



## The Law Gives You Rights Over Your Health Information

Providers and health insurers who are required to follow this law must comply with your right to

- ▶ Ask to see and get a copy of your health records
- ▶ Have corrections added to your health information
- ▶ Receive a notice that tells you how your health information may be used and shared
- ▶ Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- ▶ Get a report on when and why your health information was shared for certain purposes
- ▶ If you believe your rights are being denied or your health information isn't being protected, you can
  - ▶ File a complaint with your provider or health insurer
  - ▶ File a complaint with the U.S. Government

### Your Privacy Is Important to All of Us

Most of us feel that our health and medical information is private and should be protected, and we want to know who has this information. Now, Federal law

- ▶ Gives you rights over your health information
- ▶ Sets rules and limits on who can look at and receive your health information

### Your Health Information Is Protected By Federal Law

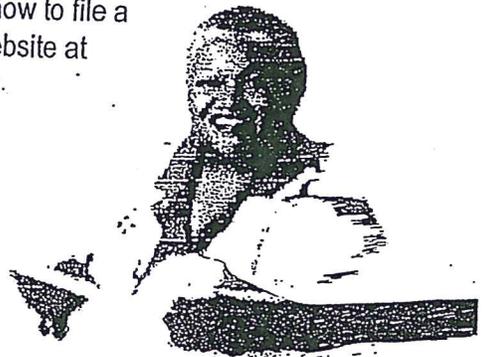
Who must follow this law?

- ▶ Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- ▶ Health insurance companies, HMOs, most employer group health plans
- ▶ Certain government programs that pay for health care, such as Medicare and Medicaid

What information is protected?

- ▶ Information your doctors, nurses, and other health care providers put in your medical record
  - ▶ Conversations your doctor has about your care or treatment with nurses and others
  - ▶ Information about you in your health insurer's computer system
  - ▶ Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

You should get to know these important rights, which help you protect your health information. You can ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint, from the website at [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy) or by calling 1-866-627-7748; the phone call is free.



PRIVACY PROTOCOL

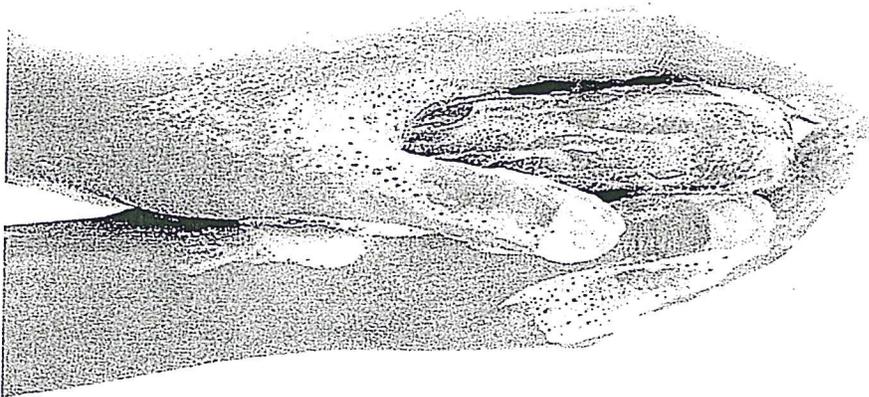
- Each client should own a winter and summer bath robes.
- When clients are in their bedrooms, dressing, grooming, door should be closed or slightly ajar allowing for privacy.
- When clients are in bathroom, door should be closed unless otherwise specified due to safety concerns.
- Clients should wear bath robes when coming out of their bedrooms/bathroom in night wear.
- Clients should be encouraged to fasten clothing appropriately , if observed otherwise, they should be directed to bedroom or bathroom to make corrections.
- When clients observed masturbating (or engaged in other forms of sexual expressions) in areas other than bedrooms or bathroom, they should be directed to those areas.
- Clients / staff should always knock or be assisted to knock on closed doors.
- Clients should not be allowed in other's bedroom without permission.



# RCM OF WASHINGTON

## UNIVERSAL PRECAUTIONS

*(INFECTION CONTROL)*



# Universal Precautions

## **What are universal precautions?**

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids.

The Laboratory Centre for Disease Control, Health Canada and the U.S. Centers for Disease Control have developed the strategy of "Universal Precautions" to prevent contact with patient blood and body fluids. Universal precautions stress that all patients should be assumed to be infectious for blood-borne diseases such as AIDS and hepatitis B.

