

**SARATOGA COUNTY PUBLIC HEALTH
2014 TOPICS FOR ANNUAL REVIEW**

TO: SCPH Staff /Contractors
FROM: Cathi Duncan, Acting Director of Public Health, Director of Patient Services
DATE: October 8, 2014
RE: Topics for Annual Review - 2014

*Sign, Date & Return
these 6 sheets to the
Attention of Cathy Winslow-Sim,
Director's Office

We have a responsibility to provide our patients with the best care possible. By keeping ourselves safe, healthy and up to date on issues, we can provide that quality care.

The Annual Review packet including new/revised policies and Corporate Compliance materials is now available on-line at www.saratogacountyny.gov.

Click on "Departments", select Public Health, select "employee annual review"

After you have reviewed the information, please sign and return the attached forms which are noted below:

- a. Annual Mandated Training Acknowledgement Sheet*
- b. Annual Self-Health Assessment completed by employee*
- c. Confidentiality of Information/HIPAA Training Acknowledgement*
- d. Confidentiality Statement*
- e. Medicaid/Medicare Corporate Compliance Plan Acknowledgement*
- f. Computer Use/Internet Technology Use Policy*

Policies and Procedures

SCPHNS Policies and Procedures: Policies/procedures are developed and/or updated continuously and are approved by the Board of Supervisors. Agency supervisors review new/changed policies/procedures at team meetings. The Director of Public Health and Director of Patient Services have a copy of the Policy Book. You are encouraged to review it periodically and, especially, if you have a question.

The following Policies & Procedures were developed or revised since the last Annual Update and have been placed on the website for review:

June –December 2013

Personnel Policy for Staff & Contracted Employees including Yearly Influenza Vaccine
Multifactor Fall Risk Assessment
PECOS/OPRA/K-CHECKS

January 2014 – September 2014

HCCN Policy and Procedure

ABN Policy and Procedure

Procedure for Completion of Patient Signature Validation Form for Clinician & Home Health Aide (including Form A and Form B)

Standard for CHHA/LTHHCP Nursing Unit

Utilization Review Medication Reconciliation Audit Tool 2014

Utilization Review Wound Care Audit Tool 2014

Nursing and Ancillary Services Referral Form Procedure (including 2 Referral Forms)

Clinical Documentation Email System Policy and Procedure

Multi-factor Fall Risk Assessment

Standards for Wound Assessment

Standard for On-Call PRN Nursing Visit

Medicare PPS Billing Policy and Procedure

Medication Reconciliation Policy for Therapy Only Patients (revised)

Peer Review Audit Policy and Procedure (revised)

Utilization Review Pain Management Audit Tool

Code of Ethics for Nurses

Walk in Blood Pressure Checks Policy & Procedure with Appendix A & B

Annual Employee Health Assessment (revised)

Patient Transfer Procedures for Emergency Situations (revised)

Reporting Requirements

Medical Device Reporting: Agency policy states that we will report to the FDA and the device manufacturer when it is determined that a device has or may have caused or contributed to the death or serious injury of a patient. This can be found on Page 23.2 of our Policy Book.

Domestic Violence: If you have a situation where you suspect or know domestic violence is occurring, you can refer the individual to the following numbers.

DOMESTIC VIOLENCE HOTLINE (available 24/7) – 1-800-942-6906;

LOCAL NUMBER – 584-8188; RAPE CRISIS HOTLINE – 587-2336.

If you would like more information on this subject, you can call the local Domestic Violence office at 583-0280.

Child Abuse: New York State recognizes certain professionals to hold the role of mandated reporter or child abuse or maltreatment. Included in this list are registered nurses and social workers. Mandated reporters are required to report suspected child abuse or maltreatment when, in their professional roles, they are presented with reasonable cause to suspect abuse or maltreatment. If, in your judgment, a child is in imminent danger, you need to call the hotline immediately and report the situation. If the situation does not pose an imminent danger, you should discuss the situation with your supervisor first. The mandated reporter's hotline number is: 1-800-635-1522. If you have further questions, there are pamphlets available or online at www.ocfs.state.ny.us.

Methamphetamine Laboratory: A pamphlet entitled “How to Recognize the Signs of a Clandestine Methamphetamine Laboratory” can be found in the on-line materials.

Advance Directives: Many people are worried about the medical care they would be given if they should become terminally ill and unable to communicate. Advance directives are documents written in advance of a serious illness that state your choices of health care, or name someone to make choices for you if you are not able to do so. Examples of advance directives are Living Wills, Health Care Proxies, and Do Not Resuscitate (DNR) orders. Please see the Director of Patient Services if you would like more information on advance directives.

