

Letter from the Editor

Hospice of the Valley recognizes that you — our volunteers — are a valuable resource and an integral part of the interdisciplinary teams caring for our patients. Thank you for taking the time to review this 2025 edition of OSHA News to complete annual safety training, as required by the federal government. Please complete the signature form indicating you have read this document.

Hospice of the Valley is committed to doing all we can to ensure your safety. We do this through education, training and implementation of safe practices. As in everyday life, a volunteer — whether in administrative or clinical setting — may encounter environmental, health or safety risks. Learning about risk-reducing topics such as body mechanics, back care, hand washing, safety, infection control, and exposure and injury prevention is a responsibility of being a volunteer.

In the course of your work, please feel free to tell your volunteer coordinator about any safety concerns and ask about appropriate contact prior to visiting with a patient. Standard precautions should always be employed. If an injury occurs, volunteers should seek treatment from their healthcare provider or urgent care center. If an exposure to blood or other potentially infectious material occurs, immediately contact Banner Occupational Health Clinic's Post Exposure Prophylaxis: (602) 747-8364. The volunteer resource manual you were given at orientation contains guidelines regarding injury and exposure.

We appreciate getting your feedback. At Hospice of the Valley, everyone has a responsibility to make our environment the safest place possible. Please contact Employee Health or your volunteer coordinator with suggestions or questions.

Thank you for promptly returning your signature card to the Volunteer Department.

Respectfully,
Kirsten Cady, MSN RN
Hospice of the Valley
Employee Health
(602) 287-3993
kcady@hov.org

What's Inside...

Letter from the Editor.....	1
Hazardous Materials and Wastes	1
Fire Safety.....	3
Infectious Materials.....	4
Infection Control	4
Safety in Patient-Care Environments	5
How to Wash Hands.....	6
Emergency Preparedness: What's new?.....	6
Electric and Natural Gas Safety.....	6
Ergonomics	7
Smart, Safe & Secure in the Community	7
Threats Against Volunteers or Property	8
Injury	8
Tuberculosis.....	8
False Claims Act	9
Notice of Non-Discrimination	10
Keeping PHI Safe	10
Communication with Patients & Caregivers.....	10
HIPAA.....	11
Security Rule	11

Hazardous Materials and Wastes

Hazardous materials can be in any environment and they can pose a health risk to volunteers. Volunteers are not required to work directly with hazardous materials, however, it is important that you understand what precautions you must take to protect yourself and others. Your participation in understanding the Hazardous Materials you might come in contact with is essential to everyone's safety. Never take risks with hazardous materials. The injury you may incur or cause someone else could be permanent.

How Hazardous Materials Can Enter Your Body


- **Inhalation** of toxic chemicals or infectious diseases through breathing (most rapid way).
- **Absorption** through skin or splashed into eyes, nose or mouth.
- **Ingestion** by accidentally consuming the material, swallowing.
- **Injection** via needle stick or other sharp object, penetrating skin.

Some Hazardous Materials You May Encounter

- **Chemicals** (compressed gas, disinfectants, detergents, oven cleaners, drain cleaners, ammonia, bleach, pesticides, paints, paint thinners and other cleaning solvents). Chemicals may be explosive, flammable, toxic or corrosive. Vapors can be toxic and caustic to your airway.
- **Radioactive materials** (not a common occurrence with hospice patients, but implanted seeds may be present in some patients). For these patient specimens or body fluid may be toxic and require special handling and disposal.
- **Hazardous drugs** (chemotherapy or certain vaporized medications).
- **Infectious materials** (will be discussed later in detail).

Labeling

Labels have been required on all hazardous materials under the current OSHA standard. OSHA has updated the requirements for labeling of hazardous chemicals under the new Hazard Communication Standard (HCS). As of June 1, 2015, all labels are required to have pictograms (illustrations described below), a signal word, hazard and precautionary statements, the product identifier, and supplier identification.

SAMPLE LABEL	
PRODUCT IDENTIFIER CODE _____ Product Name _____	HAZARD PICTOGRAMS  
SUPPLIER IDENTIFICATION Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____	SIGNAL WORD Danger
PRECAUTIONARY STATEMENTS Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measure against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear Protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified. In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO ₂) fire extinguisher to extinguish. First Aid If exposed call Poison Center. If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.	HAZARD STATEMENT Highly flammable liquid and vapor. May cause liver and kidney damage. SUPPLEMENTAL INFORMATION Directions for use _____ _____ Fill weight: _____ Lot Number _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____

SDS Help to Keep You Safe

Safety Data Sheets (SDS) are the how-to-stay-safe guideline for handling hazardous materials. Hospice of the Valley has SDS information available online and in paper form, in case the computers are down. Volunteers should notify their Volunteer Coordinator or an HOV supervisor immediately if they think they have been exposed to a hazardous chemical.