## **Should universal precautions be applied to all workplaces?**

In the workplace, universal precautions should be followed when workers are exposed to blood and certain other body fluids, including:

- semen
- vaginal secretions
- synovial fluid
- cerebrospinal fluid
- pleural fluid
- peritoneal fluid
- pericardial fluid
- amniotic fluid

## **Universal precautions do not apply to:**

- feces
- nasal secretions
- sputum
- sweat
- tears
- urine
- vomitus
- saliva (except in the dental setting, where saliva is likely to be contaminated with blood)

Universal precautions should be applied to all body fluids when it is difficult to identify the specific body fluid or when body fluids are visibly contaminated with blood.

## **How can workers prevent exposure to blood and body fluids?**

Barriers are used for protection against occupational exposure to blood and certain body fluids.

These barriers consist of:

- Personal protective equipment (PPE)
- Engineering controls
- Work practice controls

**Personal Protective Equipment (PPE)** - PPE includes gloves, lab coats, gowns, shoe covers, goggles, glasses with side shields, masks, and resuscitation bags. The purpose of PPE is to prevent blood and body fluids from reaching the workers' skin, mucous membranes, or personal clothing. It must create an effective barrier between the exposed worker and any blood or other body fluids.

**Engineering Controls** - Engineering controls refer to methods of isolating or removing hazards from the workplace. Examples of engineering controls include: sharps disposal containers, laser scalpels, and ventilation including the use of ventilated biological cabinets (laboratory fume hoods).

**Work Practice Controls** - It refers to practical techniques that reduce the likelihood of exposure by changing the way a task is performed. Examples of activities requiring specific attention to work practice controls include: hand washing, handling of used needles and other sharps and contaminated reusable sharps, collecting and transporting fluids and tissues according to approved safe practices.

## **Is universal protection required by law?**

Occupational health and safety is regulated in Canada in each of the fourteen jurisdictions (provincial, territorial and federal). Some jurisdictions may have also developed specific modifications of infection control guidelines. For more information on these, you may wish to contact the departments responsible for occupational health and safety and public health in your province.

1. **Barrier protection** should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids (cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, semen and vaginal secretions).

Barrier protection should be used with ALL tissues.

The type of barrier protection used should be appropriate for the type of procedures being performed and the type of exposure anticipated. Examples of barrier protection include disposable lab coats, gloves, and eye and face protection.

2. **Gloves** are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials.
3. Wear **face protection** (face shield) during procedures that are likely to generate droplets of blood or body fluid to prevent exposure to mucous membranes of the mouth, nose and eyes.
4. Wear **protective body clothing** (disposable laboratory coats (Tyvek)) when there is a potential for splashing of blood or body fluids.
5. **Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
6. **Wash hands immediately** after gloves are removed.
7. **Avoid accidental injuries** that can be caused by needles, scalpel blades, laboratory instruments, etc. when performing procedures, cleaning instruments, handling sharp instruments, and disposing of used needles, pipettes, etc.
8. Used needles, disposable syringes, scalpel blades, pipettes, and other **sharp items are to be placed in puncture resistant containers** marked with a biohazard symbol for disposal.