Workplace Violence Policy: As required by Section 27-b of the NYS Labor Law, all public employers with 20 or more employees must have a Workplace Violence Prevention Plan. Saratoga County implemented its plan and policy in accordance with the Department of Labor guidelines. Saratoga County’s Workplace Violence Policy as well as information about the policy and incident reporting can be found in the on-line materials..

FACILITY INFORMATION

Right to Know/MSDS: (A flier is included in available for review in the on-line materials). You have a right to know of the health effects and hazards of toxic substances at your work site. We are required to have a current Material Safety Data Sheet (MSDS) for all chemicals we use. They provide information about the chemical including ingredients, potential health and physical hazards, personal protective equipment, first aid, spills procedures, handling and storage. These sheets can be found in the MSDS Book located in the Assistant to the Director’s office, next to the Director’s Office. A videotape is available on your right to know. Please see the Director if you wish to view it.

Fire/Safety Plan: Evacuation Procedure Guidelines for Public Health are in this packet. The safety of all employees and patients is of utmost importance. Our agency policy on emergency situations can be found on pages 18 and 18.1 of the Policy Book. The objectives are to have everyone remain calm, in contact with their immediate supervisor, and never take risks. We hold fire drills four times a year and disaster drills two times a year. Please review the guidelines and know your exit routes if you are in the building and have to evacuate. Always remember that wherever you are in the building at the time of an alarm or directive to leave the building – you should just leave the building. Do not return to your office to get your pocketbook or coat. The Public Health Nursing Service Evacuation procedure is available for review on-line.

Computer Use/Internet Technology Use Policy: Information concerning the Computer and Internet Use Policy for the County of Saratoga is found in the on-line materials.

Please review this information. Sign and return the acknowledgement sheet.

CONFIDENTIALITY

HIV Confidentiality Regulations: Public Health Law (Article 27-F) requires that information about AIDS and HIV be kept confidential. This agency recognizes and respects the importance of ensuring confidentiality. The law restricts disclosure of HIV-related information. When disclosure is authorized by a signed release, the person receiving the information MUST keep it confidential. The Agency Policy on release of HIV related material can be found in the Policy Book on the page labeled 30.6.

Included in the on-line materials the following:

- Policy/Procedure for Release of Confidential HIV Related Patient Information
- Related Attachments A, B, C, D

Confidentiality of Information/HIPAA: Attached is information regarding Confidentiality and Health Insurance Portability and Accountability Act (HIPAA) to include Saratoga County's HIPAA document, Saratoga County Public Health's HIPAA Procedure for Access, Use, and Disclosure of Individually Identifiable Health Information, Saratoga County Public Health's Notice of Privacy Practices, Incidental Uses and Disclosures, and Saratoga County Public Health's HIPAA Compliance Training document. Family Educational Rights and Privacy Act (FERPA) information is enclosed for Early Intervention staff only. **Please review this information. Sign and return the HIPAA Training Confirmation sheet.**

INFECTION CONTROL/BAG TECHNIQUE

Policies and Procedures

Infection Control/Bag Technique Policy: The agency Infection Control Policy is found on-line materials and also in the Policy Book on page 30.4. Labs are conducted on the second Thursday of each month at 2:00 p.m. for the nursing staff to review bag technique and aseptic technique. Each nurse is required to attend this yearly on the month of their anniversary date, and every effort needs to be made to attend on the assigned month. Home health aides receive training on an annual basis at one of their scheduled monthly meetings. Therapists need to follow proper infection control practices when dealing with patients. Nurses need to be sure that aides working with their patients are following proper infection control measures.

Standard Precautions (formerly Universal Precautions): These are addressed in the Infection Control Policy 30.4 listed above and are part of said policy. Also attached in the on-line materials is a copy of our agency procedure for Standard Precautions and Transmission-Based Precautions. Should you have any questions relative to this policy, please see Gayle McNicholas, the Communicable Disease Nurse.

Hand washing Policy: Staff members are required to follow appropriate hand washing procedures to prevent the spread of infection. The agency policy on hand washing is included is found on-line.

Bloodborne Pathogens (BBPs): Bloodborne pathogens are microorganisms, usually viruses, carried in a person's blood that cause infection and disease. You can become infected by contact with infected blood. The most common BBPs are HIV, Hepatitis B and Hepatitis C. Transmission of BBPs can be interrupted with the use of stand precautions.

Included in the on-line materials are copies of:

Bloodborne Pathogen Exposure Control Plan

Pamphlet - Hepatitis B – Are you at risk?

