

WVH King – List of reading materials for Agency Staff; to be read prior to orientation to the facility.

WVH-King Policies for CNA Agency Staff

I, _____, have been provided the following policies/procedures or guidelines to read prior to my orientation at the Wisconsin Veterans Home.

1. Facility Adverse Event Reporting- 01-00-16a
2. Volunteer/Visitor/Vendor Incident/Accident Reporting- 01-00-16b
3. Employee Incident /Accident Reporting 01-00-16c
4. General Parking- 01-00-24
5. Member Bill of Rights and Responsibilities- 01-01-07
6. Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Source- 01-01-20
7. Wisconsin Department of Affairs Guidelines for Smoking in a WDVA facility. Member Smoking at WVH-King- 01-01-41
8. Health & Safety Hazards- 14-00-03
9. Recycling- 16-00-02
10. General Dress Code and grooming guidelines for BON Employees- 17-00-07
11. Bureau of Nursing Mission, Values and Philosophy- 100-01-04
12. Standard Break Times for Nursing Staff on Member Units- 102-01-36
13. Nursing Assistant Code of Ethics- 103-00-20
14. Concealed Carry AD 122
15. Behavioral Symptoms of Dementia
16. Behaviors Associated with Dementia
17. Code Red White & Blue and Code Amazing Grace as a way to honor fallen deceased Veteran and dependent Veterans at WVH-King
18. Communication Tips and Techniques
19. Drug Diversion power-point
20. Expectations of a WVH CNA
21. Blood Borne Pathogens Exposure Control Plan- IC 01-06
22. Control of Multi-Drug-Resistant Organism IC 02-02
23. Response to Significant Body Fluid Exposure- IC 03-04
24. Technology Use Policy-IS-400
25. Wisconsin Caregivers
26. WVH 01-02-29 Corporate Compliance Plan

My signature below indicates I have read and understand the above reading materials, provided to me prior to beginning orientation at the Wisconsin Veterans Home.

I understand, I have the opportunity to ask any questions relating to these reading during my facility orientation.

Signature_____Date_____

Wisconsin Veterans Home at King

Adverse Event Reporting

Date of Origin: December 1988	No.: 01-00-16a
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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

Purpose:

- To have a positive impact in improving member care, treatment and services, and preventing adverse events.
- To focus the attention of an organization that has experienced an adverse event on understanding the factors that contributed to the event and work toward the prevention of similar future events to improve quality.

Related Documents:

- [124-00-43](#) Nursing Member Incident Reporting
- [07-00-02](#) Management of Member Medical and Behavioral Emergencies
- [111-00-33](#) Manual and Motorized Wheelchairs and Other Ambulation Assistive Devices
- [01-01-41](#) Member Smoking at WVH-K
- [01-01-38](#) Member Grievance
- [VHA Handbook 1050.01](#)

Definitions:

- **Event:** a discrete, auditable, and clearly defined occurrence.
- **Adverse Event:** an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.
- **Preventable Serious Adverse Events ("PSAEs") for Nursing Facilities Enrolled in the Medical Assistance Program:** If an event listed below occurs in the facility, the event is a PSAE when all of the following criteria are satisfied:
 - The event was preventable and within control of the facility. To be preventable, the event could have been anticipated and prepared for, but, nonetheless, occurred because of an error or other system failure; and
 - The event was serious. The event is serious if the event subsequently results in death or loss of body part, disfigurement, disability or loss of bodily function lasting more than seven days or remain present at the time of discharge from a nursing facility; and
 - The event is the result of an error or other system failure within the nursing facility.
- The following is an example of some of the types of adverse events:
 - **Surgical Events**
 - ❖ Surgery performed on the wrong body part.
 - ❖ Surgery performed on the wrong resident.
 - **Product or Device Events**
 - ❖ An event associated with the use of contaminated drugs, devices or biologics provided by the nursing facility.
 - ❖ An event associated with the use or function of a device in resident care in which the device is used or functions other than as intended.
 - **Resident Protection Events**
 - ❖ Resident suicide or attempted suicide.

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- ❖ Resident elopement-disappearance for more than four hours or a missed treatment opportunity.
[07-00-09](#) Elopement/Missing Member
- **Care Management Events**
 - ❖ A medication error (such as, errors involving the wrong drug, wrong dose, wrong resident, wrong time, wrong rate, wrong preparation, or wrong route of administration).
 - ❖ An event related to hyper- or hypoglycemia (Diabetic ketoacidosis, Nonketotic hyperosmolar coma, Diabetic coma, Hypoglycemic coma) the onset of which occurs while the resident is being cared for in a nursing facility.
- **Environmental Events**
 - ❖ A burn incurred from any source while being cared for in a nursing facility.
 - ❖ An event related to a fall (fractures/dislocations/intracranial injuries/crush injuries/burns) while being cared for in a nursing facility. [105-00-16](#) Member Falls
 - ❖ An event associated with the use of restraints or bedrails while being cared for in a nursing facility.
- **Criminal Events and Unlawful Activities**
 - ❖ Physical or Sexual assault of a member.
 - ❖ A physical assault (that is battery).
- **Preventable:** describes an event that could have been anticipated and prepared against, but occurs because of an error or other system failure.
- **Near-miss or close call:** Serious error or mishap that has the potential to cause an adverse event but fails to do so because of chance or because it is intercepted.
- **Sentinel Event-**An adverse event that results in the loss of life or limb or permanent loss of function.
 - Some examples include:
 - Any member death, paralysis, coma or other major permanent loss of function associated with a medication error.
 - Any suicide of a member, including suicides following an unauthorized departure from the facility.
 - Any elopement of a member from the facility resulting in a death or major permanent loss of function.
 - Any procedure or clinical intervention, including restraints, resulting in death or a major permanent loss of function.
 - Battery, homicide or other crime resulting in a member death or major permanent loss of function.
 - A member fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.

