



Huron Valley PACE®



Volunteer Training Guide

Huron Valley PACE

Bloodborne Pathogen INFECTION CONTROL TRAINING

Program Objectives

Review and Identify

- Blood Borne Pathogens
- Infection Control
- Hand washing
- Drug Resistant Bacteria
- Influenza
- Tuberculosis
- Hazardous Wastes

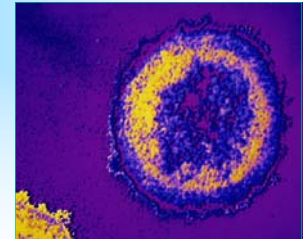
What is a BB Pathogen?

Microorganisms that are carried in the blood that can cause disease in humans



Common BB Pathogen Diseases

- Malaria
- Brucellosis
- Syphilis
- **Hepatitis B(HBV)**
- **Hepatitis C(HCV)**
- **Human Immunodeficiency Virus (HIV)**



Human Immunodeficiency Virus (HIV)

- HIV is the virus that leads to AIDS
- HIV depletes the immune system
- HIV does not survive well outside the body
- No threat of contracting HIV through casual contact

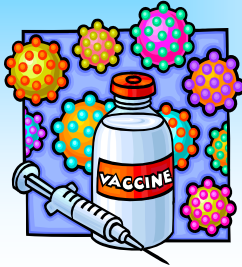


Hepatitis B (HBV)

- 1—1.25 million Americans are chronically infected
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease, liver cancer, and death
- Vaccination available since 1982
- HBV can survive for at least one week in dried blood
- Symptoms can occur 1-9 months after exposure



Hepatitis B Vaccination



- Strongly endorsed by medical communities
- Offered to all potentially exposed employees
- Provided at no cost to employees
- Declination form

Hepatitis C (HCV)

- Hepatitis C is the most common chronic bloodborne infection in the United States
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease and death
- No Hepatitis C vaccination



Potentially Infectious Bodily Fluids

- Skin tissue, cell cultures
- Any other bodily fluid
- Blood
- Saliva
- Vomit
- Semen or vaginal secretions
- Body fluids visibly contaminated with blood



Transmission Potential

- Contact with another person's blood or bodily fluid that may contain blood
- Mucous membranes: eyes, mouth, nose
- Non-intact skin
- Contaminated sharps/needles



Your Exposure Potential

- Administering first aid
- Caring for participants
- CPR
- Blood draws
- Injections
- Handling of any waste products



Standard Precautions

- Apply to all / assumes anyone has a potential BB or may be infectious
- Use of proper PPE
- Treat all blood and bodily fluids as if they are contaminated
- Disposal of all contaminated material in the proper manner



Personal Protective Equipment (PPE)



- Anything that is used to protect a person from exposure
- Latex or Nitrile gloves, goggles, CPR mouth barriers, aprons, respirators

PPE Rules to Remember

- Always check PPE for defects or tears before using
- If PPE becomes torn or defective remove and get new
- Remove PPE before leaving a contaminated area
- Do not reuse disposable equipment

Regulated Medical Waste

- Liquid or semi-liquid blood or other potentially infectious material(OPIM)
- Contaminated items that would release blood or OPIM when compressed
- Contaminated sharps
- Pathological and microbiological waste containing blood or OPIM



Linen / Laundry

- Avoid the transfer of microorganisms to others
- Handle, transport, and process linen that may be soiled with blood or body fluids in a manner that prevents skin and mucous membrane exposures

Hand Washing



- Single most effective method to control spread of diseases
- Wash hands immediately after removing PPE

HAND WASHING

The three "F's"

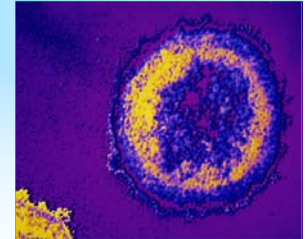
- **FREQUENT**
- **FRICTION**
- **FINGERNAILS**
- **Soap and water for 15-30 sec.**
- **Hand Sanitizers for 10 sec.**

Eating and drinking is prohibited in areas that there may be contaminants.



Drug Resistant Bacteria

- MRSA
- VRE



MRSA

Methicillin-Resistant Staphylococcus Aureus

MRSA

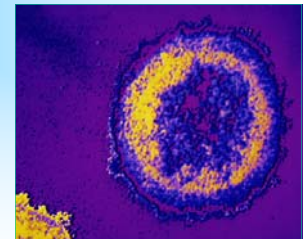
- A type of staph that resists treatment with methicillin antibiotic
- It is often resistant to other antibiotics as well
- Frequently occurs in hospitals and other healthcare facilities

MRSA Transmission

- Direct skin to skin contact
- Contact with shared items that have been in contact with the bacteria
- Factors associated with it:
 - Crowding
 - Frequent Contact
 - Compromised Skin
 - Contaminated Surfaces
 - Lack of Cleanliness

Preventing Spread of MRSA

- Keep hands clean with frequent hand washing / sanitizing
- Keep open wounds clean and covered
- Avoid sharing personal items



VRE

Vancomycin-Resistant Enterococci

What Is It?

- Enterococci bacteria are common in the body
- Most do not cause infections
- In people treated with some antibiotics the bacteria may mutate and cause infections
- These infections become resistant to the antibiotic - Vancomycin



INFLUENZA

- A contagious infection caused by a virus
- Spread by droplets when an infected person sneezes or coughs
- Usually affects the respiratory system



Preventing Influenza

- Good Hand Washing
- Annual Vaccinations -
In order to protect PACE participants and staff, annual influenza vaccinations will be given to all staff and offered to all participants



Tuberculosis

- Caused by a bacteria
- Usually affects the lungs, but can affect any body organ
- Active TB spreads through droplets
- Must have close contact and breath the same air as infected person
- Staff and participants will be tested annually for TB

Latent vs Active TB

Latent TB

- No symptoms
- Does not feel sick
- Can NOT spread TB
- Has positive skin test
- Has normal chest x-ray
- Negative sputum test
- Treat to prevent turning into active TB

Active TB

- Has symptoms
- Feels sick
- May spread to others
- Usually has a positive skin test
- Usually has positive chest x-ray and sputum
- Needs treatment

Symptoms of TB



- A bad cough with pain in the chest
- Coughing up bloody sputum
- Weakness and fatigue
- Weight Loss / Poor appetite
- Night Sweats
- Chills, Fever