Pamphlet – Hepatitis C – Are you at risk?

Pamphlet – Occupational Exposure to Bloodborne Pathogens. It can be tri-folded and carried in your nursing bag or daybook as a handy reference.

Exposure Management Protocol for an Employee Exposed to a form of Bloodborne Pathogen. This protocol includes all necessary forms to complete should an exposure occur. It should be carried in your nursing bag.

Saratoga County Public Health Exposure Control Plan: The agency Exposure Control Plan Book is located in the Prevention Office. It contains all the agency policies/ procedures/ protocols regarding infection control and exposure to infectious materials. It is updated on an ongoing basis. Staff is encouraged to review the book periodically and especially if a question arises.

Tuberculosis: Tuberculosis is a bacterial disease usually affecting the lungs. Included in this packet is the NYS Department of Health Fact Sheet on Tuberculosis. Our agency is in charge of monitoring the TB activity in this county. We hold a clinic once a month where a physician will see patients with positive PPDs and those with active disease who are not communicable. For patients with active TB, we go into the home and do Direct Observed Therapy (DOT), in which we watch the patient take their medications on a daily basis. All staff is required to have a PPD test done annually unless they have had a positive test in the past. Anyone with TB related questions should see Jamie Berardi, our TB nurse.

EMERGENCY PREPAREDNESS

Emergency Preparedness Program: To effectively respond to an emergency or disaster, Saratoga County Public Health Nursing Service must engage in preparedness activities. These activities include:

- Participation in the Countywide Emergency Preparedness Committee
- Volunteer recruitment, training and education
- Development and updating of emergency plans with guidance from NYS Department of Health
- Administration of vaccines/prophylaxis medications to a large number of people in a short time period in the event of a public health emergency. Point of Dispensing (POD) sites have been established and POD drills are regularly practiced with Public Health staff, volunteers, and multiple agencies within the county.
- Fit testing for N-95 respirator masks is part of preparedness to protect staff from airborne spread of illness, such as Tuberculosis. Fit testing is done for all new staff and reviewed annually thereafter.

Any questions regarding Emergency Preparedness can be addressed with Cathy Medick, our Emergency Preparedness Coordinator.

Emergency Preparedness Policy: The agency needs to be prepared for a safe and effective operation should the county experience a large-scale emergency or disaster. We have a plan in place to address such emergencies. This plan, Operation of SCPHNS in an Emergency or Disaster, is part of the Policy Book and can be found on pages 18 – 18.2. A copy of the Policy is included in the on-line materials. All agency employees will function in specified roles during an emergency. We conduct or participate in drills on a regular basis to ensure that we, along with our community partners, are prepared should an emergency occur within the county.

CORPORATE COMPLIANCE

This on-line materials includes copies of the Medicaid and Medicare Corporate Compliance Plans for Saratoga County and Saratoga County Public Health.

After you review this information, please sign and return the Corporate Compliance Plan Acknowledgement Sheet.

FREEDOM OF INFORMATION LAW (FOIL) AND FREEDOM OF INFORMATION ACT (FOIA)

The Clerk of the Board of Supervisors is designated the "Records Access Officer" and all requests for County records under the FOIA should be directed to him/her. Below is Saratoga County's Freedom of Information policy.

FREEDOM OF INFORMATION

In accordance with the New York State Public Officers Law, Resolution 66-78, amended by 229-94, has established rules governing public access to County records. The Clerk to the Board has been designated "Records Access Officer" and all requests for County records under the Freedom of Information Act should be forwarded to her/him. Requests for public access to public records shall be accepted during the normal hours of business of the agency. A fee of \$0.25 per page will be charged to individuals requesting copies of public records.

Copies of Resolution 66-78, as amended by Resolution 227-94, are available from the Clerk to the Board.

*Anyone receiving a Freedom of Information Request should forward it to the Director of Public Health. Please do not give out any information, with the exception of your New York State Department of Health contacts



2014 ANNUAL MANDATORY TRAINING ACKNOWLEDGEMENT SHEET

I have received education/instruction/review on the following topics and have had the opportunity to have any of my questions answered.