Policy:

- All staff shall report adverse events and near misses to their supervisor within 24 hours of discovery. Sentinel events shall be reported immediately. The event shall be listed on the [WDVA 3405](#) 24 Hour-Report ([108-03-01](#)) as appropriate and the facility Event Report shall be completed ([WDVA 3282](#)).
- When an event occurs that meets the definition of an adverse event, it shall be investigated to determine the underlying system problems and/or failures (e.g., via root cause analysis).

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Adverse Event Reporting

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- The facility Executive Director shall be notified immediately for sentinel events and on the first business day after discovery for other adverse events. The Executive Director shall notify the Commandant/designee.
 - Facility administration shall report all sentinel events to the director of the Veterans Administration Hospital of jurisdiction within 24 hours of identification.
 - Facility management shall establish a mechanism to review and analyze a sentinel incident resulting in a written report to the Director of the Veterans Hospital of jurisdiction no later than 10 working days following the event.
 - Sentinel incidents may also meet criteria for reporting to the WI Department of Quality Assurance (DQA) and / or local law enforcement. See [01-01-20](#) Prohibition and Prevention of Member Abuse, Neglect, and Exploitation.
- The interdisciplinary team shall develop a course of action to correct the adverse event and prevent recurrence.
- Adverse events shall be incorporated into the facility QAPI Plan.
- Facility Incident / Accident / Property Damage Report, [WDVA 3282](#), shall not be a part of a member's clinical record.
- Documentation of the facts of the event and member monitoring shall appear in the member's electronic clinical record.

Procedure:

Sentinel Incidents

1. Anyone who witnesses or discovers an event that meets the definition of a sentinel event reports it immediately to their supervisor, who immediately reports it to the Executive Director. The Executive Director notifies the Commandant / designee.
2. Administration or their designee notifies the Director of the Veterans Hospital (VA) of jurisdiction or designee within 24 hours to notify them of the event. The incident may also require reporting to the Department of Quality Assurance (DQA). See [01-01-20](#).
3. Within 3 days of the event Administration calls together appropriate members of the staff to review and analyze the event, perform root cause analysis, develop an action plan and complete any VA and/or DQA designated reports.
4. Within 5 days analysis is completed and a final report submitted to the DQA for those events reported to DQA.
5. Within 10 days analysis is completed and a final report submitted to the Director of the VA Hospital of jurisdiction or designee for those events reported to the VA.

General Incident Reporting

1. Responsibility of the person witnessing or discovering the event :
 - A. Complete Facility Incident / Accident / Property Damage Report [WDVA 3282](#) (Form may be completed on line, type in signature of writer.)
 - B. If member is involved, immediately notify the nursing supervisor on duty.
 - C. If volunteer/visitor/vendor is involved immediately notify the Executive Director or designee by telephone. Contact Security as needed.
2. Send completed Facility Incident /Accident /Property Damage Report [WDVA 3282](#) to:

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Adverse Event Reporting

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- A. The Director (DON) or Assistant Director of Nursing (ADON) for review. Information from the report may be summarized or quoted by the licensed nurse when documenting in the clinical record.
 - 1) The DON/ADON determines if event requires notification of the building Executive Director.
 - 2) Executive director reviews the criteria for adverse events and determines if a root cause analysis and action plan is required.
 - 3) If required, an interdisciplinary team appropriate to the event is formed to complete the root cause analysis, action plan, and ensure implementation.
- B. Volunteer/Visitor/Vendor events are sent to the Executive Director.
- C. Requests for reimbursement are sent to the appropriate supervisor, who then forwards the request to the Finance Supervisor. The Property damage section must be completed before a decision is made to provide reimbursement. A repair bill or the damaged article accompanies the form.
3. The building Executive Director keeps a rolling year of reports. After a year, reports are sent to medical records (as appropriate) to be kept on file for ten (10) years.

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VOLUNTEER/VISITOR/VENDOR INCIDENT/ACCIDENT REPORTING

Date of Origin: December 1988	No.: 01-00-16b
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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

Related Documents:

- Adverse Event Reporting, [01-00-16A](#)

Definitions:

- **Incident** – An occurrence which is out of the ordinary for a visitor/volunteer or the routine operation of the WVH-K. This may result in a specific injury, put someone or something at risk for injury or damage or be a disruption of routine operation at WVH-K (i.e., breaking or disregard of smoking or alcohol rules, falls, inappropriate behavior, etc.).

For Incidents involving Member Abuse, Neglect, Mistreatment, Exploitation, Misappropriation of Property and Injuries of Unknown Source see definitions in [01-01-20](#). For Formal Complaints regarding members see Member Grievance [01-01-38](#). For Nursing Staff see Nursing Member Incident Reporting, [124-00-43](#).

