigned Medication Safety Test with the API system. Employee will not be assigned any shifts until successful completion with an 80 % or greater.
- C. Third Occurrence: action to be determined by Advantage Medical Professionals, LLC senior management.

VI CLIENT FACILITY PRIVATE DUTY CASE POLICY

When assigned to a Private Duty Case, the Terms and Conditions of Employment remains in effect. In addition, the following is expected:

- When an Advantage Medical Professionals, LLC Employee is assigned to a private duty, the Employee is at no time to leave the patient unattended.
- At some Client Facilities, Advantage Medical Professionals, LLS Employees can take a break when a Client Facility employee is available to sit with the patient. It is important that the Advantage Medical Professionals, LLC Employee confirm Client Facility policy and protocol.
- At other hospitals, the Advantage Medical employee may ask for relief, but the hospital is not obligated to relieve them, so they are not to leave the patient.
- When an Advantage Medical employee has been assigned a private duty, they must come prepared to stay in the room with the patient the entire shift. This may require them to bring their lunch to be eaten in the patient's room.
- If the Advantage Medical employee is a smoker, they may not be able to take smoke breaks. They may want to reconsider whether or not they should take the case.
- If an Advantage Medical Professionals, LLC employee violates this policy, the Employee will be removed from the case and details of the violation will be documented in the employee's file.
- Advantage Medical Professionals, LLC Employees keep the safety of the patient in mind, and never leave the patient unattended.

VII NO SHOW & LATE CANCEL POLICY/PENALTIES

Advantage Medical Professionals, LLC Employees are under no obligation to accept an assignment with Advantage Medical Professionals, LLC; however, if the Advantage Medical Professionals, LLC Employee accepts an assignment, the Employee is required to honor the commitment and to work the assignment as scheduled. If for any reason the Employee is unable to honor this commitment to work the assignment, the Employee must notify Advantage Medical Professionals, LLC as soon as possible or at least two (2) hours prior to the start time of the scheduled shift.

If the Employee fails to give Advantage Medical Professionals, LLC notice of cancellation no less than two (2) hours notice prior to the start time of the scheduled assignment – OR – fails to notify Advantage Medical Professionals, LLC at all the inability to make the shift assignment, the Employee will be subject to disciplinary action up to and including termination. Excessive cancellations (defined as more than three (3) cancellations in any given three (3) month period) even with at least two (2) hours' notice may result in disciplinary action up to and including termination.

VIII CONSENT TO SEARCHES

Whenever a manager or supervisor has reasonable suspicion that an Employee has violated the policy regarding the removal of property from a patient, hospital or any facility, the supervisor may, without notice, inspect vehicles, lockers, work areas, desks, purses, briefcases and other locations or belongings. Refusal by an employee to consent or to cooperate with a search or inspection will require immediate suspension of the employee pending investigation. Advantage Medical Professionals, LLC will decide whether to take any disciplinary action, up to and including termination, on the basis of the evidence then available to Advantage Medical Professionals, LLC; as well as any reasonable inferences which Advantage Medical Professionals, LLC draws from that evidence and the refusal to consent to the search.

IX TIME AND ATTENDANCE POLICY

Purpose: Advantage Medical Professionals, LLC recognizes the need to balance unforeseen personal and medical situations along operational needs of our clients. The purpose of this policy is to establish and communicate guidelines for tardiness and attendance in order for Advantage Medical Professionals clinical employees including RN/LPN/C N A to provide quality service to our clients and the patients they serve.

Policy Statement: The policy applies to all clinical Employees.

Procedure Guidelines: Definitions.

Definition of absence occurrence: an employee who does not report for an assigned shift, but has adhered to proper notification guidelines.

Definition of unexcused absence occurrence: an employee who does not report for an assigned shift and fails to notify staffing within the guidelines for notification of absence.

Definition of a tardiness occurrence: an employee is considered tardy when he/she does not report on time to the assigned client's work area at the start of the scheduled shift. This also applies to leaving early and returning late from lunch and breaks.

Definition of a no call/no show: employees must report their absence each day, failure to do so is considered a no call/no Show.

Excessive Self-Cancellation definition: more than three (3) cancellations in any given three (3) month period, even those with at least two (2) hours' notice.

Notification: Employees must notify Advantage Medical Professionals, LLC staffing personnel at least two (2) hours prior to the start of the scheduled shift assignment if they are going to be late or absent. Employees on contract assignments must also notify the unit assigned at the contracted Client Facility.

Guidelines for attendance control: each case will be reviewed and handled on an individual basis at the discretion of senior management and from recommendations from Human Resources. All evaluations and performance will be considered when determining any disciplinary actions or performance improvement measures.

Possible Performance Improvement Actions can include but are not limited to the following:

Absence with proper notification:

1. Two (2) occurrences in a calendar year period results in a verbal warning.
2. Four (4) occurrences in a calendar year results in a documented written warning.
3. Any additional incidents will result in further disciplinary action up to and including termination.

Absence without proper notification:

1. One (1) occurrences in a calendar year results in a documented verbal warning.
2. Two (2) occurrences in a calendar year results in a documented written warning.
3. Any additional incidents will result in further disciplinary action up to and including termination.

Tardiness: calendar year

1. First occurrence: no action.
2. Second occurrence: verbal warning.
3. Third occurrence: written warning.
4. Fourth occurrence: Any additional incidents will result in further disciplinary action up to and including termination.

No call/no show:

1. First occurrence: written warning.
2. Second occurrence: further disciplinary action up to and including termination.

Excessive self-cancellations, as defined above, will result in disciplinary action up to and including termination.