1. Saratoga County Public Health Policies and Procedures
2. Medical Device Reporting
3. Domestic Violence
4. Child Abuse/Maltreatment
5. Methamphetamine Laboratories
6. Advance Directives
7. Workplace Violence Policy
8. Right to Know/Material Safety Data Sheets
9. Fire/Safety Plan
10. Computer Use Policy / Internet Technology Use Policy *(Sign off sheet to be returned)*
11. HIV Confidentiality Regulations (PHL – Article 27-F)
12. Confidentiality of Information/ HIPAA *(Sign off sheet to be returned)*
13. Confidentiality Statement *(Form to be signed and returned)*
14. Infection Control Policies; Standard Precautions; Hand washing; Bloodborne Pathogens
15. SCPHNS Exposure Control Plan
16. Tuberculosis
17. Emergency Preparedness Program
18. Annual Update of Emergency Preparedness Plan
19. Medicaid/Medicare Compliance Programs for Saratoga County and SCPHNS *(Sign off sheet to be returned)*
20. Freedom of Information Law (FOIL)/Freedom of Information Act (FOIA)

(Signature)

(Date)

Saratoga County Public Health Nursing Service (SCPHNS)
HIPAA Training Confirmation

I have received education/training on HIPAA.

I have received copies of the following:

1. Saratoga County Health Information Policy and Procedures document;
2. SCPHNS HIPAA Procedure for Access, Use, and Disclosure of Individually Identifiable Health Information
3. SCPHNS "NOTICE OF PRIVACY PRACTICES"
4. Section on "Incidental Uses and Disclosures" [45CFR 164.502(a)(1)(iii)];
5. SCPHNS HIPAA Compliance Training document
6. Review of Family Educational Rights and Privacy Act (FERPA) – Early Intervention Staff Only.

I understand that SCPHNS is committed to comply and obey HIPAA regulations and may create changes that allow for improved methods to protect Public Health Information. I will be notified of any changes.

I verify that, with my signature, I agree with the above statements and will comply with the HIPAA Policies and Procedures of Saratoga County and SCPHNS.

(Employee Signature)

(Date)

Saratoga County Public Health Nursing Service
ANNUAL EMPLOYMENT HEALTH ASSESSMENT

Name: _____ Gender: M F Date of Birth: _____

Address: _____ Phone No.: _____

Position: _____

Family Physician: _____ Address: _____

Have you been seen by a Physician in the past year? Yes No If yes, date: _____

REVIEW OF SYSTEMS: Do you have or have you been treated for:

	Yes	No		Yes	No
➤ Skin: changes in color	<input type="checkbox"/>	<input type="checkbox"/>	➤ Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
rashes	<input type="checkbox"/>	<input type="checkbox"/>	➤ Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>
bleeding	<input type="checkbox"/>	<input type="checkbox"/>	➤ Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
moles that have changed in			➤ Change in voice	<input type="checkbox"/>	<input type="checkbox"/>
color/size	<input type="checkbox"/>	<input type="checkbox"/>	➤ Difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>
➤ Enlargement of glands in neck	<input type="checkbox"/>	<input type="checkbox"/>	➤ Breast lumps	<input type="checkbox"/>	<input type="checkbox"/>
groin	<input type="checkbox"/>	<input type="checkbox"/>	pain	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fractures of a bone	<input type="checkbox"/>	<input type="checkbox"/>	discharge	<input type="checkbox"/>	<input type="checkbox"/>
➤ Joint: swelling	<input type="checkbox"/>	<input type="checkbox"/>	➤ Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
pain	<input type="checkbox"/>	<input type="checkbox"/>	➤ Cough	<input type="checkbox"/>	<input type="checkbox"/>
weakness	<input type="checkbox"/>	<input type="checkbox"/>	➤ Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
➤ Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	➤ Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
➤ Back injury	<input type="checkbox"/>	<input type="checkbox"/>	➤ Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
➤ Back surgery	<input type="checkbox"/>	<input type="checkbox"/>	➤ Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
➤ Restrictions placed on lifting/bending	<input type="checkbox"/>	<input type="checkbox"/>	pressure	<input type="checkbox"/>	<input type="checkbox"/>
➤ Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>	tightness	<input type="checkbox"/>	<input type="checkbox"/>
➤ Increasingly bothered by heat	<input type="checkbox"/>	<input type="checkbox"/>	➤ Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
cold	<input type="checkbox"/>	<input type="checkbox"/>	➤ Pain in legs	<input type="checkbox"/>	<input type="checkbox"/>
➤ Excessive eating	<input type="checkbox"/>	<input type="checkbox"/>	➤ High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
drinking	<input type="checkbox"/>	<input type="checkbox"/>	➤ Nausea	<input type="checkbox"/>	<input type="checkbox"/>
urination	<input type="checkbox"/>	<input type="checkbox"/>	➤ Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
➤ Headaches	<input type="checkbox"/>	<input type="checkbox"/>	➤ Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fainting	<input type="checkbox"/>	<input type="checkbox"/>	➤ Constipation	<input type="checkbox"/>	<input type="checkbox"/>
➤ Loss of vision	<input type="checkbox"/>	<input type="checkbox"/>	➤ Black stools	<input type="checkbox"/>	<input type="checkbox"/>
➤ Double vision	<input type="checkbox"/>	<input type="checkbox"/>	➤ Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>
➤ Blurry vision	<input type="checkbox"/>	<input type="checkbox"/>	➤ Change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>
➤ Change in hearing	<input type="checkbox"/>	<input type="checkbox"/>	➤ History of hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ringing in ears	<input type="checkbox"/>	<input type="checkbox"/>	yellow jaundice	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pain in ears	<input type="checkbox"/>	<input type="checkbox"/>	➤ Pain upon urination	<input type="checkbox"/>	<input type="checkbox"/>
➤ Discharge from ears	<input type="checkbox"/>	<input type="checkbox"/>	➤ Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
➤ History of mental/emotional disorder	<input type="checkbox"/>	<input type="checkbox"/>	➤ History of seizures	<input type="checkbox"/>	<input type="checkbox"/>
➤ Sores in mouth	<input type="checkbox"/>	<input type="checkbox"/>	blackouts	<input type="checkbox"/>	<input type="checkbox"/>
			weakness of arms or legs	<input type="checkbox"/>	<input type="checkbox"/>