Isolation Precautions

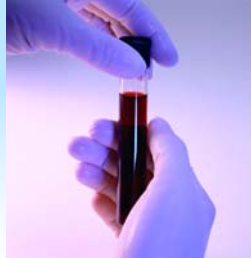
- Isolation will be initiated when a communicable disease is strongly suspected or confirmed
- A nurse may initiate isolation but the PCP must order
- The appropriate Isolation Sign will be posted
- Everyone, including all staff and visitors, will follow the precautions
- The need for frequent hand washing and other precautions will be communicated to families and care givers

Exposure Incident

- A specific incident of contact with potentially infectious bodily fluid
- If there are no infiltrations of mucous membranes or open skin surfaces, it is not considered an occupational exposure
- Report all accidents involving blood or bodily fluids
- Post-exposure medical evaluations are offered

Post-exposure Evaluation

- Confidential medical evaluation
- Document route of exposure
- Identify source individual
- Test source individuals blood
- Provide results to exposed employee



Recordkeeping

Medical records include:

- Hepatitis B vaccination status
- Post-exposure evaluation and follow-up results

Training records include:

- Training dates
- Contents of the training
- Signature of trainer and trainee



Signs & Labels

- Labels must include the universal biohazard symbol, and the term "Biohazard" must be attached to:
 - Sharps containers
 - refrigerators or freezers containing blood or OPIM
 - containers used to store, transport, or ship blood or OPIM



PACE Infection Control Committee (ICC)

- The ICC establishes policies and procedures for surveying, investigating, controlling and preventing the spread of disease
- The ICC reviews trends
- The ICC monitors staff performance/compliance
- The ICC with the QA Committee may develop ways to monitor the spread of disease



In Conclusion

BB pathogen and Infection Control rules are in place for your health and safety

Failure to follow them is a risk that does not need to be taken

Questions?

Please contact your supervisor
or
Quality Assurance Coordinator with
any questions

Thank You!

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Emergencies and Disasters

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Participant Occurrence Report

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- Completed in the event of an injury to a participant
- Notify the Center Manager of any injury to a participant immediately after rendering aid to the participant
- 4 section form
- One section is completed by the participant
- Two sections are completed by the Center Manager
- One section is completed by the person who rendered aid
- Forms should be returned to the Center Manger who will then distribute them to the QA Manager

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Employee Occurrence Report

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- To be complete in the event of an injury to an employee
- Notify the employee's supervisor of any injury to an employee immediately after rendering aid to the employee
- 4 section form
- One section is completed by the employee
- Two sections are completed by the supervisor
- One section is completed by the person who rendered aid
- Forms should be returned to the Center Manger who will then distribute them to the QA Manager

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Accident Reports

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- Pertain to automotive accidents that occur to participants during transport
- Different than Occurrence Reports
- Are completed by the driver of the vehicle

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Emergency Plan

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- For the purposes of the emergency plan, participants are divided into three levels of acuity
- Priority 1
- Priority 2
- Priority 3

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Priority One Participants

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- Priority 1:** The participant has medical and safety issues that require ADL activities such as dressing, feeding, positioning/transfers and/or are incontinent or receive medical services such as dialysis. The participant is not able to be left alone without supervision and/or has no caregiver available.

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Priority Two Participants

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- **Priority 2:** The participant has some medical issues and requires assistance with ADL activities and has scheduled treatments such as dialysis. The participant may be left alone for short periods of time (30 minutes to 2 hours) and is not a risk for falls or injuries. This participant may also have a caregiver available to call or provide assistance.




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Priority Three Participants

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- **Priority 3:** The participant has some medical issues and requires assistance with 1-2 ADL activities. The participant is able to be left alone for up to 6 hours and is not a risk for falls or injuries while alone. This participant may also reside in a 24 hour care facility such as Home for the Aged or Assisted Living.




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Natural Disaster

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- If a disaster is predicted, phone calls will go out to participants informing them of our plan in regards to the disaster
- If that disaster occurs, PACE staff will call the participants to assess their condition starting with Priority 1 participants
- Arrangements will be made for the care of the participants
- Huron Valley PACE Executive Director, Medical Director, and Center Manager will monitor local news and weather reports to ascertain if a voluntary or mandatory evacuation order has been given to any area that would require evacuation of participants and provide assistance to those participants as needed




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Nuclear Disaster

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- The Huron Valley PACE participants will be residing in an area that is within both the ten (10) mile and fifty (50) mile radius of the Fermi II Nuclear Power Plant in Monroe
- If a voluntary or mandatory evacuation order occurs from local city officials or the governor, Huron Valley PACE will communicate with participants and their caregivers to assure that participants have assistance. Huron Valley PACE will make every effort to accommodate the needs of participants and respond to any situations where it is believed a participant may be in danger.




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Hazardous Weather

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- The decision not to provide services to participants during these circumstances will be made by the Executive Director
- During Hazardous weather, reasonable attempts will be made to open the Center for Participants who provide their own transportation.
- Center Manager or designee will determine if sufficient staff are available to open and operate the Center. If available, the Center will be open to those Participants and/or families that will provide their own transportation.
- The Home Care Coordinator will determine the availability of Home Care Staff and in conjunction with the Center Manager determine the priority of services as available.




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Equipment, Power, and Water Failure

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- Remove Participants and staff from immediate dangers
- If outages are anticipated to be less than one hour and participant needs can be safely met, then the center will remain open, pending approval of the State Administering Agency
- If the center is to be closed, the staff will initiate the Participant's Call Tree
- The Center Manager or designee will ascertain if each participant can be transported home at that time, and if not, where the participant can be safely placed
- Should it be necessary to evacuate the center and/or provide a temporary location during an equipment, power or water failure, participants may be evacuated to a United Methodist Retirement Communities location




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Fire 


- If a fire occurs in the Center, the following set of rules should be immediately implemented:
- Remove from immediate danger any Participants near fire or smoke.
- Pull the nearest fire alarm.
- Call the Emergency 911 system and state that we have a fire emergency.
- Try to control the fire by using the proper fire extinguisher. Fire extinguishers are located throughout the building. Water or blankets may also be used as emergency measures.
- Participants will be evacuated using the nearest safe exit. The evacuation plan is on the wall by the reception desk in the Adult Day Center.




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Bomb Threat 


- In the event of a bomb threat directly to the center the recipient of the threat is to prolong the conversation as long as possible. The recipient shall be alert for distinguishing voice characteristics and background noises such as music, voices and church bells etc.
- The recipient of the call will summon help. The first available person will announce overhead "I am initiating a Code Black." This is to alert all staff that there has been a bomb threat to the facility.
- The Front Desk Receptionist will activate 911.
- Emergency evacuation procedures shall be followed unless otherwise directed by the local emergency authorities.