XI Joint Commission Reference Information



i. Joint Commission Official “Do Not Use” List



Official “Do Not Use” List

The Joint Commission
FACT SHEET

- This list is part of the Information Management standards
- Does not apply to preprogrammed health information technology systems (i.e. electronic medical records or CPOE systems), but remains under consideration for the future

Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

Official “Do Not Use” List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QOD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the Q mistaken for “I” and the “O” mistaken for “l”	Write “every other day”
Trailing zero (X.0 mg)* Lack of leading zero (X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate” Write “magnesium sulfate”
M _{SO} ₄ and MgSO ₄	Confused for one another	

* Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the “Do Not Use” List
In 2001, The Joint Commission issued a *Sentinel Event Alert* on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its “Do Not Use” List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

9/18

©2018 The Joint Commission. All rights reserved and distributed by Department of Financial Communications.

ii. Sentinel Event Policy and Procedures

<http://www.jointcommission.org/SentinelEvents/PolicyandProcedures/>

In support of its mission to continuously improve the safety and quality of health care provided to the public, The Joint Commission reviews organizations' activities in response to sentinel events in the accreditation process. Including all full accreditation surveys and random unannounced surveys and, as appropriate, for-cause surveys.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called "sentinel" because they signal the need for immediate investigation and response.

The terms "sentinel event" and "medical error" are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

iii. Report a Complaint about a Healthcare Organization

If you have a complaint about the quality of care at a Joint Commission accredited health care organization, The Joint Commission wants to know about it.

You can submit your complaint the following (Include name, street address, State of the organization):

- Online
- Send via US Mail
- Fax
- E-mail
- Summarize the issues in 1 to 2 pages

Report a complaint about a Health Care Organization

When submitting a complaint you may provide your name and contact information or you may submit your complaint anonymously. Providing your information also gives The Joint Commission the ability to contact you if additional information is needed. The Joint Commission will not disclose any information about who provided the information, but the complaint with the subject will be disclosed for the investigation purposes

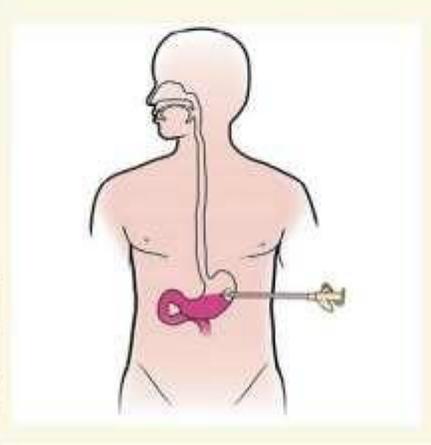
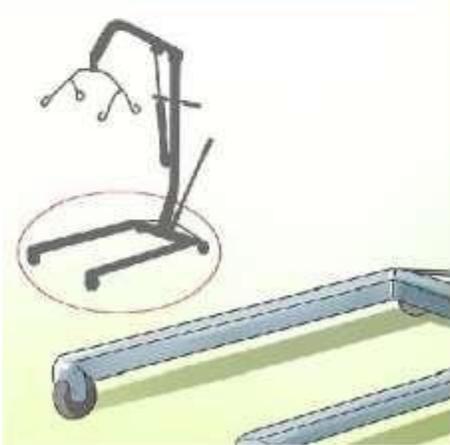
Report a complaint about a Health Care Organization

The Joint Commission forbids the organization from taking retaliatory actions against employees for having reported quality of care concerns.

The Joint Commission Contact Information

Phone	800-994-6610
Fax	630-792-5636 – ATTN: Office of Quality Monitoring
E-Mail	complaint@jointcomission.org
Address	Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace IL 60181

XII Quick Reference Guides (for informational purposes only)



i. Hand Washing Indications

In the absence of a true emergency, personnel should always wash their hands:

- When entering or leaving a patient's room.
- Before performing invasive procedures.
- Before taking care of susceptible patients, such as those who are severely immunocompromised and newborns.
- Before touching wounds.
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions, or excretions.
- After touching sources that are likely to be contaminated.
- After taking care of an infected patient.
- Between contacts in high-risk units.
- Most routine hospital activities involving indirect patient contact such as handing patient medications, foods, or other objects, do not require hand washing.

Hand washing Technique:

- For routine hand washing, a vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water is recommended.



Hand washing with Plain Soap:

- Plain soap should be used for hand washing unless otherwise indicated.
- If bar soap is used, it should be kept on racks that allow drainage of water.
- If liquid soap is used, the dispenser should be replaced or cleaned and filled with fresh product when empty; liquids should not be added to a partially full dispenser.

Hand washing with Antimicrobial-Containing Products:

- Antimicrobial hand washing products should be used for hand washing before personnel care for newborns and when otherwise indicated during their care, between patients in high-risk units, and before personnel take care of severely immunocompromised patients.
- Antimicrobial-containing products that do not require water for use, such as foams or rinses, can be used in areas where no sinks are available.

ii. Principles of Medication Administration

When giving medications, regardless of the type of medication, there are some basic principles that must always be followed. They are:

- Talk with the patient/individual and **explain what is being done** before giving any medication. Answer any questions the patient may have.
- **Help** the patient to be as involved as possible in the process.
- **Provide privacy** for the patient
- Give medication administration your **complete attention**.
 - Give medications in a quiet area, free from distractions.
 - **Never leave medications unattended**, even for a moment!
- **Wash your hands!** You must wash your hands before giving medications and then again after you have medication to each individual patient.