Safety Tips

- Never transfer a hazardous material to an unmarked container. You must properly label the secondary container with the name and strength of the chemical, hazard type (flammable, poison etc) and date of new label.
- HOV has Policies and Procedures regarding Hazardous Materials. Follow agency procedure at all times. Be cautious and if you are unsure, always ask questions before any chemical use.
- Read and heed all warning signs in your work area. Read all labels before product use. Store hazardous materials in approved areas and containers only.
- If you see or smell something unusual, or your eyes, nose or mouth burns, report it immediately.
- Use Personal Protective Equipment (PPE), and exercise extreme caution when handling hazardous materials and waste.
- Never smoke, eat or drink around hazardous materials.

If You Are Exposed to a Hazardous Material

Contact a supervisor to notify them of any exposure to hazardous materials while you are volunteering. Follow the directions in the SDS under First Aid. If necessary, seek emergency treatment. Take the SDS information with you for reference.

Hazard Communication Standard Pictograms

The Hazard Communication Standard (HCS) uses pictograms on labels to alert users of the chemical hazards to which they may be exposed. The pictogram on the label is determined by the chemical hazard classification.



Health hazard – carcinogen, mutagenicity, reproductive toxicity, respiratory sensitizer, target organ toxicity, aspiration toxicity.



Flame – flammables, pyrophoric, self-heating, emits flammable gas, self-reactives, organic peroxides.



Exclamation mark – irritant (skin and eye), skin sensitizer, acute toxicity, narcotic effects, respiratory tract irritant, hazardous to ozone layer (non-mandatory).



Gas cylinder – gasses under pressure.



Corrosion – skin corrosion/burns, eye damage, corrosive to metals.



Exploding bomb – explosives, self-reactives, organic peroxides.



Flame over circle – oxidizers.



Environment (non-mandatory) – aquatic toxicity.



Skull and crossbones – acute toxicity (fatal or toxic).

Fire Safety

In the event of a fire, staff will select someone to be in charge until the fire department arrives. Once on the scene, firefighters are the authority and their directions must be followed.

Fire drills are required at a minimum of once per shift per quarter in all inpatient facilities. Fire drills in clinical office locations are required each year. Be aware of exits and fire extinguisher locations.

Fire emergency response is defined by the acronym “RACE.” If you discover a fire, see flame or smoke, follow these procedures:

R = Rescue/remove all persons in immediate danger to a safe place.

A = Activate manual pull station and/or call 911.

C = Confine fire; close doors and windows to prevent the spread of smoke and fire.

E = Extinguish the fire; evacuate if appropriate.

Note: All of the above steps can happen in any order or at the same time.

The acronym “PASS” defines the proper procedure for extinguishing a fire.

P = Pull the pin breaking the plastic seal

A = Aim at the base of the fire

S = Squeeze the handles together

S = Sweep from side to side

Note: Each of the above steps must be taken in the order listed! Unlike RACE, these cannot be done out of sequence.

The Fire Diamond

The Fire Diamond, employed by the National Institute for Fire Safety, is another reference for safety when dealing with chemicals. Look for it on tanks and buildings to identify the risk posed by hazardous materials contained. The diamond uses a scale of 0 (no hazard)–4 (severe risk) to convey to staff and emergency personnel the severity of hazard and to help determine any special equipment, procedures and precautions needed.

It is divided into the following colored quadrants:

Fire Hazard – Red

- 4 Flash point below 73° F (boiling point below 100° F)
- 3 Flash point below 73° F (boiling point at/above 100° F and/or at/above 73° F, not exceeding 100° F)
- 2 Flash point above 100° F, not exceeding 200° F
- 1 Flash point above 200° F
- 0 Will not burn

Reactivity (Instability) – Yellow

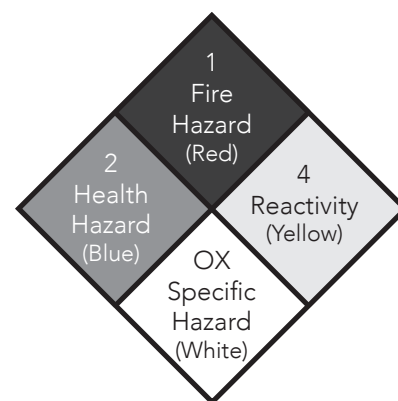
- 4 May detonate
- 3 Shock and heat may detonate
- 2 Violent chemical change
- 1 Unstable if heated
- 0 Stable

Health Hazard – Blue

- 4 Deadly
- 3 Extreme danger
- 2 Hazardous
- 1 Slightly hazardous
- 0 Normal material

Specific Hazard – White

- OX or OXY Oxidizer
- W Use no water



You might see either or both of the OSHA Hazardous Communication Standard (HCS) and the Fire Diamond labels when volunteering where hazardous chemicals might be used or stored. Knowing what they mean and how to protect yourself is your responsibility. If you are unsure how to interpret a label, ask before you proceed.