## **Infection Control**

### **10 Steps For Practicing SIMPLE HEALTHY HABITS**

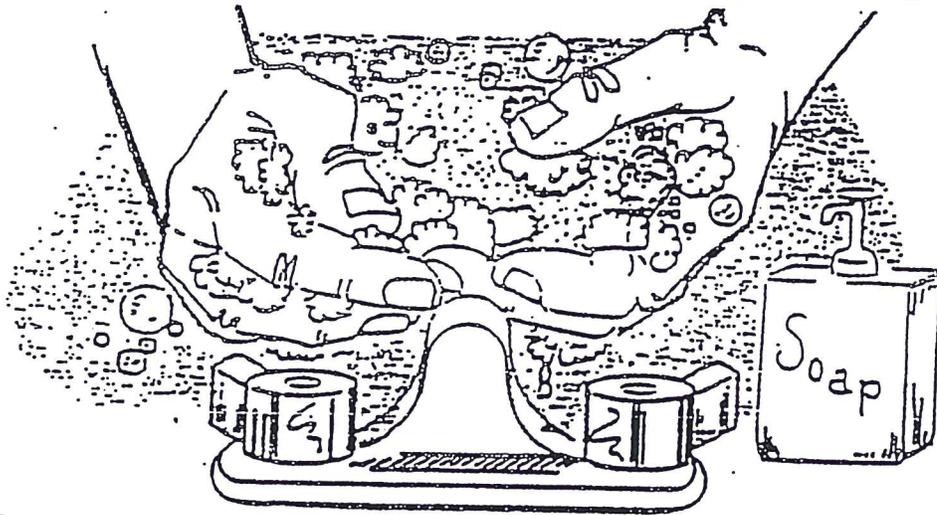
- 1. Bacteria can linger on bar soap; SO WASH HANDS FREQUENTLY WITH A LIQUID ANTI-BACTERIAL SOAP.**
- 2. DON't SHARE CUPS. HAVE DIXIE CUPS ON HAND IN A BATHROOM OR KITCHEN DISPENSER. USE Dixie cups only once and THROW THEM AWAY.**
- 3. Get in the Blow, Throw and Wash Habit. After using a paper tissue, Be Sure to Throw it away and WASH YOUR HANDS IMMEDIATELY AFTER USE.**
- 4. Colds can be transferred through HAND-TO-HAND CONTACT. Avoid TOUCHING EYES,NOSE or MOUTH when exposed to cold germs.**
- 5. Use Disposable paper napkins and towels instead of cloth or sponges. BACTERIA and Viruses can live on cloth towels and sponges for hours.**
- 6. Toys are common germ carriers. Wash Toys in warm,soapy water to kill Bacteria and Viruses.**
- 7. If you have to sneeze and a tissue is unavailable sneeze into your shoulder, not your hands,to avoid spreading your cold.**
- 8. Germs may remain in stagnant air; so open the windows when weather permits.**
- 9. Clean high-touch surfaces like stair railings, telephones,counter tops and doorknobs frequently, to avoid HAND-TO-Hand Spread of VIRUSES.**
- 10. Avoid Smoking at HOME. SMOKE is a RESPIRATORY IRRITANT THAT INCREASES SUSCEPTIBILITY TO COLDS AND FLU.**

THE



METHOD OF

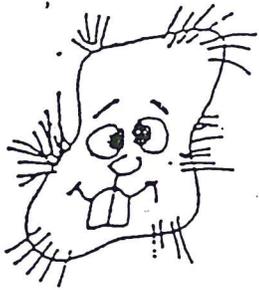
# HAND WASHING



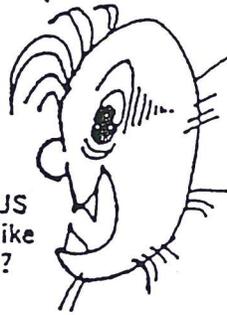
- Use SOAP and RUNNING WATER.
- RUB your hands vigorously
- WASH ALL SURFACES, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands



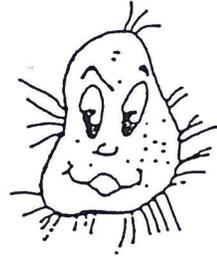
# DO YOU HAVE ANY IDEA WHAT GERMS COULD BE ON YOUR HANDS?



I love people!  
To show you how  
much — I cause  
urinary tract  
infections.  
I'm **PROTEUS**



Hi! I'm  
**STAPHYLOCOCCUS**  
How would you like  
a big **ZIT** or boil?



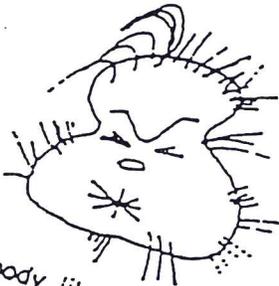
My name is  
**BACILLUS SPEC**  
and I'm a norma  
contaminate



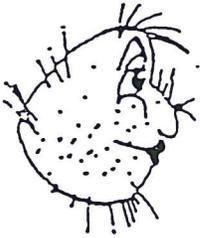
I'm **TOLU**! The gang calls me  
**PSEUDOMONAS AERUGINOSA**  
I infect wounds and  
produce blue-green pus.



I go by the handle of  
**KLEBSIELLA**. I can  
cause wound infections.



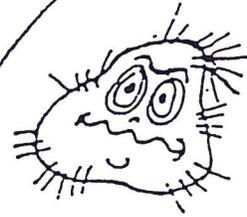
Everybody likes me. I cause  
diarrhea. My name is  
**IGELLA**.