The Six Rights

When giving a medication, regardless of the type of medication, Employees must always follow the six rights. Each time a medication is administered, you need to be sure to have the:

Right individual -You must compare the individual's name on the prescription label, the medication order and the medication log. Make sure that they match. If they do not match, or if there is any doubt about whether you are giving the correct medication ASK QUESTIONS!

Right medication - Look at the medication. If there is anything different about the size, shape or color of the medication, call the pharmacist before you give it. It could be that you have been given a different generic brand of the medication. But sometimes when a medication looks different it means that you have the wrong medication.

Right dose - The right dose is how much of the medication you are supposed to give the individual at one time.

Right time -Some medications must be administered only at very specific times of the day. For other medications, the time of day that you give the medication is less critical.

Right route - The route means how and where the medication goes into the body.

Right documentation - All documentation must be done at the time that the medication is administered. Double check your documentation as soon as you have finished giving medications and again at the end of the day.



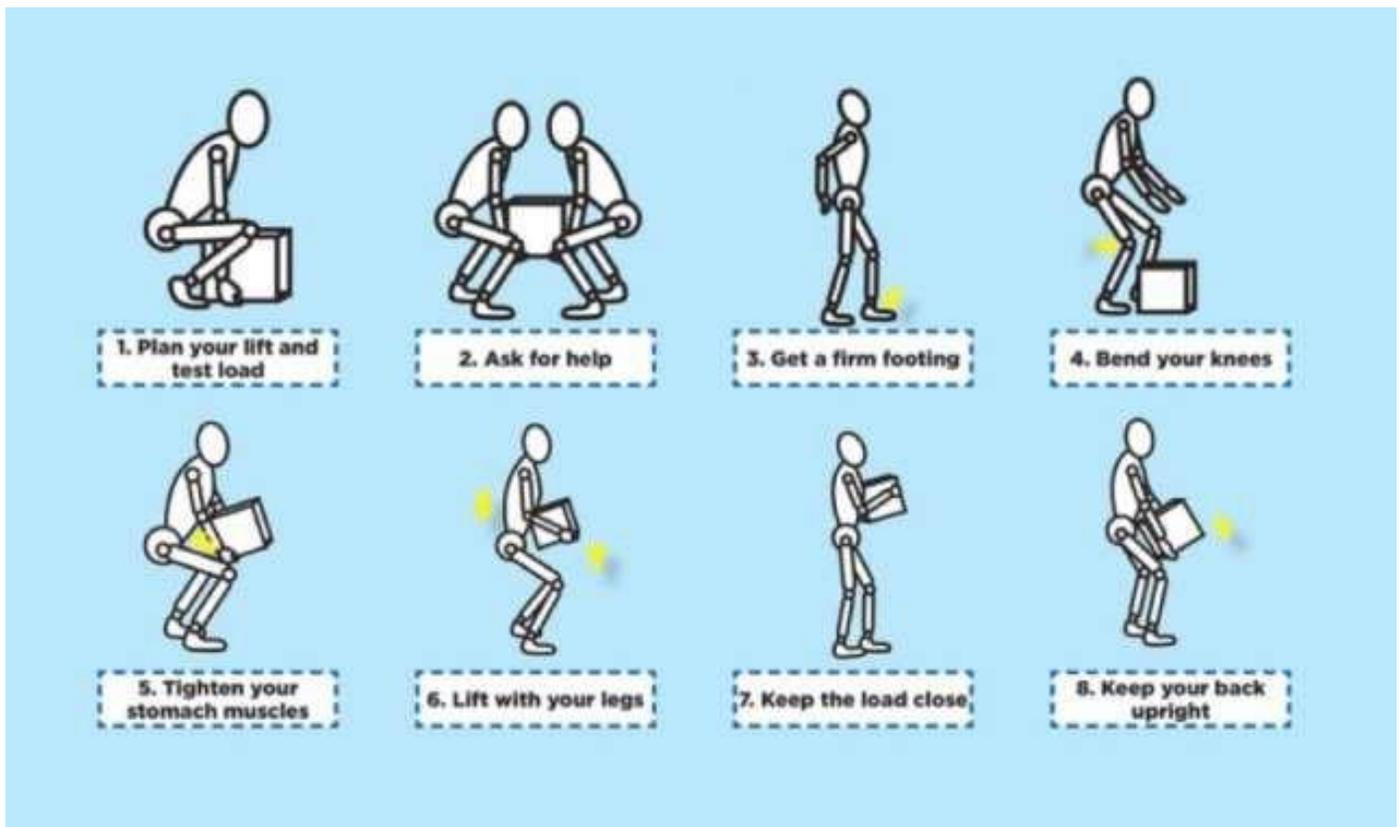
Each time you give a medication, you must systematically and conscientiously check your procedure against these six rights.

When assigned to a facility be sure to follow the facilities policy and procedure for medication administration including patient, and/or medication bar code scanning as well as electronic vs paper documentation.

iii. Proper Lifting Guide

Since back injuries comprise the single greatest category of pain and injury, it is imperative to lift properly. Some helpful hints and common sense tips are given below.

1. **Plan your lift** - mental lifting first: visualize your approach, lifting, and placement. Test your load
2. **Ask for help** – If possible, ask someone to help you lift a heavy or bulky object.
3. **Get a firm footing** – Keep your feet apart to create a stable, wider base; toes should point out
4. **Bend your knees** – Do not bend at the waist. Keep your back straight, bending forward with your knees locked puts 200lbs of force on your lower back.
5. **Tighten stomach muscles** – The abdominals support your spine when you lift properly, which offsets the force of the load.
6. **Lift with your legs** – Let your powerful leg muscles do the work. – Do not twist and lift at the same time... this can cause a severe injury.
7. **Keep the load close to your spine** – Lifting with your forearm extended puts 10 times more pressure on your lower back.
8. **Keep your back upright** – Leaning toward the load adds the weight of your upper body to the load you are lifting.