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Participant Emergency 


- Responding staff will identify life-threatening or unstable situations and respond as follows:
- Will assess the situation, obtain code status, and medical information from chart, and initiate emergency measures.
- Identify life-threatening and/or unstable situations. Life-threatening may be described as excessive bleeding, chest pain or pressure, choking, breathing difficulties, unconsciousness or any situation that may result in death if not treated immediately.




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Full Code Health Care Wishes: (per care plan) 


- Call 911, begin CPR, call the provider.
- Clinic staff and/or the provider will provide a verbal report to the ambulance crew.
- Provide a copy of the participant's face sheet and the current medication list.
- Notify and give report to the emergency room of pending arrival.
- Attempt to notify family members of the transfer.




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Basic Life Support (BLS) Health Care Wishes (Per care plan) 


- Per care plan, call 911 or initiate BLS
- Attempt to notify family members of participant condition
- If 911 is called, follow the same procedure as for full code, and prepare the participant for transport.
- Provide a copy of the participant's face sheet, DNR order sheet if applicable, and the current medication list.
- Notify and give report to the emergency room of pending arrival.



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Do Not Resuscitate (DNR)-Health Care Wishes (HCW) 

- Provide comfort measures as needed.
- This may include calling 911 in some situations, in which case emergency workers will be informed of the participant's wishes not to be resuscitated.



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Participant Medical Emergency off-site

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- Participants leaving for scheduled outings will take with them a written DNR order.
- In the event of an emergency, attending staff will notify the center immediately and initiate emergency measures as indicated on the Emergency Care Plan.

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Participant Emergency/Urgent Services Out of Network

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- If the participant is away from his/her home and out of the service area, Huron Valley PACE will cover both emergency and urgently needed care for:
 - For all emergency care if the prudent layperson standard is met and the participant believes he or she is in a critical health emergency (or if the participant fears for his or her life or well-being)
 - Urgently needed out-of-network or post-stabilization care services if Huron Valley PACE does not respond to a request for approval within one (1) hour after being contacted or cannot be contacted for approval.
 - Any services provided outside of the United States, except as may be permitted under the Federal regulations and the state's approved Medicaid plan (The United States includes the 50 states and the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands).

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Missing Participant Procedure

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- Determine the time the participant was last seen and the areas in which the participant usually frequents in the center.
- Assign a staff member who is familiar with participant, to search area.
- Assign a driver to search the area by van.
- The staff member who initially discovers the missing participant will notify Huron Valley PACE Executive Director and/or the PACE Center Manager.

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Missing Participant Procedure Continued

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- The following procedure is to be followed if the participant has not been located within 30 minutes:
 - Notify and elicit (if available) the family's help in locating the participant, they might have the participant with them.
 - Ask one of the family members to remain at the participant's home
 - All staff should continue to watch for the participant (i.e. have staff member periodically search the area, have the drivers look for the participant while continuing their runs).
 - Notify and alert the Executive Director, Center Manager, Medical Director of the events that have taken place so far as soon as possible.
 - The Center Manager or designee, must file a missing persons report with the police in person or by calling 911 and provide them with the needed information per Huron Valley's Missing Participant P&P.

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Missing Participant Procedure Continued

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- Check with the Hospital Emergency Rooms and Admitting Offices. Be prepared to give a description of the participant. Ask the hospital to contact Huron Valley PACE immediately if the participant is brought into their hospital.
- If the participant is found, call Huron Valley PACE at (734) 572-5777 anytime day or night and ask to notify the Huron Valley PACE Administrator on call and the physician on call.
- If the participant has not been found by the end of the day consult the Huron Valley Missing Participant P&P for an extension of the procedure.

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Media Inquiries

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- If contacted by member of the media, do not respond directly and instead secure contact information for follow-up (their name; company or publication; complete phone number).
- Notify the Executive Director, Sonja Felton, of media inquiries as they occur. We wish to be immediately responsive.
- Contact Felicia Gearhart, Quality Director, at 734-827-0324.
- Any media reports represents a potential or actually harmful characterization of a PACE organization is a Level II reportable event

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Huron Valley PACE® allows seniors to remain independent in their own homes and communities.

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Medicare Part D Fraud, Waste and Abuse Program

- Corporate Compliance






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Purpose

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- Huron Valley PACE's role as a Medicare Part D (prescription drug) plan sponsor
- Huron Valley PACE's Fraud, Waste and Abuse Compliance Program (FWA)
- Corporate Compliance
- Provide guidance
- Corporate Compliance Hotline UMRC's ethics point Hotline (866) 384-4277
- Compliance officer is Felicia Gearhart (734) 879-0324

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What is a Compliance Program?

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- Commitment to doing business in an ethical way
 - Corporate Compliance Program
 - Fraud, Waste and Abuse Program
 - Whistleblower Protection and Non-Retaliation Act
 - Deficit Reduction Act






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Elements of a Compliance Program

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- Prevention
 - Sets rules of conduct
 - Educates about rules of conduct
- Detection
 - Audits and monitors to detect problems
 - Encourages staff to report concerns
- Correction
 - Imposes discipline when appropriate
 - Corrects problems






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Medicare Part D

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- Huron Valley PACE is considered a Medicare Part D prescription drug plan sponsor, and most of the prescription drugs we provide our participants are paid for under Medicare Part D
- All Part D plans are required to have a comprehensive program to prevent, detect and correct fraud, waste and abuse (FWA) in our prescription drug benefit program.
- Part D FWA, and plan sponsors' FWA programs, are under a lot of scrutiny; we have seen increased attention on the part of the government to fraud, waste and abuse and this is likely to continue.


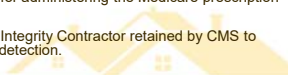



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Terminology

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- FWA means fraud, waste and abuse.
- Fraud means purposeful deception to get something of value (such as increased reimbursement from the government). Example: enrolling fictitious individuals in a PACE program and pocketing the money provided.
- Waste means the careless or needless expenditure of funds. Example: include poor or inefficient record-keeping that results in increased costs to the government.
- Abuse means any kind of behavior that is inconsistent with sound fiscal, business or medical practices and that directly or indirectly results in higher costs to the government. Example: issuing refills for a prescription that is not medically necessary.
- CMS means the Centers for Medicare and Medicaid Services, the government agency responsible for administering the Medicare prescription drug benefit.
- MEDIC means a Medicare Drug Integrity Contractor retained by CMS to assist with fraud prevention and detection.