Policy:

Visitor/Volunteer/Vendor Reporting of Observed Incidents

- Visitors/vendors/volunteers shall immediately report to Security any situations that are observed that involve the safety and well-being of others. (Example: member to member altercations, anyone physically or verbally abusing another person, environmental situations that could cause harm to others, etc.) Security immediately reports this information to the nursing supervisor on duty.
- For situations where the volunteer or visitor is involved in an off grounds trip or function involving WVH-K members:
 - For non-medical emergencies: Report immediately to WVH-K staff person if present, they shall call the facility or 911 as appropriate. If no staff person is present then WVH-K Security shall be called (1-715-258-5586 ex. 2220) for assistance and direction.
 - For medical emergencies: Report immediately to WVH-K staff person if present, they shall call the facility or 911 as appropriate. If no staff person is present then 911 shall be called, stay with member until help arrives, then WVH-K Security shall be called (1-715-258-5586 ex. 2220) for further assistance and direction.

Visitor/Volunteer/Vendor Involved in an Incident

- Security shall be the primary responder called whenever possible for visitor/volunteer/vendor incidents.
- Security staff, when involved shall document the incident in the Security computerized system. If, after receipt of the documentation by security staff, it is determined that the incident involved any type of property damage or injury to persons, the Executive Director shall ensure that the matter is investigated with the investigation documented on the Facility Incident form [WDVA 3282](#).
- If Security is not involved, staff on the scene completes Facility Incident form [WDVA 3282](#).
- All visitor/volunteer/vendor incidents shall be sent to the Executive Director's office for review and appropriate follow-up.
- Reports shall be kept on file for seven years.

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VOLUNTEER/VISITOR/VENDOR INCIDENT/ACCIDENT REPORTING

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Procedure:

Visitor/Volunteer/ Vendor Observes an Incident

1. Observer calls Security immediately to report their observation.
2. Security provides direction to the observer.
3. Security reports situation to other appropriate leadership staff. Other staff may meet Security at the scene or be present to assist with taking observer statement.
4. Security documents the incident through their electronic program and forwards the report to the appropriate supervisory staff for review and action. Other staff shall generate reports based on the type of incident as required. (Example: Abuse, neglect, etc.). Reports are kept for seven years.
5. For non-medical incidents that occur off grounds at a WVH-K sponsored event or trip:
 - A. The observer reports the incident to a WVH-K staff person if one is available, if not the observer follows step 1, steps 2 through 4 may be implemented as appropriate.
6. For medical incidents that occur off grounds at a WVH-K sponsored event or trip:
 - A. The observer calls 911 for immediate assistance, stays with the member, until help arrives, and then follows step 1 above, steps 2 through 4 may be implemented as appropriate.

Visitor/Volunteer/Vendor Involved in Incident

1. Whenever staff comes upon a visitor/volunteer/vendor with a serious illness/injury on the WVH-K property, Security is contacted immediately and an ambulance is called.
2. The nearest nursing supervisor is contacted to respond. Indicate the location the nursing supervisor needs to report to.
3. The Security officer or nursing supervisor makes an assessment of the injury or illness and takes appropriate steps to render first aid and secure additional services if warranted. The nursing supervisor responding shall ensure [WDVA 3282](#), Facility Incident and Property Damage Report is completed and given to the Executive Director.
4. Commandant/designee is notified of the incident. Time of notification is determined by extent/severity of the injury/incident, but at least within 24 hours.
5. The Commandant notifies the Division Administrator/designee of the incident. Time of notification is determined by extent/severity of the injury/incident, but at least within 24 hours.
6. Those making the assessment ask the person if they want someone notified (Next of Kin, friend).
7. If property damage occurs and the volunteer/visitor/vendor wish to submit the item for possible reimbursement by the facility, a Facility Incident/Property Damage Form is completed ([WDVA 3282](#)) when it is **not** the primary form used to document the incident. The form and the item are submitted to the Finance supervisor for reimbursement consideration.
8. All completed reports are submitted to the Commandant's office. Incidents which will incur insurance claims should be processed to the appropriate Central Office department in a timely manner. Reports are kept for seven years.
9. Incidents which involve media or other special circumstances should be reported in accordance with WDVA and VA policies.

Wisconsin Veterans Home at King
Employee Incident/Accident Reporting

Date of Origin: December 1988	No.: 01-00-16c
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Applies To:

- All DVA/Wisconsin Veterans Home at King (WVH-K) staff.

Purpose:

- To document and disseminate information regarding work-related injuries and illnesses in an organized and timely manner in order to facilitate investigation and remediation of hazards.

Related Documents:

- Ensuring Member Safety [01-01-30](#)
- Safety Hazard Situations [14-00-03](#)

Definitions:

- **Incident/Accident** – - A work related illness or injury to an employee resulting in an incident only, medical, or lost time claim.
- **Near Miss**- an incident in which no personal injury was sustained, but where, given a slight shift in time or position, injury could have occurred.
- **Serious Illness**- Long-term health, life, or limb threatening. If the person does not receive immediate medical treatment, permanent disability or death may result.

Policy:

- WVH-K shall provide emergency assistance to employees whenever a serious illness or injury occurs on King's property.
- WVH-K shall assist in Calling 911 for emergency transport as needed.
- Nurse Clinicians (RN), the Employee Health Nurse (EHN), or First Responder Trained Security Officer shall be responsible for assessment of the injury/illness, assistive treatment, and/or obtaining additional medical services as warranted.
- Whenever there is doubt as to whether the illness/injury is serious, it shall be treated as being serious.
- The Workers Compensation (WC) Coordinator, the EHN, and the WDVA Risk Management Officer shall be notified of all Workers Compensation Claims and all hazardous conditions.