Call me Beta  
**STREPTOCOCCI**  
Group A —  
I'm delighted to  
give you a sore  
throat.



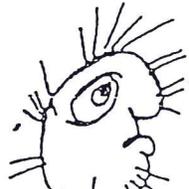
You can call n  
**BACTEROIDES**. If yx  
don't wash after a BM  
can give you many thing:  
How would you like an e  
infection or vaginitis



I'm known as  
**STREPTOCOCCUS**  
**PNEUMONIAE**  
among other things I  
love to give you  
pneumonia.



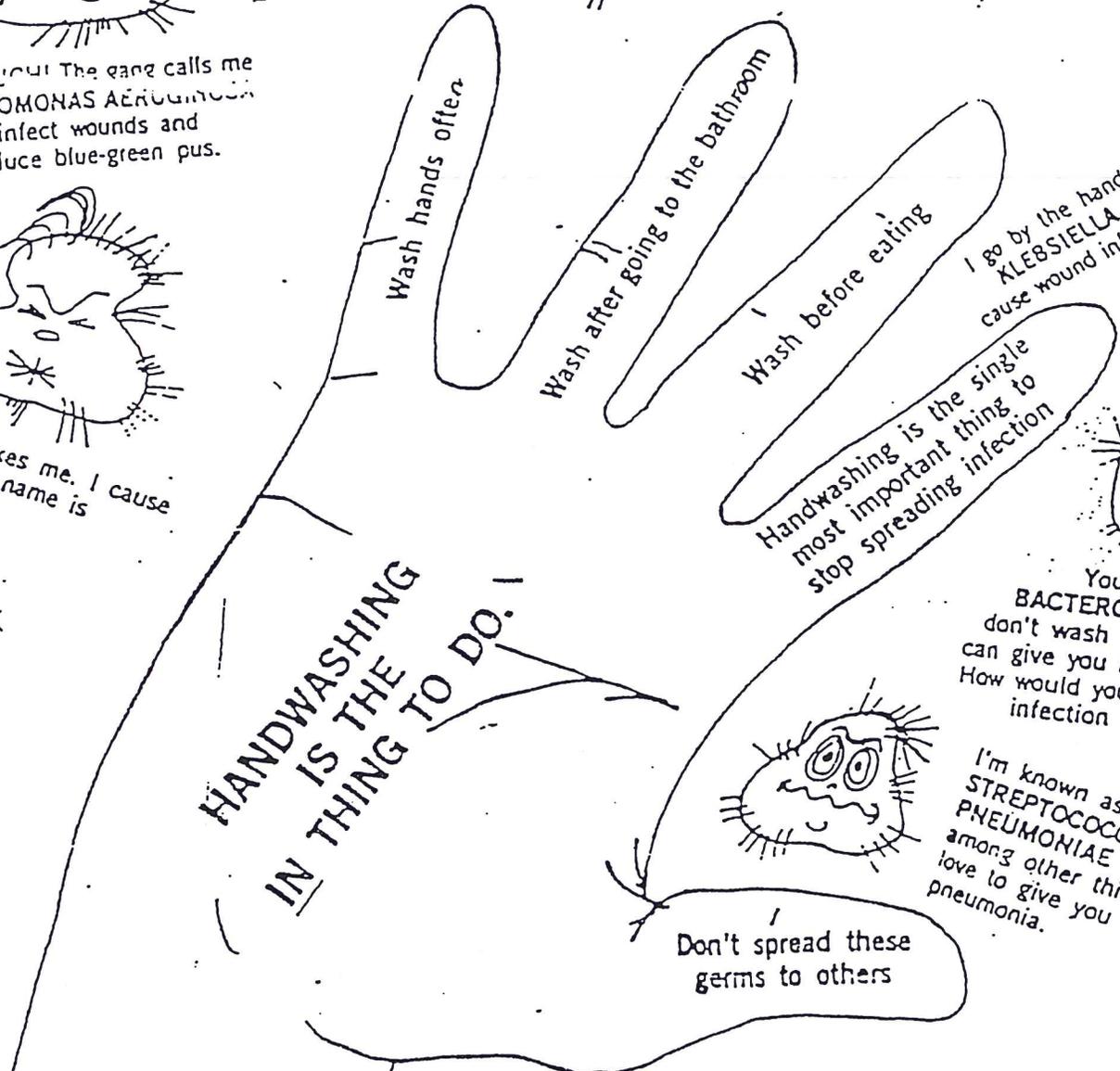
They call me  
**EMOPHILUS**.  
I cause a highly  
infectious conjunctivitis  
(Pinkeye).