Infectious Materials

Infectious materials are part of Hazardous Materials and Waste but they warrant a more detailed explanation because they are a large category and have potential to cause negative health effects. Also known as Blood-Borne Pathogens (BBP) or Other Potentially Infectious Materials (OPIM), volunteers may come into contact with these materials any time they are in patient care environments. BBP and OPIM can transmit viruses, bacteria, parasites and other germs via a patient, inanimate object or the air.

The following list represents the BBP and OPIM regulated by OSHA, requiring careful management and control:

- Human blood, blood components and blood products
- Feces
- Urine
- Vomit
- Saliva
- Respiratory secretions
- Pus
- Wound drainage
- All body fluids except sweat

The primary entry for BBP and OPIM is through broken skin. This includes skin that has been jabbed with a needle or cut with a sharp object, or skin with an existing cut, rash or burn. Splashing or spraying blood or other bodily fluids can cause infection through the delicate tissue of the eyes, nose and mouth. No matter what your role is at Hospice of the Valley, if you are present where patients reside, you must take the necessary precautions to protect yourself.

Other Precautions that Protect Against BBP and OPIM

- Proper housekeeping requires care and attention because of the possibility of exposure to hazardous materials, including BBP and OPIM. Volunteers sometimes provide cleaning assistance to patients and in facilities and should always wear gloves during any housekeeping tasks. Carry soiled linens with gloved hands and keep it away from your body or clothing. Clean up spills immediately and clean equipment between patient use. Never pick up broken glass with your bare hands; use tongs or a dustpan. Encourage patients and caregivers to use safe environmental cleaning practices.
- Volunteers should never handle needles, sharps or sharps containers. Follow Standard Precautions — assume all substances are infectious. If you are uncertain whether a task is appropriate for a volunteer, be proactive and ask for help.

If You are Exposed to Blood Borne Pathogens

An exposure incident is defined as a specific eye, mouth, mucous membrane, non-intact skin or potential contact with blood or other potentially infectious material (OPIM). If an exposure occurs, don't panic. To reduce the risk of infection:

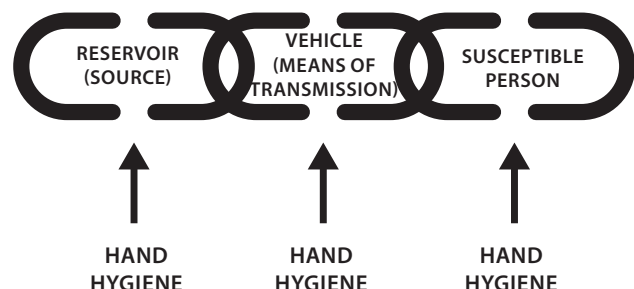
- Wash the affected area thoroughly with soap and warm water (rinse eyes with water or saline solution).
- Do not use bleach or abrasive soaps on your skin; they can cause further breakdown of the skin, which could increase your risk of exposure.
- For mouth exposure, thoroughly rinse your mouth with water or mouthwash.
- Report the incident to your volunteer coordinator or call the phone number on your badge for assistance.
- Immediately call Banner Occupational Health Clinic's Post Exposure Prophylaxis (PEP) number at (602) 747-8364.
- Do not wait to report and get treatment! With some infections, treatment works best when started immediately.
- Appropriate treatment, including any follow-up, will be determined after a PEP representative assesses the event.
- Even if you are unsure whether you have had a true exposure, call the PEP number to discuss the event, then inform the Employee Health Nurse and your Volunteer Coordinator.
- Remember: you can call the number on your badge 24 hours a day for assistance.

Infection Control

Infection control addresses factors related to the spread of infections within the health-care setting, whether patient-to-patient, from patients or staff to volunteer and from volunteer to patient or staff. It includes prevention measures such as education and hand hygiene/hand washing.

Chain of Transmission/Infection

The Chain of Transmission is the series of events necessary to transmit disease. If you prevent an infectious agent from reaching a susceptible host, you break the chain of transmission and prevent the infection from spreading.



Standard Precautions

Standard precautions assume that every person is potentially a reservoir infected with a pathogen that could be transmitted.

Hand hygiene

Hand hygiene is one of the most important ways to break the Chain of Transmission of BBP and OPIM. Times to perform hand hygiene include:

Before and After

- Patient contact
- Eating and drinking
- Handling food or contact lenses

After

- Using the restroom
- Coughing or sneezing into your hands (it is preferable to use the crook of your elbow)
- Blowing your nose

Be a good role model for patients and caregivers in the process and importance of hand washing. Alcohol-based hand cleansers are acceptable if hands are not visibly soiled. For patients diagnosed with C-Diff, you must wash with soap and water. Cleansing your hands frequently and properly is the single most effective way to break the Chain of Transmission.