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Federal Laws 


- The False Claims Act (FCA) prohibits knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment or approval. Additionally, it prohibits knowingly making or using a false record or statement to get a false or fraudulent claim paid by the federal government. (31 United States Code § 3729-3733)
- Examples include:
 - -Submitting fabricated data to CMS in order to get higher payments
 - -Falsifying data in order to get a higher capitation or reimbursement rate
- The Anti-Kickback Statute (AKS) prohibits the payment of a kickback or other remuneration in return for referring or recommending a service paid for by Medicare or Medicaid. (42 United States Code §1320a-7b(b)) Examples include:
 - -A pharmaceutical company paying a fee to a physician for every prescription the physician writes for that company's drugs
 - -A Part D plan paying a nursing home to influence all residents to sign up for that prescription drug plan

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Federal Laws Continued 


- Stark Statute (Physician Self-Referral Law)
- -Prohibits a physician from making a referral for certain designated health services to an entity in which the physician (or a member of his or her family) has an ownership/investment interest or with which he or she has a compensation arrangement (exceptions apply). 42 United States Code §1395nn

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Federal Laws Continued 

- Exclusion
- -No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General. 42 U.S.C. §1395(e)(1) 42 C.F.R. §1001.1901

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Consequences of Committing Fraud, Waste, or Abuse 


- The following are potential penalties. The actual consequence depends on the violation.
- Civil Money Penalties
- Criminal Conviction/Fines
- Civil Prosecution
- Imprisonment
- Loss of Provider License
- Exclusion from Federal Health Care programs

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Reporting and Investigation: 

- You can report compliance concerns by:
 - Calling Corporate Compliance Hotline (866) 384-4277
 - Supervisor
 - Compliance Officer

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Reporting and Investigation (continued): 

- Staff and first tier, downstream and related entities are encouraged to ask questions and are expected to report suspected non-compliance
- It is your responsibility to make these reports.
- Reports can be made anonymously, and Huron Valley PACE will make all reasonable attempts to protect confidentiality.
- The Compliance Officer will review the available information and take appropriate actions.

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Reporting and Investigations (continued):

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- You will NOT be punished or retaliated against for reporting compliance concerns, including concerns of suspected FWA concerning our Part D prescription drug plan.
- You are prohibited from retaliating against anyone in response to such reports.
- If you believe you have been disciplined or retaliated against for reporting a compliance concern, you should tell the Compliance Officer.

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Reporting and Investigations (continued):

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- The Compliance Officer is responsible for overseeing internal investigations (investigations that we perform).
- When the government or a government contractor such as a MEDIC conducts an investigation, it is the policy of Huron Valley PACE to cooperate in that investigation.
- However, you are not obligated to consent to an interview, and you may ask that someone else be present during any interview.
- Contact the Compliance Officer immediately if you are contacted by a law enforcement officer or government agent about Huron Valley PACE's business, or if you receive an OIG or Grand Jury subpoena or summons.

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Monitoring and Auditing

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- Engage in regular monitoring of our Part D plan, including monitoring for potential FWA.
- Monitors pharmacies, (pharmacy benefit managers) and other third parties that assist with our Part D plan.
- Review prescription drug event (PDE) and cost data that is submitted to CMS.
- Monitor participants and prescriber activity to identify any possible FWA.

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Monitoring and Auditing (continued):

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- You should report any instances of improper drug-seeking behavior on the part of participants, or any incidents suggesting that participants' family members may be improperly obtaining prescription drugs from the participant.
- You also should report any incidents suggesting improper overutilization of prescription drugs on the part of a participant or family member.
- Such reports should be made to an interdisciplinary team member, your supervisor, the Compliance Officer.

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Prohibitions on Kickbacks or False Claims:

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- If you have any reason to believe that:
 - A PACE staff member, a prescriber or any other individual is receiving improper kickbacks in return for actions related to prescription drugs,

OR

- The organization's prescription drug plan is using false data or participants are not getting the drugs that have been prescribed for them

Contact the Compliance Officer


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Disciplinary Guidelines


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- Compliance with our FWA Program and other compliance-related policies, and participation in training programs, is a requirement of Huron Valley PACE
- Serious or repeated misconduct, including failure to report violations, may result in disciplinary action.
- Compliance with the FWA Program and other compliance policies is required.

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Conflict of Interest 


- A “conflict of interest” is any outside interest (financial, personal or organizational) of Huron Valley PACE’s staff, Board of Directors that could impair your ability to make independent judgments on the job.
- All staff complete a “Conflict of Interest” statement upon hire and annually.
- All Board of Directors complete an annual “Conflict of Interest” statement.

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WHISTLEBLOWER PROTECTION 


- Encourage staff and volunteers to report serious concerns regarding misconduct, or wrong doing without the threat of retaliation or discrimination.
- Prevent and detect fraud, waste and abuse in Federal & State health care programs.
- Protection of staff from adverse employment action as a result of the staff’s “good faith” to report an alleged violation.

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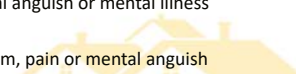
Responsibility 

- All staff are Obligated to Report
 - Mandatory not Optional
- Confidentiality
 - All information is kept confidential
 - Staff may remain anonymous
- Good Faith
- Non-retaliation for Reporting

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What to Report? 


- Abuse
 - Willful infliction of injury
 - Unreasonable confinement
 - Intimidation
 - Punishment resulting in physical harm, pain or mental anguish
- Neglect
 - Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness
- Mistreatment
 - Inflicting physical harm, pain or mental anguish

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What to Report 

- Misconduct
 - Inappropriate behavior
 - Wrongdoing
- Misappropriation
 - Alleged theft, illegal use, taking or misappropriation of participant property of any value
- Harm
 - Physical harm, injury, mental anguish, injuries of unknown source

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What to Report 

- Fraud and Abuse
 - Knowingly making false statements of fact
 - Concealing facts in order to obtain payment from a Federal and/or State health care programs
 - Presenting or submitting claims for payment, while knowing the claims are false
 - Requesting payment for property or services that have not been provided
 - Intending to defraud the Government
 - Knowing or willful solicitation
 - Intentional misrepresentation of billing practices
 - Request reimbursement for services not medically necessary

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Who to Report Issue To



- Supervisor
- Day Center Manager
- Corporate Compliance Officer
 - Quality Assurance Manager
- Executive Director
 - Call the “Hotline” (866) 384-4277



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Investigation Report



- Type of misconduct
- Staff/Department committing Misconduct
- Staff reporting Misconduct
 - Staff may remain anonymous
- Summary of allegations of Misconduct
- Action taken (based on findings)



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Hazardous Communication



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Proper Storage, Handling, and Disposal of Chemicals and Compounds

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- Chemicals and compounds will be stored, handled, and disposed of according to the manufacturer's recommendations as indicated on the package label.
- Manufacturers issued Material Safety Data Sheet (MSDS) will be accessible for each chemical used.