DO NOT LIFT HEAVY OBJECTS OVERHEAD

This stance violates most of the safety rules above. Get someone to help you or use a lifting device.

PUSH INSTEAD OF PULLING

Pushing with your arms uses your leg and abdominal muscles. Pulling stresses your back and arms.

iv. Hoyer Lift Guide

Typical Hoyer Lift

Hoyer Lifts allow a person to be lifted and transferred with a minimum of physical effort. Before attempting to lift anyone practice with the lifter by using a helper, not the patient. You must know and understand how the lifter will feel with a patient in it. Be certain to explain the lifting sequence to the patient before attempting to lift them the first time.

The Boom of the lift does not swivel. The patient's weight must be centered over the base legs at all times. Do not attempt to lift patient with the mast/boom assembly swiveled to either side. Always keep patient facing the attendant operating the lifter.



- Manual and Powered Hoyer Lifts operate similarly. The manual versions have hydraulic cylinders and a hand-pump, the powered patient lifters use rechargeable battery packs and a pushbutton hand control. All lifts share the same nomenclature names as pictured (left).
- To raise the patient the base of the Hoyer Lifter must be spread to its widest possible position to maximize stability.
- To lower patient open the hydraulic pressure release knob by turning it counter-clockwise, not more than one full turn. The release knob is located on pump near pump handle. Battery powered Lifters have a button on the hand control for lowering patient.

If patient needs support and is in a hospital bed, raise side rails and have patient hold onto rails. Raise the level of the bed to the highest position before moving the patient onto the sling. This will reduce strain on the caregiver's back. Also, when the patient is ready to be lifted, lower the side rail and the level of the bed, decreasing the distance the patient has to be elevated.

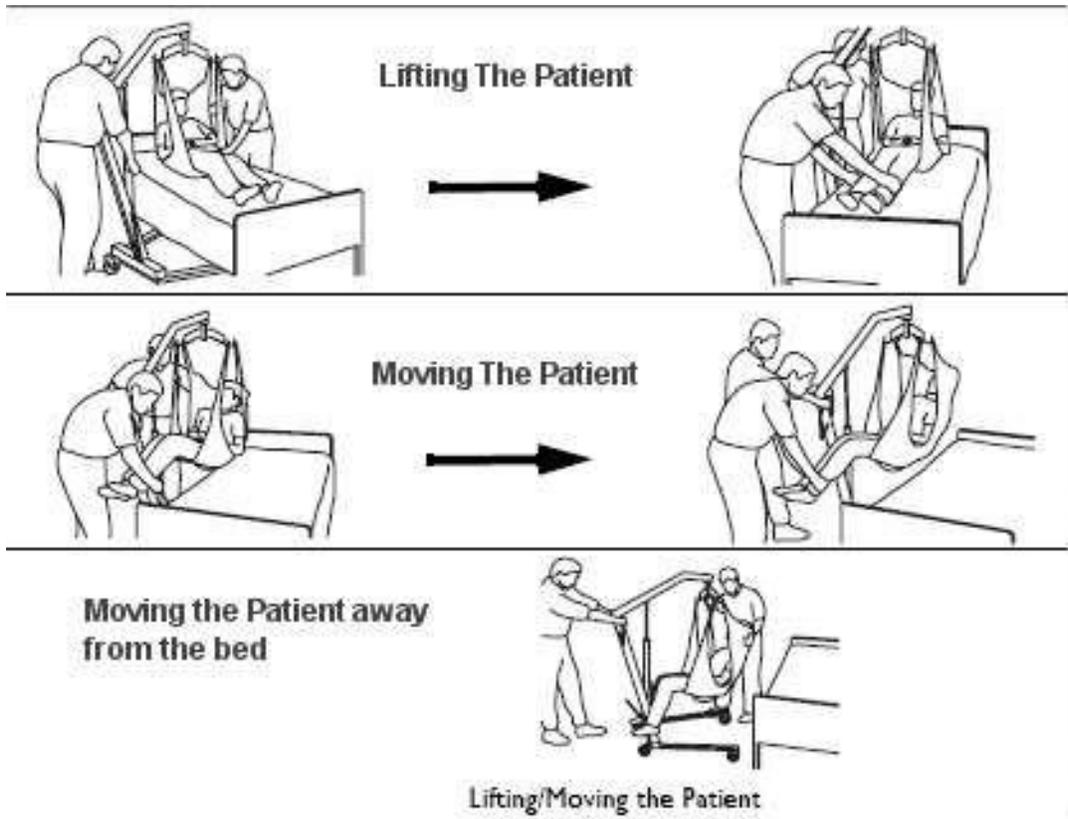
Positioning the Lift for Use:

1. With the legs of the base open and locked, use the steering handle to push the patient lift into position.
2. Lower the patient lift for easy attachment of the sling.



Positioning the Lift for Use

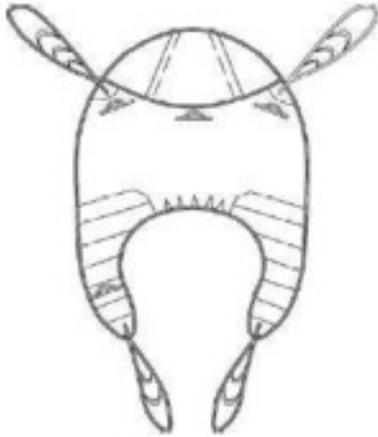
3. When the patient is clear of the bed surface, swing their feet off the bed.
4. Using the steering handle, move the lift away from the bed.
5. When moving the patient lift away from the bed, turn the patient so that he/she faces assistant operating the patient lift.
6. Press the DOWN button (electric) or open the control valve (manual/hydraulic) lowering patient so that his feet rest on the base of the lift, straddling the mast. Close the control valve.