Use Personal Protective Equipment

PPE is one barrier that can keep you safe in infectious situations. PPE is special clothing and equipment designed to protect you against contact with BBP and OPIM. It consists of gloves, masks or gowns you may put between you and BBP and OPIM. When using PPE, inspect them before putting them on, while you are wearing them and as you remove them for any break or damage. If the integrity of the PPE is breached, for example, a glove gets a hole in it, you must stop what you are doing and replace the defective product. Unless saturated with BBP and OPIM, PPE can be discarded in the normal trash. If you have latex allergy, please notify your volunteer coordinator or designee for a non-latex alternative.

Additional safe practice techniques are:

- Know where PPE, especially gloves, is stored in your area.
- In the home setting, carry gloves, and hand-cleansing products with you at all times.
- Cover open cuts, scrapes and rashes—even with gloves on.
- Keep your work area as clean as possible.

Some important points to remember about spreading infection

- If you are not feeling well, you might be contagious. Contact your volunteer coordinator and/or patient and cancel visits until you are well.
- A person does not have to look sick in order to spread infection.

Environment Considerations

Volunteers are not assigned to homes with known transmissible infestations, such as bed bugs, scorpions or roaches, but, stay aware because they may be present in any patient environment.

Some Guidelines to Follow

- Avoid sitting on bedding or upholstered furniture in the patient care environment; if possible, choose solid surfaces to sit on.
- Don't place your items on carpeted floors, bedding or upholstered furniture in the patient care environment. Instead, set items on solid surfaces or hang from a door or raised item.
- Be alert for family or patient talk of bites or bugs.
- Take only necessary items into patient visits.
- Check yourself and all items brought into patient areas when leaving.

Safety in Patient-Care Environments

While volunteering at Hospice of the Valley, you may encounter environment-related risks, which if ignored could result in injury. Workers are able to control some environments; others we can't control. HOV staff may educate and offer suggestions to families and facility staff, but this doesn't guarantee compliance. Slips, trips and falls are common for patients and can even be a risk for volunteers. We must work diligently and safely to avoid them.

Don't become a statistic by overlooking environment-related risks. Don't think, "It won't happen to me." Stay alert, use common sense and assess every environment for the following possible hazards:

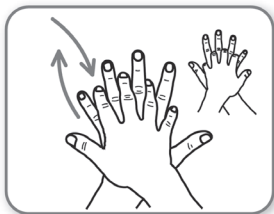
- Small rooms or restricted spaces
- Loose rugs
- Medical equipment
- No assistive or adjustable equipment
- Small bathrooms
- Steep stairways
- Narrow hallways and doorways
- Unsanitary or cluttered environments

- Poor lighting
- Low beds
- Wet floors
- Electrical cords
- Obstructed exits
- Confused or combative patients

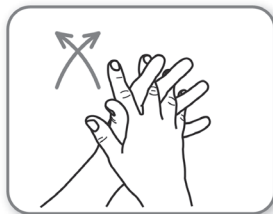
You may come across one or several of these obstacles in a patient care environment which present a risk to volunteer, patient and caregiver. If you find a hazard speak up. Stay focused on the safety of yourself and your patient. Maintain good posture. Don't rush through the visit. Wear sturdy closed-toe shoes while working in clinical settings. The team will create a plan of care that involves the patient, family and all team members. Working together we can all be safe and injury free.

How to Wash Hands...

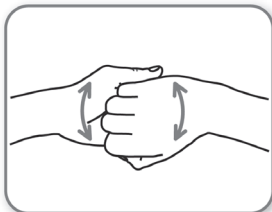
Wash Hands/Apply Waterless Alcohol-Based Hand Cleanser



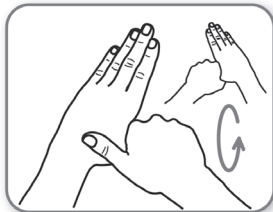
right palm over left dorsum
with interlaced fingers
and vice versa



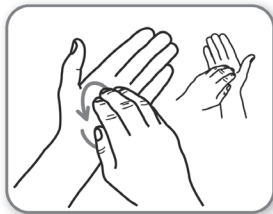
palm to palm with fingers
interlaced



backs of fingers to opposing
palms with fingers interlocked



rotational rubbing of left thumb
clasped in right palm
and vice versa



rotational rubbing, backwards
and forwards with clasped
fingers of right hand in left
palm and vice versa.

**Cleansing your hands
frequently and properly
is the single most
effective way to prevent
transmission of disease.**

Illustrations © World Health Organization

Emergency Preparedness: What's new?