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Hazard Communication

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- In order to ensure chemical safety in the workplace, information must be available about the identities and hazards of the chemicals. OSHA's Hazard Communication Standard (HCS) requires the development and dissemination of such information:
 - Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and
 - Prepare labels and material safety data sheets (MSDSs) to convey the hazard information to their downstream customers.
 - All employers with hazardous chemicals in their workplaces must have labels and MSDSs for their exposed workers, and train them to handle the chemicals appropriately.




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Safety Data Sheets

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- Under the new Haz/Com Standard, Material Safety Data Sheets (MSDS) are now called Safety Data Sheets (SDS).
- All SDSs will have a consistent 16-section format.
- Employers must ensure that SDSs are readily accessible to employees.



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Proper Storage, Handling, and Disposal of Chemicals and Compounds

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- All chemicals and compounds will be stored in their original containers and labeled accordingly.
- All compounds will be used per manufacturers instructions.
- Containers containing mixed chemicals must be labeled regarding contents and usage.



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Classifications

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SDSs will be organized in a different format than MSDSs

Chemicals will be classified using a harmonized system that provides standardized language for:

- Health Hazard Categories
- Physical Hazard Categories
- Environmental Hazard Categories*



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**Chemical Classifications:
Health Hazards**

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- Acute Toxicity
- Skin Corrosion/Irritation
- Respiratory or Skin Sensitization
- Germ Cell Mutagenicity
- Carcinogenicity
- Reproductive Toxicity
- Specific Target Organ Toxicity – Single Exposure
- Specific Target Organ Toxicity – Repeated Exposure
- Aspiration
- Simple Asphyxiants

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Labels

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- There are several new label elements:
- Symbols called “Pictograms”
- Signal Words
- Hazard Statements
- Precautionary Statements
- Product Identification
- Supplier/Manufacturer Identification

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**Chemical Classifications:
Physical Hazards**

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- Explosives
- Flammable Aerosols
- Oxidizing Gases
- Gases under Pressure
 - Compressed Gases
 - Liquefied Gases
 - Refrigerated Liquefied Gases
 - Dissolves Gases

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Labels: Pictograms

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- There are 9 pictograms. Only 8 are regulated by MIOSHA
- Health Hazards
- Physical Hazards
- Environmental Hazards (Regulated by DEQ)

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**Chemical Classifications:
Physical Hazards (continued)**

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- Flammable Liquids
- Flammable Solids
- Self-Reactive Chemicals
- Pyrophoric Liquids
- Pyrophoric Solid
- Pyrophoric Gases
- Self-heating Chemicals
- Chemicals, which in contact with water, emit flammable gases

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Acute toxicity (Severe)

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Acute toxicity (Less Severe):

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- Irritant
- Dermal sensitizer
- Acute toxicity (harmful)
- Narcotic effects
- Respiratory tract irritation




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Pictograms – Physical Hazards

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- Explosives
- Self reactives
- Organic peroxides
- Flammables
- Self reactives
- Pyrophorics
- Self heating
- Emits flammable gas
- Organic peroxides



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Skin corrosion,
Serious eye damage/Eye irritation

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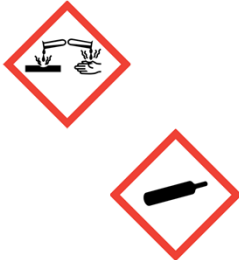


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Labels: Pictograms – Physical Hazards
(continued)

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- Corrosive to Metals
- Gases under Pressure




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Other Toxicity

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- Carcinogen
- Respiratory sensitizer
- Reproductive toxicity
- Target organ toxicity
- Mutagenicity
- Aspiration Hazard



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Labels: Pictograms – Physical Hazards
(continued)

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- Oxidizer



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Labels: Signal Word



- These are words used to indicate the severity of the hazard and alert employees to the potential hazard.
- Only 2 signal words will appear:
 - "DANGER" (more severe hazard)
 - "WARNING" (less severe hazard)
- Not all labels will have a signal word. Some chemicals are not hazardous enough to require that a signal word appear on the label.



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Label: Identification



- Product identification (i.e. name of product)
- Supplier identification:
 - Address
 - Telephone number



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Labels: Hazard Statement



- There are specific hazard statements that must appear on the label based on the chemical hazard classification.
- Examples:
 - Flammable liquid and vapor
 - Causes skin irritation
 - May cause cancer

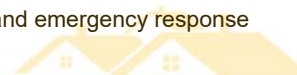


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Label: Other information



- Other information that may be included on the label:
 - Physical state
 - Color
 - Hazards not otherwise classified
 - Route of exposure
 - Storage and disposal
 - Hazard prevention and emergency response instructions



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Label: Precautionary Statements



- Precautionary statements describe recommended measures that should be taken to protect against hazardous exposures, or improper storage or handling of a chemical.
- Examples:
 - Wear respiratory protection
 - Wash with soap and water
 - Store in a well ventilated place



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Labels: Secondary containers



- Secondary labeling systems are still permitted
- Must be consistent with the revised Haz Com standard
- No conflicting hazard warnings or pictograms.
- May use written materials (e.g., signs, placards, etc.) in lieu of affixing labels to individual stationary process containers.
- Employer can use GHS compliant labels (same as shipping).



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Exposure Control Plan

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- Work practice controls are used to eliminate or minimize the risk of exposure to occupational hazards.
- Personal protective equipment
- Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses
- Food and drink may not be stored in any area where blood or other potentially infectious materials are present.
- Hand washing
- Contaminated sharps handling and disposal
- Broken glassware
- Splashing of blood or other potentially infectious body fluids
- All specimens of blood or body fluids are put in a leak-proof container during collection, handling, processing, storing, transporting or shipping.
- Regulated waste
- Linens/laundry
- Housekeeping and maintenance
- Hepatitis B Vaccination

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Fire Extinguisher Use

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- Pull
- Aim
- Squeeze
- Sweep

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Eyewash Equipment

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- 2 Eyewash stations at Huron Valley PACE
- One is located in the Clinic Bathroom
- One is located in the Clinic Lab Room on the far wall