All employees shall:

- Promptly seek appropriate medical attention for any work-related illness or injury.
- Report work-related illnesses/injuries to supervisors/delegated persons as soon as possible.
- Obtain paperwork from appropriate supervisor / designee prior to leaving work, if possible.
 - Complete and submit an Employee Workplace Injury or Illness Report [DOA-6058](#) to supervisor/delegated person within 24 hours after the injury/illness. If the employee is unable to complete the report due to a serious injury, the report will be completed and signed by the injured employee as soon as possible.
 - Fitness for Duty Certification (FFD) form [WDVA 1535](#), WVH Temporary Restricted Duty Assignment form [WDVA 4033](#), and [Letter to Medical Provider](#) forms that may need completion.

Wisconsin Veterans Home at King
Employee Incident/Accident Reporting

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- Provide completed FFD and WVH Temporary Restricted Duty form, and any other illness/injury related information to the WC Coordinator as soon as possible, or have the medical provider fax completed forms directly to the WC Coordinator at (715) 256-3534.
- If employee is assigned Restricted Duty (LD) tasks, employee must sign their Temporary Restricted Duty [WDVA 4033](#) form & return to the Supervisor or EHN.

Supervisors:

- Review the Employee Injury Report [DOA-6058](#) and interview the employee about the incident/accident. Ensure the form is complete, and signed by the injured employee.
- Interview witnesses to the incident, and obtain written witness statements [WDVA 4038](#), if applicable.
- Complete an analysis/report on the Employer's First Report of Injury [WKC-12-E](#), and Supervisor and Safety Coordinator Investigation Report [DOA-6437](#). Utilize the WDVA Supervisor's Guide for Accident Analysis and Reporting for completion of the analysis/report.
- Submit the Employee Report form [DOA-6058](#), the Employer's First Report [WKC-12-E](#), and the Supervisor's Report form [DOA-6437](#) to the WC Coordinator within 1 workday after receiving notice of the illness or injury. Email the EHN, Workers Compensation Coordinator, and Risk Management Officer via email group: DVA DL VHK Employee Accident Reports Distribution.
- If the injury involves lost time, set up a post-injury meeting with the injured employee as soon as they return back to work.

Employee Health Nurse (EHN) shall:

- Provide first aid assistance to the injured employee as needed.
- Coordinate return to work and alternative work assignments if restrictions are assigned by the medical provider.

Workers Compensation Coordinator shall:

- Complete the Employer & Wage Information sections of the Employer's First Report of Injury or Disease [WKC-12-E](#).
- Provide the injured/ill employee with benefits information (medical payments and disability income) and other information pertinent the Workers' Compensation Program.
- Obtain, review, and submit completed WC forms and bills to the Department of Administration (DOA).
- Coordinate involvement of supervisors & EHN and serve as liaison with claims adjuster.
- Monitor WC trends and provide reports to Administration, Bureau Directors, Supervisors, WDVA Risk Management Officer, and the Health & Safety Committee as appropriate.

Risk Management Officer shall:

- Review all Employee and Supervisor Incident/Accident Reports submitted.
- Complete and sign the "Safety Coordinator's" section of the Supervisor's Report.
- Email completed copies of the Supervisor's Report to the WC Coordinator. Copy the Supervisor and EHN.
- Monitor WC trends and provide reports to Leadership, Administration, Bureau Directors, Supervisors, WC Coordinators, and the Health & Safety Committees as appropriate.

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Employee Incident/Accident Reporting

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Procedure:

1. If an employee in duty status is ill/injured:
 - A. Contact the EHN at ext. 1672 to respond & assess if during normal business hours (M-F, 7:00am-3:30pm).
 - B. Contact a Nursing Supervisor to respond & assess if outside of normal business hours.
 - C. The Security officer, EHN, or Nursing Supervisor shall make an assessment of the injury/illness and take appropriate steps to provide first aid assistance and secure additional services if warranted. Providing proper first aid and securing the area if necessary is always the first priority.
 2. If the assessment indicates the need for an ambulance:
 - A. For Ambulance Service dial 9 for an outside line and dial 911. If outside line is unavailable call Security at 2222 to contact the ambulance if not on the scene.
 - B. Those making the assessment ask the person if they want someone notified.
 - 1) Emergency contact information for employees is available in agency scheduling.
 3. If the illness/injury is not of a serious nature the employee arranges their own transportation to appropriate outside medical services.
 - A. The supervisor or EHN may assist the employee with contacting others for transportation.
 5. The illness or injury while at work is reported as soon as possible to the immediate Supervisor and EHN.
 6. When seeking medical attention, the employee identifies the illness/injury as work-related.
 7. If the incident is the result of a safety hazard, the supervisor immediately takes steps to rectify the situation to prevent further injuries.
 8. Supervisor notifies Safety/Security/Grounds/Maintenance for any safety hazard requiring immediate attention.
 9. Within 24 hours of a work related illness/injury that is expected to result in a medical or lost time claim:
 - A. The Employee must complete and submit to their Supervisor:
 - 1) The Employee Workplace Injury and Illness Report [DOA-6058](#). If the employee is unable to complete the form due to the seriousness of their injury, the form will be completed and signed by the employee as soon as possible.
- NOTE: A delay in the completion and submission of the form [DOA-6058](#) could cause a delay in worker's compensation payment. If the injured employee is unable to complete this form at the time of the injury or shortly after, the Supervisor shouldn't wait for this form before submitting the other forms to the WC Coordinator.
- B. The Supervisor must complete and submit to the WC Coordinator:
 - 1) A thorough accident analysis/report as soon as possible after the incident utilizing the WDVA Supervisor's Guide to Accident Analysis and Reporting to complete the Supervisor and Safety Coordinator Investigation Report [DOA-6437](#). It is recommended this form be completed electronically so you can expound on the information provided, and expedite distribution.
 - 2) Photos, sketches, witness statements (recorded on the Witness Statement Form), and any other applicable attachments are highly encouraged by the DOA WC Claim staff to

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provide as much detail about the incident as possible, but the information should be objective and include only the facts, not subjective statements.