Effective November 2017, the Centers for Medicare and Medicaid Services (CMS) introduced new rules for emergency preparedness requirements for hospice providers. The goal of the Emergency Preparedness Plan is to ensure that casualties and property damage are minimized and to restore normal operations. If you are serving in your role as a volunteer during an emergency, please contact your volunteer coordinator if you are in a community setting or an HOV supervisor if you are at an HOV location for further instructions. Emergency Preparedness Plans are located at each clinical office and inpatient unit in a red binder which includes the agency plan as well as site specific information.

To get more information about creating a personal or family disaster plan, please visit ready.gov/make-a-plan.

Electric and Natural Gas Safety

Manage utilities safely while volunteering by taking these precautions:

Electricity

- Do not overload outlets.
- Space heaters are not permitted in any HOV building.
- Keep cords away from heat and water.
- Keep alert for damaged or frayed cords and improperly stored combustible material.
- Keep cords out of walkways.
- Do not use extension cords with medical equipment.
- Always use grounded plugs.
- Never break off the third prong of a grounded plug.
- Disconnect any electric equipment before cleaning.

Natural Gas

- Southwest Gas adds a distinctive sulphur, or rotten egg, odor to help identify leaks. But don't rely solely on your sense of smell to detect leaking gas; you may hear a hissing, whistling or roaring sound.
- If you suspect a leak, call 911 and open windows or evacuate premises.
- In the possible presence of leaking natural gas, don't turn electric switches off or on or light matches.

In case of a power outage:

- Remain calm.
- Be aware of the location of flashlights and emergency lighting.
- Carry a flashlight with you if you make home visits.
- Report your concerns to your volunteer coordinator or call the number on your badge.

Ergonomics

Ergonomics, also known as Human Engineering, is a way for you to move and work safely in your environment. The goal at HOV is to reduce stress and eliminate injuries for volunteers. Listed below are behaviors that may reduce your risk for injuries while volunteering:

- Sit with a straight back and both feet flat on floor.
- Use a back support to maintain proper posture, if necessary.
- Keep neck and back in consistent alignment.
- Warm up, stretch and change position periodically when work activities include repetitive movements, lifting or prolonged positions.
- When using a keyboard keep elbows at 90 degrees and wrists level, not tilted.
- Position your computer monitor at eye level and look away from the screen periodically.
- Always bend from your hips and not your waist.
- Avoid overstretching or overreaching; keep work items within reach at your workspace.
- Decline requests to lift if you feel unable to do so safely.
- When lifting, squat down, keep the object close to your body and lift with your legs, not your back.
- Avoid twisting or bending movements, especially when lifting.
- Never lift a load higher than your waist.
- Position equipment directly in front of you.
- Ask for assistance, especially if the patient or item is heavy.
- When transferring or moving patients:
 - get assistance, if needed
 - have patient help, if able
 - have a plan and communicate your plan clearly to the patient and any helpers, prior to starting
 - never allow a patient to hold around your neck
 - reduce friction between patient and bed or chair

This list is not all-inclusive, but gives you an idea of actions and behaviors that may reduce the possibility of an injury. The higher your number of workplace ergonomic hazards, the greater your risk of injury. Be smart, work wisely, and be pro-active in keeping yourself healthy!

When lifting heavy objects, move close, hold the object close to your center of gravity (pelvic area). Lift with your legs, not your back or arms.



Smart, Safe & Secure in the Community

Whether working at a home, a facility or a IPU, our work environments and commutes can present safety issues. Suggestions to prepare for potential safety concerns in the community include:

- Review patient information first...your volunteer coordinator will notify you of safety alerts in the computer.
- Plan your visits and let someone know your itinerary.
- Have a map or GPS with you at all times and have a full tank of gas.
- Always wear your seat belt, keep your car doors locked and windows up while driving.
- Keep your mobile phone charged and use only with a hands-free device for emergencies while driving.
- Never text while driving. Be smart; pull over in a safe area to text if necessary.
- Call ahead, obtain clear directions from the patient or caregiver, be aware of where you are going. Don't approach strangers for directions.
- Be mindful of your surroundings and people's body language; survey an area before you exit your car or enter a building.
- Never enter a patient's home without knocking, introducing yourself and asking permission to enter.
- Familiarize yourself with the layout of a house or facility and who is present.
- Do not engage in conflicts with patients, family or staff. Stay calm, call for assistance or leave if necessary.
- Project confidence and walk with a purpose; move away from suspicious vehicles or people.
- Walk facing traffic and avoid dark or shadowed areas.
- Limit the items you carry into a patient's home and keep them close to you.
- Don't leave valuables exposed in your car.
- Document your visit when you return home if you have any concerns about the neighborhood.
- Check your car's perimeter and interior before entering the vehicle.
- Avoid confrontations on the road (road rage).
- Avoid deserted streets or alleyways; stay on main streets when possible; stay clear of vans or trucks.
- Do not pick up hitchhikers.
- If someone grabs you, scream or yell "Fire!," kick, hit, bite, claw, scratch, blow a whistle, or use chemical sprays.
- At night, a large flashlight can serve double-duty as a defense weapon.
- No matter what...If you feel unsafe, leave and get to a safe place to call for help. If you are being followed, go to the nearest emergency room and drive up to the entrance doors, honking your horn. You can also call 911 from your mobile phone, and tell the police where you are going.