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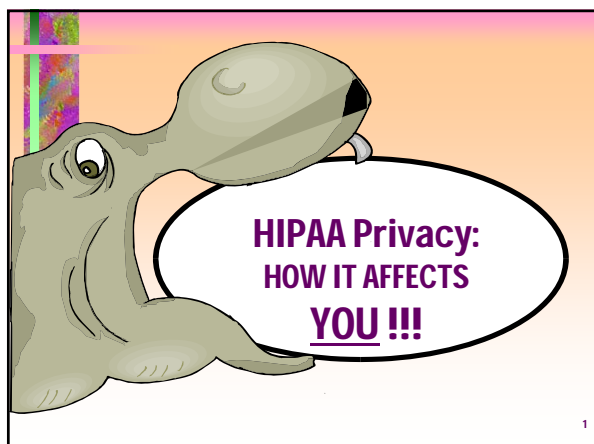


RACE

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- Rescue
- Alarm
- Contain
- Evacuate or Extinguish

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1

Goals of Training



- To increase your knowledge & understanding of what protected health information (PHI) is in this facility, and what threats may exist to its privacy and its security
- To enhance your awareness of your role in helping this facility follow HIPAA rules
- To provide information about to whom you can go with questions about privacy, and about security
- To inform you about your reporting responsibilities when HIPAA violations occur

2

Goals of Training (cont)

- To alert you to the possible penalties for violation of HIPAA law for both you and this facility.
- To protect the confidentiality of our consumer's Protected Health Information (PHI) in support of one of our values -- dignity, self-worth and individual rights. It's the right thing to do!
- To understand that this same law also protects you as a consumer of health care.

3

What is HIPAA?



- Health Insurance Portability and Accountability Act of 1996 – a Federal Law
 - Portability
 - Administrative Simplification
 - Data Standardization
 - Security
 - Privacy

4

DEFINITION: PRIVACY

- Privacy is the right of an individual to keep his/her individual health information from being disclosed.


5

What are the HIPAA requirements?

- To protect the **privacy** and security of an individual's Protected Health Information (PHI)
- To share information on a "Need to Know" basis
- To extend the rights of individuals over the use of their protected health information

6

Examples of PHI



- Names
- Postal Address
- All elements of dates (except year)
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Social Security Numbers
- Medical record numbers

- Account numbers
- Health plan beneficiary numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic

7

How to use or disclose PHI


- PACE must give each participant a Notice of Privacy Practices during enrollment that:
 - Describes how PACE may use and disclose the participant's PHI
 - Advises the participant of his or her privacy rights
 - PACE must obtain the participant's signature acknowledging receipt of the Notice. If a signature is not obtained, PACE must document the reason it was not.

8

How Individual Staff Protect PHI

only if according to Center policy

- Close doors or draw privacy curtains/screens
- Conduct discussions so that others may not overhear them
- Don't leave medical records where others can see them or access them
- Keep medical test results private
- PHI info should NOT be shared or viewable in public areas
- Don't leave copies of PHI at copy machines, printers, or fax machines.
- Don't leave PHI exposed in mail boxes or conference rooms.
- Don't share computer passwords or leave them visible
- Don't leave computer files open when leaving unlocked or shared work area
- Secure PHI when no one is in the area, lock file cabinets and office doors
- Safeguard PHI when records are in your possession
- Return medical records to appropriate location
- Dispose of paper containing PHI properly
- Fax only if according to Center policy




9

How Individual Staff Protect Privacy

Don't


- Email with individuals' identifiable information (1st name, last initial ok)
- Leave PHI in any public wall file trays unless enclosed in an interoffice envelope
- Discuss an individual in front of other individuals or visitors
- Leave diskette boxes containing PHI in unlocked areas
- Leave PHI for shredding in unlocked/undesignated area
- Place individuals' full names on desk blotters
- Leave Rolodex files containing PHI accessible
- Leave individual/employee PHI lists publicly posted
- Leave records opened and unattended
- Bring personal computers for use at the PACE Center
- Leave Center keys unattended

WHETHER A HEALTH or FINANCIAL INTERVIEW, OBSERVE THESE GUIDELINES !!!



10


HIPAA Enforcement



- CIVIL PENALTIES for failure to comply
 - \$100 fine per person per violation
 - \$25,000 fine per year for multiple violations
 - \$25,000 fine cap per year per requirement.
 - You can be personally liable!

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HIPAA Enforcement



- CRIMINAL PENALTIES for failure to comply
 - Knowingly or wrongfully disclosing or receiving PHI: \$50,000 fine and/or one year prison time
 - Commit offense under false pretenses:
 - \$100,000 fine and/or five years prison time
 - Intent to sell PHI or client lists for personal gain or malicious harm: \$250,000 fine and/or ten years prison time.
 - Again, you can be personally liable!

12

HIPAA Enforcement

- These penalties apply to oral, paper and electronic Protected Health Information (PHI).

13

"Need to Know" Principles

- Necessary for your job
- How much do you need to know?
- How much do other people need to know?

ONLY WHEN REQUIRED FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS, OR WHEN PERMITTED OR REQUIRED BY LAW.

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How Does "Need to Know" Translate into HIPAA?

HIPAA's Minimum Necessary rules :

- Must provide only PHI
 - in the minimum necessary amount
 - to accomplish the purpose for which use or disclosure is sought
 - Minimum necessary does not apply when patient provides a valid, signed authorization for release of PHI
 - De-identified Information: De-identified information is PHI with all HIPAA identifiers removed.
- Exceptions:
- Disclosure to a health care provider for treatment
 - Permissible uses or disclosures made by the patient.
 - Uses or disclosures made based on patient's signed authorization.
 - Uses or disclosures required for HIPAA compliance
 - Use for legal proceedings, law enforcement, etc.

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HIPAA Requires...

- Notice of Privacy Practices
 - Purpose : To provide consumer with adequate notice of uses or disclosures of PHI
 - Must be written in plain language
 - Must be provided at the time of first service or assessment for eligibility
 - Has to provide Privacy Officer contact information

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HIPAA Consumer Protections

- Complaint Procedure
 - HIPAA requirement
 - Allows a consumer to file a complaint if they believe we have improperly used or disclosed their PHI



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HIPAA PHI Protections

- Staff Access to PHI
 - Purpose : To guide staff in keeping PHI confidential
 - Inappropriate access/use/disclosure of consumer PHI results in disciplinary action, possible other penalties.



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HIPAA Disclosure Protections

- **Authorization**
 - Required to disclose PHI to person or agency outside the facility
 - Must be specific:
 - What PHI is to be shared
 - With whom
 - what purpose



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When No Authorization Is Needed...

- **Key examples:**
 - Elder abuse/neglect reports
 - Judicial/administrative proceeding
 - Law enforcement
 - To avert serious threat to health or safety
 - Audits
 - Management and Financial
 - When required by CMS or/and MDCH
 - Program monitoring and evaluation
 - Certification of facilities and individuals



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PRIVACY vs SECURITY

- Privacy is the right of an individual to keep his/her individual health information from being disclosed.
- Security is how we protect PHI from accidental or intentional disclosure, alteration, destruction or loss.