Give details of "yes" answers: _____

Blood pressure: _____ / _____

Weight: _____ lbs

Pulse: _____ /per minute

Regular: Irregular:

MEDICAL HISTORY: (PAST YEAR)

Hospitalization (date, reason): _____

Surgery (date, type): _____

Daily medications: _____

Allergies: _____

Date of last Pap Smear? _____

PPD: date of last done _____ due _____

Chest x-ray: _____

Have you had any Worker's compensation or Disability claims in the past year? _____

Do you have any medical conditions that could affect your ability to perform your duties, or create a potential risk to patients, the public, or other personnel? _____

Smoking: # packs/day _____ # years _____

Alcohol: _____

Have you ever taken any habit forming drugs other than those prescribed by a physician? _____

Do you have any habituations such as alcohol, tobacco, stimulants, or narcotics that could affect your ability to perform your duties? _____

EMPLOYEE CERTIFICATION:

I hereby certify that the answers to the questions on this form are true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation of my medical condition (if any) will result in withdrawal of my offer of employment and may be grounds for future discipline, up to and including termination.

Employee signature _____ Date _____

Director Public Health/Director Patient Services signature _____ Date _____



SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE
31 Woodlawn Avenue, Suite 1, Saratoga Springs, NY 12866-2198
Telephone: (518) 584-7460 Fax: (518) 583-1202/ (518) 583-2498/ (518) 693-7389
www.saratogacountyny.gov

CONFIDENTIALITY STATEMENT - 2014

All information related to patient care and financial status is considered confidential and is discussed among Saratoga County Public Health Nursing staff only for professional purposes. Internal written/oral reports shall present only data relevant to the purposes of the report, and every effort should be made to avoid undue invasion of privacy.

Clinical and other materials can be used in classroom teaching and/or written articles only when the identity of the person is not revealed unless the person has given consent.

Patient information can be released to the individual or others according to the described statement in the Bill of Rights or with a signed release from the patient or a qualified person.

All patient records are stored and handled in such a way as to prevent their loss, damage, or unintentional access by unauthorized persons.

I understand and agree to comply with the Saratoga County Public Health Nursing Service policies and procedures to protect the privacy and confidentiality of patient information.

Signature of Staff Member

Date



SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE
31 Woodlawn Avenue, Suite 1, Saratoga Springs, NY 12866-2198
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www.saratogacountyny.gov

CORPORATE COMPLIANCE PLAN ACKNOWLEDGEMENT SHEET

I have received and reviewed a copy of the *Saratoga County Corporate Compliance Plan* and the *Saratoga County Public Health Medicaid and Medicare Corporate Compliance Plan(s)* and have had the opportunity to receive answers to any questions I may have had.

Signature with Title

Date

*General providers should review the Saratoga County Plan and both the SCPHNS Medicare and Medicaid Compliance Plans.

Early Intervention providers need only review the Saratoga County Plan and the SCPHNS Medicaid Plan.

SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE

ACKNOWLEDGEMENT RECEIPT

***COMPUTER USE POLICY
INTERNET TECHNOLOGY USE POLICY***

I have received a copy of the Computer Use and Internet Technology Use policy concerning computers, software, Internet connection and email systems supplied by County of Saratoga for use by Saratoga County employees.

Employee Printed Name

Date

Employee Signature