**BOO!** I'm E. coli — short  
for **ESCHERICHIA coli**.  
I cause nice things like  
diarrhea or urinary tract  
infections.



**GRrrr!** I'm  
**PEPTOCOCCUS**. I cause  
tonsillitis or colitis.



Wash hands often

Wash after going to the bathroom

Wash before eating

Handwashing is the single  
most important thing to  
stop spreading infection

**HANDWASHING  
IS THE  
BEST THING TO DO!**

Don't spread these  
germs to others

Attachment # 3.1

RCM OF WASHINGTON  
900 2<sup>ND</sup> STREET NE, SUITE # 8  
WASHINGTON DC, 20002

INFORMED CONSENT FOR THE USE OF MEDICATIONS (SEDATION)

Individual: Juanita Powell

RCM Location: 2420 I Street S.E

Date of Birth: 04/16/1946

Date: 10-15-13

Medication/Dosage	Purpose	Possible Common Side Effects
Alprazolam 1mg	sedation for dental	Drowsiness, dizziness, increased saliva production, or change in sex drive.

Questions regarding the use of these medications should be addressed to the prescribing physician listed below:

Dr. Randi Alexander  
Name of Physician

202-386-7020  
Telephone Number

Consent Statement: I have received information on these medications, the reasons for their use, and I have had the opportunity to have any question that I may have answered. I consent to the use of these medications. I understand that failure to consent to this medication will not result in a loss of services from DCA. I also understand that I may withdraw my consent at any time, without loss of services from DCA.

J. Powell  
Individual

03-23-13  
Date

Elise A. Joyner, Med. Guardian  
Guardian/Next of Kin/Family

4/4/14  
Date

Abna Beatty  
QMRP

03/24/14  
Date

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Date

CC: DDA Case Manager

Attachment # 3.2



**Human Rights Committee Meeting Minutes**  
900 2<sup>nd</sup> Street, NE, Suite 8  
Monday, March 24, 2014

Period covered: February 18, 2104 to March 23, 2014

VIII. Review of Sedation

- A. JP, 2420 T St., SE. Xanax 1mg for dental on 10/15/13. Possible side effects: nausea, vomiting, constipation, drowsiness, and sedation. Approval obtained on 10/15/13. An incident report was generated. Consent from the guardian is currently be obtained.

Recommendations: (1) Obtain consent from guardian for dental appointment/

Person Responsible: Nurse

Approved by HRC



### HUMAN RIGHTS REVIEW COMMITTEE

Name: Tranita Powell

Date: 3-24-14

Home Address: 2420 - 8 Street SE

**Topic for Review**

Approval for sedation using Alprazolam 1mg for dental appointment

**Conclusion**

Approved

**HRC Approval/Disapproval**

Position	Signature	Print Name
Community Representative	<i>Janice Ridley Harkins</i>	Janice Ridley Harkins
Nurse	<i>Joris Gools</i>	JORIS GOOLS
Social Worker	<i>Christine Lee</i>	CHRISTINE LEE
RN	<i>Christine Lee</i>	CHRISTINE LEE
RN	<i>Isatu Bernie</i>	Isatu Bernie
OTDP	<i>Valentini Mkenney</i>	Valentini Mkenney
OT Director	<i>Nadine Howard</i>	Nadine Howard
Program Coord	<i>Catherine Neale</i>	Catherine Neale
Individual	<i>April Edwards</i>	APRIL EDWARDS
SC	<i>Tamara Young</i>	TAMARA YOUNG
PC	<i>Tetia Dickerson</i>	Tetia Dickerson
Nurse	<i>LARRY OKI</i>	LARRY OKI
OTDP/IC	<i>M. Mck</i>	Marian Mosh
Inurse	<i>ANGIE EYANNA</i>	ANGIE EYANNA
Nurse	<i>Valentini Mkenney</i>	WJENDE LILIAN Valentini Mkenney