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Purpose of Security

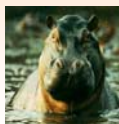
- To protect the system and information from unauthorized access



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Safety and Security of Electronic Information

- **Electronic information can be lost or stolen**
 - Lost or stolen laptop computers or PDA's
 - Lost or stolen zip drives, CD's, flash drives
 - Emails or faxes sent to the wrong address or person
 - Users not logged off a system



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Electronic Security - Audit Controls

- These controls are in place to monitor access to PHI. Computer systems have logs indicating who has viewed, updated, or added information
- These logs are used in proactive chart review processes as well as when a possible breach is encountered
- PACE reserves the right to use system audits, as well as manual random audits, to ensure the privacy of PHI

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Electronic Security – Access Controls

- A unique user identification (login) is required
- A complex password is required

The IT coordinator of Huron Valley PACE will assign the user a password

- Don't tell anyone your password.
- Don't write your password down anywhere
- Change password if others know it
- Enter your password in private

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General Security Awareness

- **Building\Work Area Access**
 - Sign into Building
 - Show ID\Visitors Badge
 - Patient\Client Area Entry



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E-mail and Internet Security

- Electronic mail (e-mail) and Internet communication provided by PACE is reserved for business use and associate's educational development.
- All electronic systems are the property of PACE. Therefore, there are expectations of privacy when using these systems.
- It is not to be used for personal business.
- PACE reserves and intends to use the right to review, audit, intercept, access, and disclose all messages.
- All e-mail with confidential information sent outside the organization must first be encrypted.

27

PC and System Protection



- Be aware of potential harm
- Follow the e-mail policy
- Don't download non-PACE approved programs
- Report unknown or suspicious e-mail, attachments

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TOP 10 PRIVACY & SECURITY PRACTICES

1. When in doubt, don't give information out
2. Log off before you walk away from your computer
3. Double check fax numbers before sending
4. Do not send e-mails or use the internet unless the connection is secure and approved
5. Identify the caller before releasing confidential information.
6. Never share your password with anyone
7. Maintain the security of all patient information in all its medium like paper, electronic and oral
8. Discuss patient information in private locations
9. Access information on a need to know basis, only to do your job.
10. Dispose of confidential information according to proper procedures (ie. Locked Shred Bins)

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REMEMBER



- **Your role will dictate access**
 - Use only if necessary to perform job duties
 - Use the minimum necessary to perform your job
 - Follow all PACE policies and procedures for information confidentiality and security

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Where To Go For More Information



Centers for Medicare and Medicaid Services
- www.cms.gov

US Department of Health and Human Services
- www.hhs.gov

Workgroup for Electronic Data Interchange (WEDI)
- www.wedi.org

Washington Publishing Company
- www.wpc-edi.com

PARTICIPANT CARE TRAINING MODULE

Huron Valley PACE


PARTICIPANT TRAINING MODULE

REQUIRED CMS PACE TRAINING TOPICS (42 CFR 460)

- Overview of Regulations & Staff Training Regulations
- Participant Bill of Rights
- Advanced Directives
- Restraints
- Incident Events and Level Two Events
- Elder Abuse
- Latex Allergy
- Food Safety

STAFF ORIENTATION & TRAINING

- Minimum orientation & training requirements are in the regulations
- Copies of regulations are available for staff
- Training Modules have been developed based on the regulations



PARTICIPANT BILL OF RIGHTS

- Designed to protect and promote the rights of each participant. These include:
 - Respect & Nondiscrimination
 - Information Disclosure
 - Choice of Providers
 - Access to Emergency Svs.
 - Participation in Treatment Decisions
 - Confidentiality of PHI
 - Complaints and Appeals
- Participant Bill of Rights is posted in the Day Ctr.
- Participant given a copy at enrollment
- Staff are expected to promote these rights
- Staff violating these rights may be terminated
- Participants can report violations to the State of MI or Federal Office of Civil Rights

Advanced Directives

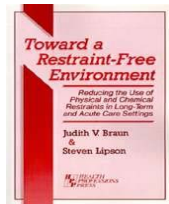
- An Advanced Directive (A.D.) defines what type of care a person wants if unable to make their own decision
- Participants have the right and are encouraged to create an A.D.
- The PACE PCP and MSW will be responsible for discussing with participants and care givers at least annually. A participant wishing to be DNR (Do Not Resuscitate) must have a signed, witnessed DNR and a physician's order in the medical record
- Participants have the right to change their A.D. at any time
- There are several types of A.D.s and laws vary in each state

TYPES OF ADVANCED DIRECTIVES

- Michigan recognizes 3 types of A.D.s
 - Durable Power of Attorney for Health Care
 - Legally binding in the State of Michigan
 - Defines **WHO** a person wants to speak for them when they are no longer able to do so.
 - Living Will
 - Not Legally binding in Michigan, but are in other states
 - Defines **WHAT** a person wants done if they are no longer able to state their own wishes
 - Do Not Resuscitate Declaration
 - Legally binding in Michigan

USE OF RESTRAINTS

- Federal Rules require that restraints are used only as a last resort and for a limited time.
- Huron Valley PACE's goal is to be "Restraint Free."
- A physician order is needed for a restraint
- Staff will be trained in applying and monitoring if restraints are ever ordered.



OCCURRENCE REPORTS

- "WHAT" - is an "Incident" - an unusual occurrence that has or has a potential for a negative outcome.
- "WHAT" - is an Incident Report- Form that is filled out in order to record the details.
- "WHY" - to document and give information that may be useful for Quality Improvements
- "WHO" - the first staff member to become aware of the event will complete the report

OCCURRENCE REPORTS

- "WHEN" - as soon as possible after the event
- "WHERE" - Blank forms are kept in the file cabinet at the Reception Desk and in the Clinic
- "HOW" - Complete all areas of the Incident Report as accurately and objectively as possible. Completed forms will be submitted to the Center Manager for review, sent to other staff if indicated and finally to QA for tracking, trending and reporting.