- 3) The completed Employee Workplace Injury and Illness Report [DOA-6058](#).
 - a. The Supervisor should expedite the submission of the Supervisors Accident Investigation [DOA-6437](#) and then submit the Employee's Report [DOA-6058](#) separately if necessary as soon as possible after the employee is able to complete it.
- C. These forms are available in every work unit, HR, on Microsoft Word\O Drive\templates, and on the WDVA Intranet site.
- D. The supervisor verifies that all forms are complete. Copies must be emailed to **DVA DL VHK** **Employee Accident Reports Distribution** found in the Outlook Global Address book. All original documents should then be given to the WC Coordinator.
- E. If the injury involves lost time, as soon as possible after the injured employee returns to work, the employee's Supervisor must arrange a post-injury meeting with the employee for follow up and ensure both the employee and the supervisor understand the following:
 - 1) What caused the incident/injury?
 - 2) Could it have been prevented? And if so, how?
 - 3) What steps have been taken to prevent a re-occurrence?
 - 4) Employee restrictions.

Wisconsin Veterans Home at King

General Parking

Date of Origin: September 2003	No.: 01-00-24
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Applies To:

- Staff, members, contractors, volunteers and visitors to the Wisconsin Veterans Home at King (WVH-K)

Purpose/Overview:

- To clearly define regulations regarding parking on WVH-K property.
- To identify consequences for violation of this policy.
- To supersede any and all previous documents regarding parking on WVH-K property.

Summary Information:

- WVH-K Security Officers will patrol the campus and have authority to write tickets for violations and/or cause a vehicle in violation to be towed off campus. This authority is granted under Wisconsin Administrative Code Chapter [VA 6](#) and accomplished in accordance with Wisconsin Administrative Code Chapters Adm. [1.04](#) and [1.10](#).

Policy:

- No parking is allowed on roads or fire lanes on the campus grounds at any time except where clearly marked. The Commandant and/or Security/Fire Chief will establish parking areas for specific groups at specific times, providing such areas are clearly posted as parking areas.
- Parking lots throughout the campus are laid out and marked for maximum efficiency and traffic flow. Parking is allowed in marked stalls only. Vehicles must be within the lines of the marked stall to be parked correctly. Parking is not allowed on any cross-hatched area unless it is designated for the specific type of vehicle, for example, motorcycles.
- Some areas in the cottage district have been marked as reserved parking and are not considered open parking.
- Parking in designated campus parking areas may be restricted or prohibited as required for maintenance or snow removal. See [01-00-25](#) Winter Weather Street Parking
- No parking is allowed within 15 feet of a fire hydrant or pedestrian crosswalk. If the curb is not painted to designate this, consider one full car length as 15 feet.
- Backing into any angled stall is not allowed. Driving through an angled stall to the next one is not allowed. Doing so positions the vehicle against the desired flow of traffic. Parallel parking in opposition to the flow of traffic is not allowed.
- Backing into a stall that is perpendicular to the flow of traffic is permitted, but the vehicle must be positioned between the lines. A vehicle may not occupy more than one parking stall.
- WVH-K staff while in pay status is not visitor. Short term use of visitor parking during shift change is not allowed. Potential tardiness is not a valid reason for any violation of this policy.
- Short term parking is allowed in marked areas with flashers on. Marked stalls can be found at:
 - Entrance to Licensed Nursing Care Buildings

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General Parking

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- Marden Center (for the Post Office)
- Central Services/Commissary
- All WVH-K employees are issued one free parking permit which must be properly displayed in their vehicle while in work status at WVH-K. This permit must hang from the rear view mirror when parked.
- All WVH-King employees who park in any of the campus parking lots are required to fill out the proper vehicle information form prior to being issued a parking permit. It is the responsibility of the employee to update his/her vehicle information immediately when a change is made.
- It is a work rule violation if this permit is not properly displayed.
- Permits are issued by the WVH-K Security Department.
- WVH-K employees can purchase additional parking permits for a nominal fee of \$2.00 each.
 - To obtain additional parking permits, make check payable to WVH King and take to the Finance Department; bring the receipt to Security.
- WVH-K is not responsible for any loss or damage to vehicles, to include but not limited to:
 - Items lost or stolen from vehicles
 - Damage by members, visitors, staff, contractors, etc.
 - Damage due to wind or storms
 - Vandalism

Procedure:

Parking Violations

1. First violation will be considered a written warning. (Unless considered an immediate towing violation described later.)
2. Second violation will result in the employee meeting with his/her supervisor to discuss their violation and review the WVH-King Parking Policy. (Unless considered an immediate towing violation described later.)
3. Third Violation will result in the vehicle being towed off WVH-K property at the owner's expense.
4. Employees incurring no further violations for one year following their most recent violation/ticket will have their record cleared in Security.
5. Disputes will be considered by the Security Chief on a case by case basis.

Immediate Towing Will Occur for the Following:

1. Any illegal parking that obstructs fire lanes and zones, including but not limited to, hydrants and fire department connections on buildings.
2. Any illegal parking in a handicapped stall or loading zone.
3. Any illegal parking that obstructs a pedestrian crosswalk, or impedes the progress of necessary maintenance projects (snow removal, construction, etc.) or emergency vehicles.