The Sling

The U-Sling is the most commonly used sling for transferring patient from bed. Consult the sling manual on how to fold the sling before placing under patient. Folding the sling makes for less work. The U-Sling wraps around the thigh and cross between the legs. This gives the patient a secure feel and prevents patient sliding out of the sling.

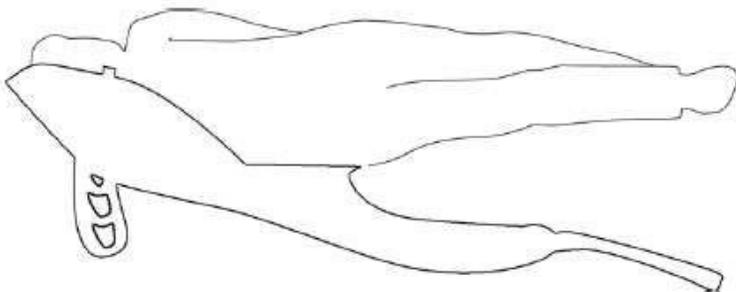
Below is a diagram of a typical "Internet image" (see diagram 1) of a typical padded U-Sling. The image is meaningless if you do not have a visual of what this looks like when in actual use. See diagram 2 showing the patient in a comfortable seated position facing the attendant. Feet should rest on the base of the lift.

Typical U-Sling	
Diagram 1 Typical U-Sling Diagram (Internet Image)	Diagram 2 Visual of sling being used by patient
	

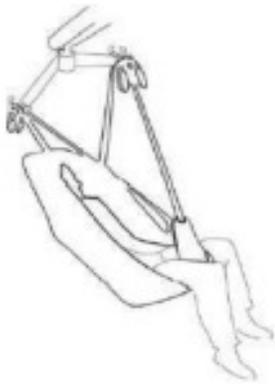
Applying the Sling:

- Roll patient so they are resting on their side. Put the folded sling behind the patient's back and roll patient onto their back.
- Pull the leg loops forward and under the thigh.
- Cross the loops
- Roll the base as far under the bed as possible locating the cradle over the patient. Be careful not lower the frame onto the patient.
- The parking brakes (caster locks) should not be on when lifting the patient, let the lift move a little with the weight adjustment.
- When both sides of the sling are attached to their respective sides of the cradle, raise the patient slowly. If patient is in a hospital bed it will help to raise the head section slightly.
- Raise the patient until buttocks are just above the mattress. The self-leveling cradle will bring patient into a sitting position. Grasp patient's legs and turn patient so their legs dangle off side off the bed. Do not push or pull patient off of bed. Lower bed if you need more clearance.
- Grasp steering handles and move lifter away from the bed. Move patient into position over the seat of wheelchair. Make sure wheelchair brakes are on.
- Lower patient into wheelchair or other transport device.

How to Fit Sling From a Lying Position



Draw sheet roll the patient onto the sling, ensuring that the top of the commode aperture is at the base of the spine.



Bring the leg support straps up and between the client's legs and proceed as from the seated position, attaching to the shortest possible loops. If you are going to place the patient on a high bed it may be necessary to lower the patient onto an intermediate surface and adjust the strap length.

How to use a Hoyer Lift Sling

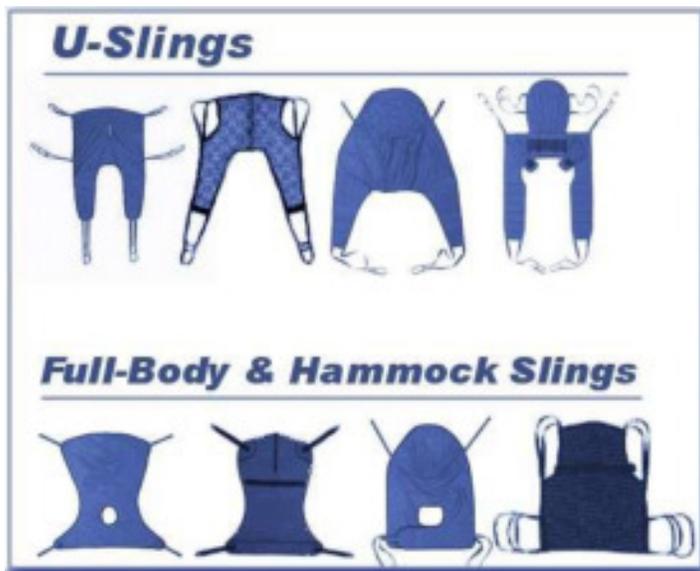
Degree of difficulty to use:

You can measure the degree of difficulty of using a Patient Lift Sling by the type of sling and the position of the patient. It is not really a degree of difficulty, more of a process that can require caregiver patience.

Some slings are easier to use:

There are several styles or types of Slings for Hoyer and Patient Lifts. U-Slings are the most effective for transfers and toileting, but some patients cannot use a U-Sling. Patients in a supine position may not be capable of using a U-Sling and may require use of a full-body type sling.