INCIDENT

- Staff, contracted staff, visitors, as well as, participants may be involved in an **INCIDENT**
- Incident Report forms must be completed for all types of incidents.
- Please review the H. R. manual for policies and procedures of reporting



EXAMPLES OF INCIDENTS

- Falls
- Medication errors
- Level 2 (Sentinel) Events
- Fraud, Waste or Abuse
- Elopement
- Disease outbreak
- Events involving the police or fire depart.
- Elderly Abuse or Neglect
- Accidents



LEVEL 2 EVENTS (PREVIOUSLY SENTINEL EVENTS)

- CMS has replaced "Sentinel Event" with "Level 2" Event
- Level 2- Significant / serious events (incidents) having adverse outcomes
- Must be reported, individually, at the time of the event
- Involve in-depth "root-cause" analysis and CMS-MDCH-PACE conference call



Examples of Level 2 Events

- Deaths- related to or suspected- Suicide, homicide, coroner investigation, or unexpected deaths
- Falls- resulting in death, hospitalization, permanent loss of function
- Infectious Disease Outbreak- 3 or more cases
- Pressure Ulcers- Stage III-IV acquired in PACE
- Burns- resulting in hospitalization
- Medication Errors- significant adverse consequences
- Restraints with significant adverse outcomes

ELDER ABUSE

- **Elder Abuse** is doing something or failing to do something that results in harm to an elderly person or puts a vulnerable older person at risk for harm
- Elder abuse is a serious problem in this country.
- The frail, elderly PACE participant is vulnerable to all forms of abuse
- All PACE staff should be aware of warning signs and understand appropriate responses

TYPES OF ELDER ABUSE

- **Sexual** - abuse of a sexual nature, such as sexual coercion and assault
- **Verbal**- oral, written or gestured language that is derogatory or disparaging
- **Physical** – hitting, slapping restraints or drugs to control behavior
- **Emotional**- any action that lowers self-esteem or isolates the victim
- **Misappropriation**- use of a participant's funds or possessions without their consent or knowledge, stealing money
- **Neglect**- reckless disregard in failing to provide for the participant's basic needs
- **Mistreatment**- deliberate lack of care and concern – more than poor judgment - on the part of the abuser

ELDER ABUSE

Who is the Abuser?

- Studies have shown that the most likely abusers are family members

Who are Elderly Victims?

- Isolated, lonely
- Physically or cognitively impaired
- Family hx of abuse / violence
- Mental health issues
- Require a great deal of care



SIGNS OF SUSPECTED ABUSE

PHYSICAL ABUSE:

- Unexplained bruises, welts, appearing symmetrically on both sides of the body
- Broken bones, dislocations
- Broken eye glasses
- Caregiver will not allow you to speak alone with victim

EMOTIONAL / MENTAL:

- Controlling, belittling caregiver behaviors

SEXUAL ABUSE:

- Bruises / bleeding of breasts / genitals / rectal area
- Sexually transmitted disease

NEGLECT:

- Weight loss, malnutrition
- Untreated medical conditions (pressure ulcers)
- Dirty, unbathed
- Unsafe living conditions
- Abandonment

SIGNS OF SUSPECTED ABUSE

FINANCIAL MISAPPROPRIATION

- Significant withdrawals from elder's accounts
- Sudden changes in finances
- Missing items from homes
- Changes in wills, POA, insurance policies
- Unpaid bills, utilities shut-off even when there is money to pay for these.



REPORTING ABUSE

The law requires that professional, licensed staff report actual or suspected elder abuse to:

Adult Protective Services (APS)

PACE STAFF:

- If a PACE staff member suspects abuse of a PACE participant, he/she should report their suspicions to their supervisor or the assigned MSW.
- An Incident Report Form should be completed as completely and, **most importantly**, as objectively as possible.
- Also, document facts **objectively** in the EMR

PROTECTING THE PARTICIPANT

- The IDT will determine if the participant needs immediate protection and will make any necessary arrangements.
- Individuals suspected of abuse will be barred from the PACE Center pending investigation of the incident.
- Counseling and support for participants will be provided and documented.

LATEX ALLERGY

- Up to 12% of healthcare workers and 6% of the general population have allergic reactions to Natural Rubber Latex (NRL).
- NRL is contained in many medical, household and office supplies. These products may include such items as: blood pressure cuffs, latex gloves, stethoscopes, tubing and syringes, goggles, masks, catheters, tape, band aides, hot water bottles, balloons.
- Many of these products are now available as "Latex-Free" options.

RISK FACTORS FOR LATEX ALLERGY

- Frequent, ongoing exposure to latex
- People with multiple allergies and allergic conditions
- Persons with spina bifida
- Persons with allergies to foods that are closely related to NRL, such as avocados, bananas, kiwi, potatoes, tomatoes

ROUTES OF EXPOSURE

- Skin Contact- wearing latex gloves
- Mucous Membranes- dentistry and anesthetic products
- Inhalation- airborne powder from the above products
- Internal / Visceral- Latex products used during surgery
- Intravascular- Intravenous products

SYMPTOMS OF LATEX ALLERGY

- **MILD:** Rashes, hives, itching, flushing, watering eyes and sinus symptoms
- **MODERATE:** Respiratory irritation, asthma
- **SEVERE - ANAPHYLAXIS:**
 - Dizziness
 - Nausea, Vomiting
 - Confusion
 - Loss of Consciousness
 - Wheezing
 - Shock and DEATH

Anaphylaxis Requires Immediate Medical Care

NUTRITION AND FOOD SAFETY

IDT will ensure a participant:

- Receives adequate nutrition
- Receives well-balanced meals to meet any special needs
- Receives supplements or snacks to meet their needs
- Receives tube feedings or parenteral nutrition per care plan
- Has their weight monitored

Ensure sanitary conditions:

- Prepare, handle and store food to avoid contamination
- Wash hands prior to food preparation and serving
- Not allow any food to be brought in from participant's home
- Label and date opened food
- Observe food expiration dates

FOOD SAFETY AND STORAGE

Refrigerated Foods:

- Refrigerator / freezer temperatures will be logged daily
- Refrigerator temperatures should be 35-41 degrees F.
- Freezer temps. should not exceed 0 degrees F.
- If temps. fall outside these ranges immediate action will be taken



FOOD SAFETY AND STORAGE

To meet CMS Regulations:

- Meals for PACE will be catered by an outside agency that has the appropriate state and local certifications
- Any person handling or preparing food will have received the required training
- The temperature of the food served will be monitored and logged to meet requirements
- Clean up and disposal of wastes will be done properly.

PARTICIPANT CARE MODULE SUMMARY

This module has presented PACE training for:

- Regulation Overview and Staff Training
- Participant Bill of Rights
- Advanced Directives
- Restraints
- Incident Events and Level Two Events
- Elder Abuse
- Latex Allergy
- Food Safety

NEXT STEPS

- Contact QA Coordinator or your supervisor for questions or comments
- Complete the post test and turn in for review and follow up.
- Continue with completion of the required training modules.