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4. Any parking on the grass or dirt unless allowed by signage for special events.
5. Any parking that obstructs a roadway.
6. Vehicles may be towed if considered abandoned. Removal of disabled vehicles will be the owner's responsibility. Vehicles will be considered abandoned if left on property without moving for 48 hours. Permission may be granted, for good reason, by Administration or Security for extended parking. This permission must be received ahead of time and Security must be notified.
7. Vehicles may be towed if leaking fluid or creating any kind of hazard.
8. Towing will be performed by a designated towing service. Responsibility for any expense related to the towing service will be incurred by the owner of the vehicle, whether they leave with a vehicle in tow or not.
9. Vehicles removed from WVH-K property will be taken to a designated towing service location where storage fees will also accrue until fees are paid and vehicle retrieved.
10. WVH-K is not responsible for transportation to the location of the towed vehicle.
11. WVH-K is not responsible for items lost or stolen from a towed vehicle or any damage to the vehicle caused by towing.

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Member Bill of Rights and Responsibilities

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Applies To:

- All WVH-K Staff and Volunteers

Purpose:

- To define Member's rights and responsibilities

Related Documents:

- [WDVA 4020](#) Admission Agreement and attachments A-F
- [Chapter VA 6](#), Wisconsin Veterans Home
- [Chapter 45](#), Veterans
- [01-01-12](#) Equal Opportunity in Healthcare Delivery
- [01-01-20](#) Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Source and attachments
- [01-01-26](#) Furlough, Hospitalization, Bedhold
- [01-01-38](#) Member Grievance

Policy:

- All members residing at WVH-K shall have all basic human and civil rights guaranteed to them under Federal and State Law regardless of race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
- All staff members shall take an active role in respecting, protecting, and promoting the rights of all members.
- All members residing at WVH-K shall have the right to be free from interference, coercion, discrimination, and reprisal when exercising their rights as members of the facility and as citizens of the United States.

MEMBER BILL OF RIGHTS:

The member has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the Wisconsin Veterans Home at King. WVH-K must protect and promote the rights of each member, including each of the following rights:

I. Exercise of Rights

- A.** The member has the right to exercise his or her rights as a member of WVH-K and as a citizen of the United States.
- B.** The member has the right to be free of interference, coercion, discrimination, or reprisal from the facility, in exercising his or her rights.

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- C. In the case of a member adjudged incompetent under the laws of a State, the rights of the member are exercised by the person legally appointed under State law to act on the member's behalf.

II. Notice of Rights and Services

- A. WVH-K must inform the member, before or upon admission, orally and in writing in a language that the member understands of his or her rights and all rules and regulations governing member conduct and responsibilities during the stay in the facility. Receipt of such information, and any amendments to it, must be acknowledged in writing.
- B. The member has the right to inspect and purchase photocopies of all records pertaining to the member, upon written request and 24-hour notice, excluding weekends and holidays, to the facility.
- C. The member has the right to be fully informed of his or her total health status. The member has the right to refuse treatment and to refuse to participate in research.
- D. The Home must inform each member, in writing, at the time of admission and periodically as changes are made, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the established Medicaid rate. WVH-K must inform each member who is entitled to Medicaid benefits of the items and services that are included in nursing facility services under the State plan and for which the member may not be charged.
- E. WVH-K must furnish a written description of legal rights, which includes:
1. A description of the manner of protecting personal funds.
 2. A statement that the member may file a complaint with the State survey and certification agency concerning member abuse, neglect, mistreatment, misappropriation of member property and injuries of unknown source, 01-01-20.
- F. WVH-K must inform each member of the name, specialty and way of communicating with the physician responsible for his or her care.
- G. WVH-K must prominently display, in the facility, written information, and provide to members and potential members oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive funds for previous payments covered by such benefits.
- H. Notification of changes:
1. WVH-K must consult with the member immediately and notify the member's physician and if known, the member's legal representative or designated first Next-of-Kin within 24 hours, when there is:
 - a. An accident involving the member which results in injury.
 - b. A significant change in the member's physical, mental, or psychosocial status.
 - c. A need to alter treatment significantly.
 - d. A decision to transfer or discharge the member from the facility.
 - e. A decision to transfer within the facility.
 2. In a medical emergency, the notification can be made following provision of emergency care.
 3. WVH-K must also promptly notify the member and if known, the member's legal representative or designated first Next-of-kin.
 - a. A change in room or roommate assignment.
 - b. A change in member rights under Federal or State law or regulations.

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4. WVH-K must record and periodically update the address and phone number of the member's legal representative or designated first Next-of-Kin.