1. Easy - Patients that can sit up, even if only a little, are best candidates for U-Slings. U-Slings are the easiest to use and the patient is not sitting on the sling once seated. Transfer to wheelchair, bed, and commode are easily accomplished with a U-style sling.
 1. Side the back support behind the patient
 2. Loop the leg straps around patient's leg
 3. Attach straps to lift cradle.
 4. Raise the patient
2. Process - We won't say it's harder to use a Full-Body style sling, let us say it's more time consuming. It is indeed a time consuming process that requires caregiver patience.
 1. Lay the patient to one side
 2. Fold the sling in half (lengthwise)
 3. Slide the folded sling under half the body
 4. Roll the patient back the other direction
 5. Grab the folded part and drag it to the other side
 6. Roll the patient back to a supine position on their back
 7. Attach the sling to the cradle
 8. Slowly raise the patient



DETAILED DIRECTIONS FOR USING COMMON HOYER SLINGS AND PATIENT LIFT SLINGS

1. Arrange all items for a smooth transfer - lifter, sling, wheelchair.
2. Patient should be in center of twin size bed or to one side of double size bed.
3. Roll patient on side away from attendant. (Raise side rail, if equipped, on side opposite attendant).
4. For full hammock style slings place sling folded half-way under patient so cut-out is just below tail-bone.
5. Place wider piece (seat) under patient's thighs so lower edge of seat is up to knees. Place narrower piece (back) just above small of back. If patient is in hospital bed, position seat sling, then elevate head of bed to facilitate placing back piece.
6. Place sling folded half-way under patient so lower edge of seat is slightly below the knees.
7. Roll patient towards attendant. Pull sling through (like positioning drawsheet).
8. If patient is in chair, you may place sling under patient without lifting patient by following these few simple steps:
 - a. Have leg flaps open.
 - b. Have patient lean forward slightly and slide open portion of sling down to seat and lay leg flaps alongside patient's legs.
 - c. Grasp leg flap on one side of patient and, while holding against knee, pull leg flap forward; repeat with other side until sling is in correct position.
 - d. Bring flap under one thigh and insert ring (A) into snap (A). Repeat for other leg, inserting ring (B) into snap (B), thus enclosing a thigh in each leg flap.
 - e. If you wish to use the sling without containing the thighs, follow instructions above but bring ring (A) to snap (B) and ring (B) to snap (A), crisscrossing flaps under the leg.
9. It will help to raise the head of bed after sling is positioned if patient is in a hospital bed.

FOR SLINGS/LIFTS WITH CHAINS:

1. Attach the S-hooks of the chain to the loops of the seat hangers. Hooks should be inserted AWAY from the patient to the outside of the sling.
2. Attach the ends of the chains to the swivel bar hooks. You may hook any link of chain into the swivel bar hook to adjust the height of sling from floor. Make sure links are equal on each side.
3. Attach the S-hooks of the back in links 1, 2 or 3, as required. Count links to be sure there are the same number on each side. Check to see that S-hooks are hooked all the way into the chains. **DO NOT PLACE S-HOOKS OF BACK INTO EXCESS PORTION OF CHAIN BUT INTO LINKS BETWEEN SEAT AND SWIVEL BAR!**
4. Patient's arms should be outside chains if possible. He may hold onto chains if desired.
5. Check chains and S-hooks to see that they are properly positioned.

FOR OTHER SLINGS WITH CHAINS ONLY:

1. The 133-S-C chain has the 9th link painted red. Attach the S-hook closest to this link into the hole of the back part. Attach the S-hook of the opposite end into the hole in the seat part of the sling (one chain attached per side). Make sure the S-hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient and to the outside of sling.
2. Move the lifter so open end of U-base or end of C-base is under side of bed.
3. Hook the 9th link of the chain (painted red) into the end of the swivel bar. Check to see that links are hooked all the way into the swivel bar. Posture of patient can be changed by varying the link hooked into the swivel bar. It is important that the section of chain from the swivel bar to the patient's back be SHORTER than the section between swivel bar and thigh of patient.
4. Patient's arms may be outside of sling, if desired.
5. **STEPS 20-24 FOR SLINGS WITH WEB STRAPS ONLY.** S-hooks of the shortest straps of the web straps are hooked into the holes of the back. Make sure "S" hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient and to the outside of the sling. Hole to use varies for each individual. Practice to see which is more comfortable.
6. Hook the center strap into the top hole of the seat and the last strap into the last hole of the seat. Make sure S-hooks are hooked all the way into the holes. Hooks should be inserted AWAY from the patient to the outside of the sling.
7. Move the lifter so open end of U-base or end of C-base is under side of bed.
8. Hook the D-rings of the web straps into the swivel bar hooks.

9. Check to see that lower edge of seat is still close to knees and S-hooks are still properly positioned.
10. Pump hydraulic jack handle. Partially lift the patient; check S-hooks and swivel bar for proper hook-up. Continue pumping. Steering handle may be held to steady the pumping.
11. Raise patient until buttocks are just clear of the bed. Swing patient's feet off bed and turn patient to face mast. Grasp steering handles and move patient away from bed. Lower patient as soon as he is clear of bed to keep center of gravity low. Position patient over chair or commode. You may have to raise him from the lower position. U-base or C-base fits around chair. Wheelchair may be brought and positioned under patient. Lock wheelchair locks prior to lowering patient into chair. If jack has a pin release, press handle SLOWLY towards pump body. Lower patient slowly. Guide his descent. Push gently on his knees as he is being lowered so correct sitting position will result. After reaching seat, press handle against pin and press down on boom. If the jack has a turn knob release, lower patient by turning the release knob gently to the left. Guide his descent. Push gently on his knees as he is being lowered so correct sitting position will result. After reaching seat, open release knob a turn and press down on boom. Detach web straps/chains from swivel bar and move lifter away. Then remove web straps/chains from sling. Patient may remain on sling or sling may be removed in reverse of above.