This is not an all-inclusive list, but it should give you some ideas about moving safely about in the community. Always use your common sense and don't become distracted. Your well-being and the safety of your belongings are of utmost importance. Please notify your volunteer coordinator if you have any questions or suggestions to further promote workplace security. Stay alert and be safe!

Threats Against Volunteers or Property

If you receive a threat over the phone or in person at any time while volunteering for HOV, remain calm and follow the procedures below to maintain safety.

- Notify HOV staff and/or a supervisor immediately.
- Document all information received, including the exact words of the threat and a time line of the incident.
- Note characteristics of the person making the threat, whether on the phone or in person:
 - Vocal: gender, age, accent, speed of speech.
 - Personal: gender, hair, eye and skin color, height and stature, discerning characteristics.

A supervisor or manager should instruct staff and volunteers, until emergency personnel arrive. Depending on the situation volunteers may be detained for safety until the all clear is given by those in charge; during this time it is important to:

- Cooperate with emergency personnel.
- Be alert for and report anything unusual.
- Do not open or touch anything unusual.
- Evacuate the building to a designated safe area as instructed by emergency personnel or designee.
- Follow the advisement of emergency personnel or the designee regarding re-entering the area.

Injury

Sometimes, even with the best of planning, injuries occur. If injured while volunteering, HOV has guidelines in place for you to follow that can also be found in your Volunteer Resource Manual.

Volunteer Responsibility

- If injured, no matter how slight, contact your volunteer coordinator and/or designee immediately, even if you are working after business hours.
- Complete an Employee/Volunteer Incident Report as soon as possible and fax to your volunteer coordinator. Request the form from HOV staff or your volunteer coordinator.
- If necessary, seek treatment from your healthcare provider. Keep your volunteer coordinator informed of all treatment and restrictions prescribed by your physician.

Manager Responsibility

- Complete supervisory portion of the Incident Form. Contact Employee Health and the Volunteer Department to advise of injury/exposure.
- Review employee incident/injury report.
- Communicate with volunteer after treatment.

Employee Health Responsibility

- For exposure, get donor testing on patient, if possible, to rule out Hepatitis B, C and HIV.
- Communicate with the volunteer after treatment. Employee Health and the Volunteer Department are to complete the Injury Review Process. Feedback is given to manager and/or designee.

Banner Occupational Health Clinic Responsibility

- Treat injury or exposure as indicated.
- Send evaluation to Employee Health and the Volunteer Department.
- Give follow-up directions/restrictions.

Tuberculosis

Tuberculosis is an infectious disease usually spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs, speaks, sings, sneezes or spits. Generally, it takes more than one exposure to someone with active TB for infection to occur. Most often, to contract TB, a person must have repeated and prolonged indoor exposure to the tuberculosis bacteria. TB has a long incubation period — it can take months or years to show up.

TB Testing at Hospice of the Valley

Hospice of the Valley screens all patients for TB. All Hospice of the Valley volunteers who have contact with patients are screened and tested for TB upon hire, and must annually complete a self-evaluation for the signs and symptoms of TB. Volunteers must be free from TB prior to direct contact with patients.

When volunteers begin their training at HOV, they complete the Tuberculosis Symptom Review and Risk Assessment (EH 0577), and will have a TB skin test placed by a nurse (other methods of testing for TB are available based on the volunteers history and risk assessment). Skin tests for TB must be read by an HOV nurse within 48-72 hours of placement. Volunteers then forward their completed TB form to their Volunteer Coordinator.

How Do I Know If I Have TB Infection?

You will have a positive TB skin test, in combination with chest X-ray showing evidence of disease and a positive sputum test.

Factors that Increase the Risk for TB Infection

The risk factors for contracting TB include:

- spending more than 30 days in a country with elevated TB rates
- close contact with anyone with active TB since your last TB test
- spending time in a facility where TB is common (i.e., jail, homeless shelter, some healthcare settings with elevated TB rates)

If you have any of these risk factors for TB infection, you may need a TB test. Contact your Volunteer Coordinator to arrange for testing.

Signs and Symptoms of Tuberculosis

Signs and symptoms of TB are

- Bad cough that last 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm deep in the lungs)
- weakness or fatigue
- poor appetite
- fever or chills
- sweating at night

If you were diagnosed with TB infection and you have not completed treatment, your infection could progress to active TB disease, particularly if you have planned or current immunosuppression, including human immunodeficiency virus infection, receipt of organ transplant, treatment with TNF alpha antagonist (infliximab, etanercept or other), chronic steroids (equivalent of prednisone >15 mg/day for >1 months).