III. Protection of Member Funds

- A. The member has the right to manage his or her financial affairs; WVH-K may not require member to deposit their personal funds at the facility.
- B. Management of personal funds: Upon written authorization of a member, WVH-K must hold, safeguard, manage, and account for the member's personal funds deposited with the facility.
- C. Deposit of funds:
 1. Funds in excess of \$50: WVH-K must deposit any member's personal funds in excess of \$50 in an interest-bearing account(s) that is separate from any of the facility's operating accounts, and that credits all interest earned on the member's account to his/her account.
 2. Funds less than \$50: WVH-K must maintain member's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.
- D. Accounting and records: WVH-K must establish and maintain a system that ensures a full and complete and separate accounting, according to generally accepted accounting principles, of each member's personal funds entrusted to the facility.
 1. The system must preclude any co-mingling of member funds with facility funds or with the funds of any person other than another member.
 2. The individual financial record must be available on request to the member or his/her legal representative.
- E. Notice of certain balances:
 1. WVH-K must notify each member that receives Medicaid benefits with the amount when the member's account reaches \$200 less than the SSI resource limit for one person, specified in section 42 USC 1381-1385.
 2. WVH-K must notify each member that receives Medicaid benefits that, if the amount in the account, in addition to the value of the member's other non-exempt resources, reaches the SSI resource limit for one person; the member may lose eligibility for Medicaid or SSI.
- F. Conveyance upon death: upon the death of a member with personal funds deposited with WVH-K, WVH-K must convey promptly the member's funds, and a final accounting of those funds, to the individual administering the member's estate or the Estate Recovery Program when required.
- G. Assurance of financial security: WVH-K must purchase a surety bond or otherwise provide satisfactory assurance of self-insurance to ensure the security of all personal funds of members deposited with the facility.
- H. Limitation on charges to personal funds: WVH-K may not impose a charge against the personal funds of a member for any item or service for which a payment is made under Medicaid or Medicare.

IV. Free Choice

- A. WVH-K will provide physicians assigned upon admission. However, the member has the right to use any licensed, certified or registered health care professional, including doctor, dentist, etc., as long as the professional complies with the Home's procedures and all rules and regulations of

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local, state, and federal governments. WVH-K will notify the member, the member's legal representative, or designated first Next-of-Kin that an alternate physician must be selected if the physician fails to comply with federal or state laws.

- B. The member has the right to be fully informed in advance about care and treatment that may affect the member's well-being.
- C. The member, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, has the right to participate in planning care and treatment or changes in care and treatment.

V. Privacy and Confidentiality

- A. The member has the right to personal privacy and confidentiality of his or her personal and clinical records.
- B. Personal privacy includes accommodations (but does not require WVH-K to provide a private room), medical treatment, written and telephone communications, personal care, visits, and meetings of family and member groups.
- C. The member may approve or refuse the release of personal and clinical records to any individual outside WVH-K, unless the member is transferred to another health care institution or record release is required by law or third-party payment contract.

VI. Grievances

The member has the right to voice grievances with respect to treatment or care that is or is not furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by WVH-K to resolve grievances that the member may have, including those with respect to the behavior of other members (Member Grievance Policy 01-01-38).

VII. Examination of Survey Results

- A. The member has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction. The results must be posted by the facility in a place readily accessible to members.
- B. The member has the right to receive information from agencies acting as client advocates and be afforded the opportunity to contact these agencies.

VIII. Work

- A. The member has the right to refuse to perform services for WVH-K.
- B. The member has the right to perform services for WVH-K when:
 1. The facility has documented the need or desire for work in the member plan of care.
 2. The plan specifies the nature of the services performed which are physician approved and whether the services are voluntary or paid.
 3. Compensation for paid services is at or above prevailing rates established in WVH-K's Work Therapy Program (Work Therapy Program Policy 15-00-06).

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4. The member agrees to the work arrangement described in the plan of care.

IX. Mail

- A. The member has the right to privacy in written communications, including the right to send and receive mail promptly that is unopened.
- B. The member has the right to have access to stationery, postage, and writing implements at the member's own expense.

X. Access to the Facility and Visitation Rights

- A. The member has the right to receive visitors and WVH-K must allow access to the member for such visitors at any reasonable hour (normal visiting hours are 09:00 a.m. to 9:00 p.m.).
- B. The member has the right and WVH-K must provide immediate access to any member by the following people:
 1. Any representative of the Secretary of the U.S. Department of Health and Human Services.
 2. Any representative of the State Department of Health Services.
 3. The member's individual physician.
 4. The State Long-Term Care Ombudsman.
 5. The protective and advocacy agencies for mentally ill and developmentally disabled individuals.
 6. Immediate family, other relatives of the member or others who wish to visit the member (subject to the member's right to deny or withdraw consent at any time).
 7. Any entity or individual that provides health, social, legal, or other services to the member (subject to the member's right to deny or withdraw consent at any time).
- C. WVH-K must allow representatives of the State Ombudsman to examine a member's clinical records with permission of the member or the member's legal representative and consistent with State law.

XI. Telephone

The member has the right to have regular access to the private use of a telephone.

XII. Personal Property

The member has the right to retain and use personal possessions including some furnishings, and appropriate clothing as space permits, unless to do so would infringe upon the rights or health and safety of other members.

XIII. Married Couples

The member has the right to share a room with his or her spouse when married members live in the same facility and both spouses consent to the arrangement with facility provided beds.

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XIV. Self-Administration of Drugs

Each member has a right to self-administer drugs unless WVH-K's interdisciplinary team has determined that this practice is unsafe for the member (Member Self Administration of Medications Policy 115-00-70).