Attachment # 4

**RCM of Washington, Inc.**

**Administrative Office**  
900 Second Street, NE - Suite 8  
Washington, DC 20002  
(202) 789-1930 Phone  
(202) 789-1483 Fax

**IN-SERVICE / TRAINING REPORT**

Title: Offering choices (Food variety)

Date: 03/20/2014

Location: 2420 T street S.E Washington, D.C 20020

No. of Sessions: 1

Length of Session: 20 minutes

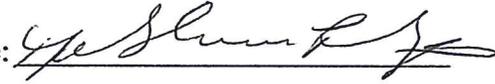
Outline: Able to decide/chose food option

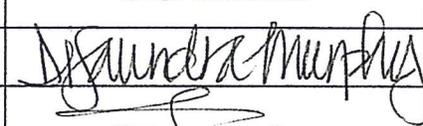
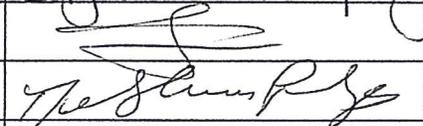
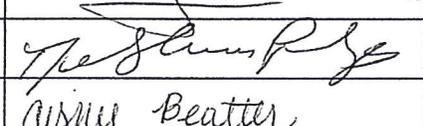
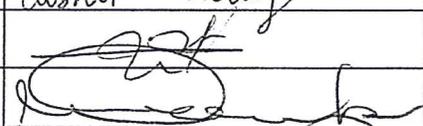
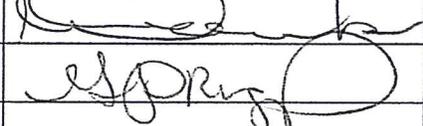
\*Attach Agenda

Resource Used: \_\_\_\_\_

\*Attach Documentation/Resource Materials

Instructor: Delshawn Phillips

Signature: 

PRINT NAME	POSITION/SHIFT	SIGNATURE
DISAUNDRA MURPHY	DSP 3-11 PM	
NEWELL EVELINE	DSP 3-11 PM	
DELISHAWN PHILLIPS	PROGRAM COORDINATOR	
AISHA BEATTY	QIDP	
BLAISE PISKEM NARA	DSP/TTE 3-11	
MARIE CHARLES	1-7	
CELESTYS BOGS	7-3	

Attach menu #4 \* For regular Puree } choose 2 Snacks } Low cholesterol  
 ground } choose 1

### RECOMMENDED SNACKS

Snack	Regular	ground	Pureed	Low Conc. Sweets	Low Chol
Fruit Juices	x	x	x	x	x
Apple	x	x	x	x	x
Orange	x	x	x	x	x
Cranberry	x	x	x	x	x
Prune	x	x	x	x	x
Pineapple	x	x	x	x	x
Blended	x	x	x	x	x
Fruit drinks, other	x	x	x	x	x
Sodas,	x	x	x	x	x
Diet sodas	x	x	x	diet	x
Crystalite	x	x	x	x	x
Punch	x	x	x	diet	x
Diet Punch/drinks	x	x	x	diet	x
Milk	x	x	x	x	x
Milk drinks, Cocoa	x	x	x	x	Nonfat
Fruit, fresh	x	x	x	x	Nonfat
Apple	x	diced	x	x	x
Oranges	x	diced	x	x	x
Banana	x	x	x	x	x
Grapes	x	diced	x	x	x
Pears	x	diced	pureed	x	x
Peaches	x	diced	pureed	x	x
Canned Fruits	x	diced	pureed	x	x
Diet Canned Fruits	x	diced	pureed	x	x
Raisins	x	soft	no	x	x
Trail Mixes	x	no	no	x	limit
Fig Newtons	x	x	pureed	limit	x
Date Bars	x	x	pureed	limit	x
Crackers, Pretzels	x	soft	if tolerate	x	x
Cookies	x	soft	pureed	limit	limit
Diet Cookies	x	soft	pureed	x	x
Jello, Plain/Fruited	x	x	x	x	x
Vanilla Wafers	x	x	pureed	x	x
Yogurt	x	x	x	x	nonfat
Pudding, Custard	x	x	x	limit	nonfat
Raw Vegetables	x	no	no	x	x
Popcorn	x	if tolerate	no	x	no butter
Cake, Cupcakes	x	x	pureed	limit	limit
Popsicles	x	x	x	limit	x
Ice cream, Sherbet	x	x	x	limit	nonfat