TO RETURN PATIENT TO BED:

1. Same procedure in reverse. Check to see that S-hooks are properly positioned in sling. Make sure S-hooks are not caught on chair arms as patient is being lifted. 2. Center patient over bed and lower gently. USING SLING FOR COMMODORE USE (MODELS 9, 111, 113, 115, 117 & 127)
2. Keep web straps or chains taut to hold patient in a comfortable sitting position.
3. Adjust clothing before moving lifter to straddle commode.

USE CARE, DISCRETION AND COMMON SENSE TO DETERMINE IF A SEVERELY SPASTIC OR HANDICAPPED PERSON CAN BE LIFTED WITH A HOYER LIFTER.

PLEASE NOTE: Web straps (W-C) are the only set to be used with the 110, 111, 114, 115 and 127 slings. 133-S-C or 132-S-C chains are the only set to be used with 112, 113, 117, 118 and 123 slings. 134-S-C chains are the only chain set to be used with the 9 sling.

WASHING INSTRUCTIONS

Machine wash warm or cold. Air dry or very low dryer heat. DO NOT USE BLEACH. Do not wash with other colors. Remove bars before washing. (The bars and seat hangers of the two-piece slings are not removable. It is recommended that these be hand washed.)

Hoyer Lift and Hoyer Sling instructions taken from www.phc-online.com.

v. Care and Use of a PEG Tube

- **Always flush the PEG tube before and after each use.** This helps prevent blockage from formula or medicine. Use at least 2 tablespoons (30 milliliters) of water to flush the tube. **If the PEG tube becomes clogged, try to unclog it as soon as you can.** Flush PEG tube with a 60 milliliter (mL) syringe filled with warm water.
- **Check Residuals** prior to medication administration and periodically during feedings. Gently pull back on the plunger of the syringe to pull out any liquid from the stomach. Do not use too much force or the tube may collapse.
- **Check the PEG tube daily.**
 - **Check the length of the tube from the end to where it goes into the body.** If it gets longer, it may be at risk for coming out. If it gets shorter, let the physician know right away.
 - **Check the bumper** (piece that goes around the tube, next to the skin). It should be snug against the skin. Tell physician if the bumper seems too tight or too loose.
- **Use an alcohol pad to clean the end of the PEG tube.** Do this before you connect tubing or a syringe to PEG tube and after you remove it. When you disconnect tubing or a syringe, do not let the end of the PEG tube touch anything.

How to use the PEG tube

- Confirm what type of feeding is ordered. The patient may need a bolus, intermittent, or continuous feeding. A bolus feeding is when formula is given over a short period of time. An intermittent feeding is scheduled for certain times throughout the day. Continuous feedings run all the time.
- If assigned private duty, communicate with patient/ family what type of feeding and how often.

Routine skin care

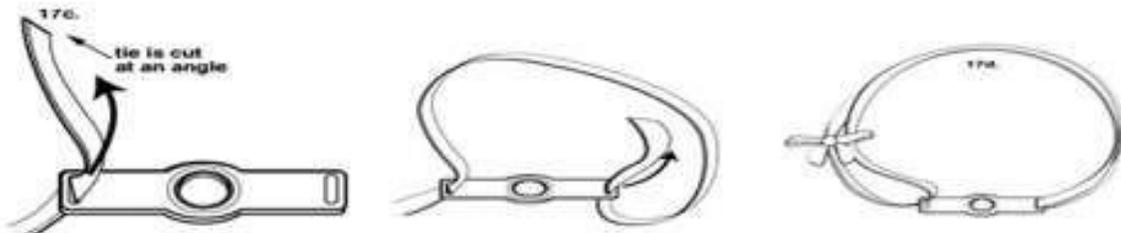
- **Clean the skin around the tube 1 to 2 times each day.** Ask patient/family what instructions the healthcare provider has given to clean your skin, and follow those instructions. Check for redness and swelling in the area where the tube goes into the body. Check for fluid draining from the stoma (the hole where the tube was put in).
- **Gently turn the tube daily** after stitches come out. This may decrease pressure on the skin under the bumper. It may also help prevent an infection.
- Keep the skin around the PEG tube dry. This will help prevent skin irritation and infection.



vi. Care for a Tracheostomy Tube

Routine tracheostomy care should be done at least once a day. Please follow all client/facility policies and procedures. Below is a basic guideline to general care, individual patient supplies may be slightly different.

1. Gather the following supplies:
 - Two non-sterile gloves
 - A clean basin (or sink)
 - Hydrogen peroxide and water (Use distilled water if they have a septic tank or well water)
 - Clean 4 x 4 fine mesh gauze pads
 - Clean cotton-tipped swabs, pipe cleaners or small brush
 - Clean washcloth and towel
 - Trach tube ties
 - Clean scissors
2. Wash your hands thoroughly with soap and water, apply gloves.
3. If the trach tube has an inner cannula, remove it. (If the trach tube does not have an inner cannula, go to step 12.)
4. Hold the inner cannula over the basin and pour the hydrogen peroxide over and into it. Use as much hydrogen peroxide as you need to clean the inner cannula thoroughly. Clean it with pipe cleaner or brush.
5. Thoroughly rinse the inner cannula with water. Dry the inside and outside of the inner cannula completely with a clean 4 x 4 fine mesh gauze pad. Reinsert the inner cannula and lock it in place.
6. Inspect the skin around the stoma for redness, hardness, tenderness, drainage or a foul smell. If you notice any of these conditions, call physician after you finish routine care.
7. Soak the cotton-tipped swabs in a solution of half hydrogen peroxide and half water. Use the swabs to clean the exposed parts of the outer cannula and the skin around the stoma.
8. Wet the wash cloth with water. Use the wash cloth to wipe away the hydrogen peroxide and clean the skin.
9. Dry the exposed outer cannula and the skin around the stoma with a clean towel.
10. Change the trach tube ties if applicable.
 - Measure and cut a piece of tie long enough to go around the neck twice. Cut the tie at an angle (Illustration 17c.) so it is easier to insert the tie into the neck-plate.
 - Untie one side of the old tie and remove that side from the neck-plate. Do not completely remove the old tie until the new one is in place and is securely fastened.
 - Holding the trach tube in place, lace the tie through one hole of the neck-plate, around the back of the patient's neck, through the other hole of neck-plate, and again around the back of the neck.
 - Pull the tie snugly and tie a square knot on the side of neck. There should be enough space for no more than two fingers between the tie and neck. (Illustration 17d.)
 - Cut, remove and discard the old tie. If you have a cuffed trach tube, be careful not to cut the cuff balloon when removing the old trach tube tie.