If you have any of these risk factors for your latent infection progressing to active TB disease, contact Maricopa County Health Department in crowded, poorly ventilated conditions.

More TB Facts

- Hospice of the Valley volunteers are not placed in patient care environments with known or active TB.
- TB is often mistaken for a cold, flu or pneumonia.
- Because TB is airborne, patients with known or suspected TB must be in the home setting, not a palliative care unit.

False Claims Act

Hospice of the Valley is required by federal law to provide information to volunteers regarding the federal False Claims Act and whistleblower protections. The federal and state False Claims Acts play an important role in detecting fraud, waste and abuse in federal healthcare programs.

Federal False Claims Act

- Allows a civil claim to be brought against a healthcare provider who makes or presents a false claim for payment. Example: Knowingly submitting inaccurate billing to the federal or state governments, or billing for patients not on service.
- A government agency may bring action against a healthcare provider or an individual may bring a qui tam action, which means the individual files an action on behalf of the government.
- If an individual brings a qui tam action, federal law prohibits an employer from discriminating against them in the terms or conditions of his/her employment because the employee initiated or assisted in the false claims action.
- Violation of the federal False Claims Act is punishable by civil penalties of between \$5,500 and \$11,000 per false claim, plus three times the amount of damages incurred by the government.

Hospice of the Valley's policies, procedures, and standards and protocols for detecting fraud and abuse include:

- A written compliance plan, following the guidelines established by the Office of the Inspector General, which outlines procedures to ensure that HOV remains compliant with hospice regulations.
- A Compliance Hotline phone number where reports of suspected fraud can be reported anonymously: (602) 287-7077.
- A code of conduct outlined in the Volunteer Resource Manual to which each volunteer is held accountable.
- Policies that specifically address documentation and billing methods, as well as the agency's adherence to Medicare billing requirements.

What should you do if you think HOV may have made a false claim?

- Report it to your volunteer coordinator or the Quality and Compliance Department.
- If you are not comfortable doing this, or you see no action from your report, call the Compliance Hotline: (602) 287-7077.
- You are not required to report a possible false claim to HOV first. You may report directly to the Federal Department of Justice. HOV will not retaliate against anyone who informs HOV or the federal government of a possible False Claims Act violation.

You can reference additional information about the False Claims Act at:

- United States Department of Justice: usdoj.gov
- Department of Health and Human Services: hhs.gov
- HHS Office of Inspector General: oig.hhs.gov
- HHS Centers for Medicare and Medicaid Services: cms.hhs.gov

Questions and concerns can be addressed to HOV's chief compliance officer at (602) 776-6784, or Security Officer Bob Hartman, chief information officer, (602) 287-3950.

Notice of Non-Discrimination

Hospice of the Valley complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hospice of the Valley does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hospice of the Valley provides free aids and services to people with disabilities to communicate effectively such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Hospice of the Valley provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages.

If you need these services, contact our Chief Compliance Officer. If you believe that Hospice of the Valley has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Chief Compliance Officer is available to help you.

Sofia Bales
Director of Quality and Compliance
Hospice of the Valley
1510 E. Flower St.
Phoenix, AZ 85014
(602) 287-7077

You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1 (800) 368-1019
1 (800) 537-7697 (TDD)

Complaint forms are available at the Department of Health and Human Services Office for Civil Rights at hhs.gov/ocr/office/file/index.html.

Keeping PHI Safe

Protection of confidential patient information is an important responsibility that all of us have as we go about our daily routines at HOV. The mistake of leaving PHI and ePHI within sight on desktops, computer screens and in autos must be avoided as it places the security of confidential patient information in jeopardy.

Some reminders about keeping patient information safe as you travel follow.

- Keep loose papers with patient information covered in a closed folder.
- Do not use personal email or personal cell phone to send/text patient information.
- Always lock computer screens with patient information when you leave your desk. To do this, press CTRL-ALT- DEL and choose the Lock feature.
- Keep patient information in a place that is not visible in your vehicle—in the trunk, or covered up and behind the seat. Keep all patient information secured in this manner at all times while travelling.

Communication with Patients & Caregivers

Volunteers may contact patients and caregivers by phone to arrange visits and provide socialization. It is appropriate for volunteers to text or email only when confirming a visit time. No patient identifiers should be used (i.e., patient name, ID number, address, date of birth, ZIP code, etc.).

If a caregiver responds with more information beyond an appointment time the volunteer should pick up the phone and call the caregiver versus responding by text.

HIPAA

It is imperative that HIPAA regulations are understood and followed by HOV volunteers to protect our patient's healthcare information. The Health Insurance Portability and Accountability Act was signed into law in 1996.

The regulation protects patients and their health information in four ways:

1. Creates national standards to protect personal health information.
2. Gives patients more control over their health information.
3. Sets boundaries on the use and release of health records.
4. Establishes safeguards that healthcare providers must follow to protect patients' privacy rights.

Patients have the following six privacy rights under this law:

1. Patients will receive a Notice of Privacy Practice from their healthcare provider.
2. Patients may request restrictions on how their health information is used and to whom it is disclosed.
3. Patients have the right to have their health-related information discussed in a confidential manner.
4. Patients may access their health information from any and all of their healthcare providers.
5. Patients may request amendments to their health information if the information is inaccurate or incomplete.
6. Patients may request an accounting of disclosures of their health information.

Disclosure of Health-Related Information and Patient Permission

Some types of health-related information can be disclosed without patient permission while others require patient permission.

Volunteer "CANs," "CAN'Ts," "DOs" & "DON'Ts"

- Can give out general condition information about a patient to a caller who asks about a patient by full name, for example, "Mary Jones is resting well."
- Can't give out private addresses of group homes or patient residences.
- Can put patient names on white boards.
- Can't put patient age or diagnosis on white boards.
- Do cover up any patient's Protected Health Information (PHI) openly displayed on a desk, fax machine, or in your car.
- Don't leave paperwork with PHI exposed in your car, on a desk or fax machine.
- Don't share your computer password with anyone.
- Don't discuss patients in public areas.

- Don't discuss patient information with anyone until you know what the patient/MPOA wishes.
- Don't share patient information via text, email or social media sites.

Security Rule

HOV provides security training to all volunteers. As of September, 2013, HIPAA Omnibus requires companies to provide PHI information electronically, if requested. HOV has created a process to send PHI information over encrypted email. We do this because:

- We have a responsibility to protect all Protected Health Information (PHI) and Electronic PHI (e-PHI). Every volunteer's participation in the security of information is crucial to the safety of the HOV network and patient information.
- The actions of one person can affect an entire organization.
- Recovering from a computer virus infection is expensive and could cause computer down time.
- A break-in on one computer compromises the entire network.
- Illegal actions can incur liability.
- HIPAA Security Act of 1996 requires security awareness and training.

What constitutes PHI and e-PHI?

Protected Health Information (PHI) under HIPAA means any information that identifies an individual and relates to at least one of the following:

- The individual's past, present or future physical or mental health.
- The provision of health care to the individual.
- The past, present or future payment of health care.

Examples of a breach or misuse of PHI or e-PHI include:

- Talking in public spaces, documenting in public places, exposed paperwork, emails outside the HOV system, or misdialed faxes regarding any of the following:
 - Patient name, address, any date related to patient (DOB, DOD or admission/ D/C date), telephone numbers, email address, social security number, medical record number, or diagnosis.

How the Security Rule Impacts HOV Volunteers

Email

- PHI may **only** be sent from and to an email address ending with @hov.org.
- **Never** discuss patient information by email with your volunteer coordinator, patients, family or caregivers.

HOV Policies and Procedures

Are written to comply with the federal law.

HOV Security Officer

HOV's Information Services (IS) Security Officer is available for questions; contact through your volunteer coordinator for assistance or information.

Firewalls

Firewalls and surf control have been implemented on HOV computers to prevent access to websites that are not business-related. These websites can pose a threat to the HOV computer system.

Social Media Sites

- Social media sites should never be accessed during your volunteer time or from any HOV computer.
- If you choose to access social media sites on your personal time, never discuss or reveal patient information of any type and always represent HOV in a professional manner.

Access Controls

- Permissions to access computer programs are based on job function.
- IS has the ability to track login attempts—internal and external, as well as attempts to access patient information by volunteers using HOV computers.
- There also are restrictions on non-business-related Web sites.

Passwords

- Complex passwords are required—combinations of upper and lower case letters, numbers and characters.
- Sharing of passwords is prohibited.
- If you experience any issues with your HOV password please contact your volunteer coordinator or HelpDesk at 602-530-6980.
- If you are locked out of the HOV network, contact your volunteer coordinator for assistance.
- E-mail filters scan for certain words to decrease "spam."

Physical Safeguards

- Volunteers wear an HOV Identification badge while engaging in volunteer duties.
- Visitors are required to sign in at all office locations.
- Security breaches are a threat to HOV information systems. If a volunteer suspects a breach it should be reported to their volunteer coordinator.
- Examples of security breaches to be reported:
 - Sharing passwords.
 - Logging someone onto a computer using another person's login and password.
 - Downloading personal and/or unauthorized software.
 - Allowing an unauthorized person to use an HOV computer — such as a patient's family member, or a relative of a volunteer or employee.
 - Transmitting PHI outside the network without verified encryption.
 - Accessing the EMR or patient chart to look up patient information outside your area of responsibility.