11. Place a fine mesh gauze under the tracheostomy tie and neck-plate by folding it or cutting a slit in it.
Note: Some brands of mesh gauze are pre-cut.
Important: Do not use 4 x 4 gauze or toppers – they contain cotton fibers which could clog the airway.
12. Remove your gloves and throw them away.
13. Wash your hands with soap and warm water.
14. Wash the basin and small brush with soap and warm water. Dry them and put them away.
15. Put the used washcloth and towel in the laundry.
16. Wash your hands again with soap and warm water.
17. Suction the trach tube.

vii. Ebola Information Guidelines

Particular to recent Ebola entry to United States and increasing incidence of “Mega Germs”

We know we are lacking the identity of the natural reservoir host of Ebola, meaning we do not know how the virus first appeared in a human being. There are many ideas floating around, but no real conclusions. So what we do know is this, Ebola is spread through direct contact (break in skin or mucous membranes) with the following:

- Blood or body fluids (including but not limited to sweat, saliva, sinus drainage, sputum, vomit, breast milk, feces, urine, semen) – of anyone symptomatic or sick with Ebola
- Objects contaminated with the virus, such as needles and syringes Infected animals

Obviously, Healthcare workers are at high risk due to their exposure to contaminated equipment, waste, and patients, so to prevent exposure or if exposed to the virus:

- ✓ ALWAYS practice careful hygiene such as frequent hand washing with soap and water or an alcohol based hand sanitizer, avoid direct contact with blood and body fluids.
- ✓ Unless properly garbed in protective gear, DO NOT HANDLE medical equipment, needles, bedding, clothes, etc that has been in contact with an infected patient.
- ✓ IF you are exposed, be prudent and self-monitor your health for 21 days, report exposure to your employer, facility of assignment and the CDC. Follow instructions from your employers and CDC as to isolation or restricted movement.
- ✓ Wear protective clothing when you feel your risk of exposure is heightened (such as ER, Trauma Center and Critical Care Assignments). The protective gear should include at least mask, gloves, gowns, and eye protection, and shoe covers. Head covers that cover head and neck should be seriously considered.
- ✓ Work in a “buddy system”, have someone observe your gowning both at point of putting it on and taking it off, just a good back up that there is no inadvertent break in protocol.
- ✓ Review hospital infection control and sterilization methods with core hospital personnel.
- ✓ While you most likely will not be put in a position to care for a confirmed case of Ebola, if you suspect you are dealing with a prospective case, ISOLATE THE PATIENT IMMEDIATELY. Notify the authorities immediately of your exposure and follow the instructions to the letter.
- ✓ If you are working in a high risk area, demand as much disposable equipment as possible and all non-dedicated, non-disposable medical equipment used should be cleaned and disinfected according to hospital policy.
- ✓ If you were to develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with Ebola should
 - not report to work or should immediately stop working
 - notify their supervisor
 - seek prompt medical evaluation and testing
 - notify local and state health departments
 - comply with work exclusion until they are deemed no longer infectious to others
- ✓ For asymptomatic Healthcare workers who had an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EbolaHF
 - should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure.

viii. COVID-19 Information

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

COVID-19 most often causes respiratory [symptoms](#) that can feel much like a cold, a flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease.

- Most people with COVID-19 have mild symptoms, but some people become severely ill.
- Some people including those with minor or no symptoms may suffer from [post-COVID conditions](#) — or “long COVID”.
- Older adults and people who have [certain underlying medical conditions](#) are at increased risk of severe illness from COVID-19.
- Hundreds of thousands of people have died from COVID-19 in the United States.

How to Protect Yourself & Others

- Get Vaccinated and stay up to date on your COVID-19 vaccines
- Wear a mask
- Stay 6 feet away from others
- Avoid poorly ventilated spaces and crowds
- Test to prevent spread to others
- Wash your hands often
- Cover coughs and sneezes
- Clean and disinfect
- Monitor your health daily
- Follow recommendations for quarantine
- Take precautions when you travel

ix. Bloodborne Infectious Diseases

The following link will provide you with training and guidelines to address Bloodborne infectious Diseases. This information is provided by Centers for Disease Control and Prevention in collaboration with the National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/topics/bbp/>

Help Protect Yourself and Others | COVID-19 |

Stay up to date on
COVID-19 vaccinations



Wear a mask indoors
When COVID-19 Community Level is high

Avoid crowds and poorly ventilated spaces



Test to prevent spread to others



Wash your hands often



cdc.gov/coronavirus