XV. Admission, Transfer and Discharge Rights

A. Transfer and Discharge

1. Each member is permitted to remain at WVH-K, and not be transferred or discharged from WVH-K, unless:
 - a. The transfer or discharge is necessary for the member's welfare and the member's needs cannot be met at WVH-K;
 - b. The transfer or discharge is appropriate because the member's health has improved sufficiently so the member no longer needs the services provided at WVH-K;
 - c. The safety of individuals in WVH-K is endangered;
 - d. The health of individuals in WVH-K would otherwise be endangered;
 - e. The member has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; if a member becomes eligible for medical assistance after admission to WVH-K, only charges that may be imposed under medical assistance may be allowed in enforcement of this subdivision;
 - f. WVH-K ceases to operate.
2. When WVH-K transfers or discharges a member under circumstances specified in 1 a-e above, the reason for member's discharge must be documented in the member's clinical records. The documentation must be made by:
 - a. The member's physician, when transfer or discharge is necessary under 1 a or b above (welfare and needs cannot be met in facility; health has improved and no longer needs services of facility).
 - b. A physician when transfer or discharge is necessary under 1 d above (health of individuals would otherwise be endangered).
3. Notice before WVH-K transfers or discharges a member, the facility must:
 - a. Notify the member, the member's legal representative or designated first Next-of-Kin of the transfer or discharge and the reasons.
 - b. Record the reasons and notification in the member's clinical record.
4. Timing of the notice
 - a. Notice of transfer or discharge may be made as soon as practical when the transfer or discharge is for reasons 1 a through d above or if the member has not resided in WVH-K for 30 days.
 - b. Except under the above conditions, the notice of transfer or discharge must be made by the home at least 30 days before member is transferred or discharged.
5. Contents of the notice. The written notice must include the following:
 - a. The reason for, effective date of, and location to which the transfer or discharge will occur.
 - b. The name, address, and telephone number of the State Long-Term-Care Ombudsman.

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- c. A statement that the member has the right to appeal the action to the Wisconsin Department of Health Services, Division of Quality Assurance (address and phone number are listed on last page).
 6. Orientation for transfer or discharge: WVH-K must provide sufficient preparation and orientation to members to ensure a safe and orderly transfer or discharge from the facility.
- B. Notice of Bed-Hold Policy and Readmission**
 1. Notice upon transfer: Before WVH-K transfers a member to a hospital or allows a member to go on therapeutic leave, WVH-K must provide written information to the member and the designated first Next-of-Kin or legal representative that specifies the duration of the bed-hold policy under the State plan during which the member is permitted to return and resume residence at WVH-K; and the facility's policies regarding bed-hold periods permitting a member to return.
 2. Permitting member to return to WVH-K: WVH-K must establish and follow a written policy under which a member, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted upon the first availability of a bed in a semi-private room if the member requires the services provided by the facility, and is eligible for Medicaid nursing facility services.
- C. Equal Access to Quality Care**

WVH-K must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals, regardless of source or payment. WVH-K may charge any amount for services furnished to non-Medicaid members consistent with the notice requirement regarding charges to persons entitled to Medical benefits.
- D. Admissions Policy**
 1. WVH-K must not require a third-party guarantee of payment to the facility as a condition of admission, or expedited admission, or continued stay at WVH-K; must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation or other consideration as a precondition of admission, expedited admission or continued stay in the facility; must not require members or potential members to waive their rights to Medicare or Medicaid; and must not require oral or written assurance that members or potential members are not eligible for, or will not apply for Medicare or Medicaid benefits.
 2. WVH-K may require an individual who has legal access to a member's income or resources available to pay for facility care, to sign a contract, without incurring personal financial liability, to provide facility payment from the member's income or resources. WVH-K may charge a member who is eligible for Medicaid for items and services the member has requested and received and that are not specified in the State plan as included in the term "nursing facility services." WVH-K may solicit, accept or receive a charitable, religious or philanthropic contribution from an organization or from a person unrelated to the member, or potential member; but only to the extent that the contribution is not a condition of admission, expedited admission or continued stay at WVH-K.

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MEMBER BEHAVIOR AND WVH KING PRACTICES

I. Restraints

- A. The member has the right to be free from any physical restraints imposed or psychoactive drug administered for purposes of discipline or convenience, and that are not required to treat the member's medical symptoms.
- B. Restraints may be imposed:
 - 1. To ensure the physical safety of the member or other members and
 - 2. Upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used, except in emergency circumstances until the order could reasonably be obtained.

II. Abuse

The member has the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary seclusion.

III. Staff Treatment of Members

- A. WVH-K must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of members (Member Abuse, Neglect, Mistreatment, Misappropriation of Property & Injuries of Unknown Source Policy 01-01-20).
- B. Staff employed at WVH-K must not use verbal, mental, sexual, or physical abuse, including corporal punishment or involuntary seclusion.
- C. WVH-K must not employ individuals who have been convicted of abusing, neglecting, or mistreating individuals.
- D. WVH-K must ensure that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Executive Director, Commandant, Deputy Commandant or other officials in accordance with State law through established procedure.
- E. WVH-K must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse to members while the investigation is in progress.
- F. The results of all investigations must be reported to the Executive Director, Commandant, Deputy Commandant or his/her designated representative or to other state officials in accordance with State law within 5 working days of the incident and if the alleged violation is verified appropriate corrective action taken.

QUALITY OF LIFE

I. Dignity

WVH-K must promote and care for members in a manner and in an environment that maintains or enhances each member's dignity and respect in full recognition of his or her individuality.

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II. Self-Determination

The member has the right to choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care; interact with members of the community both inside and outside of WVH-K; and make choices about aspects of his or her life that are significant to the member.

III. Participation in Member and Family Groups

A member has the right to organize and participate in member groups at WVH-K. A member's family has the right to meet in the facility with the families of other members in the facility. WVH-K must provide a member or family group, if one exists, with private space. Staff or visitors may attend meetings at the group's invitation. WVH-K must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings. When a member or family groups exists, the facility must listen to the views and act upon the grievances and recommendations of members in proposed policy and operational decisions affecting member care and life at WVH-K.

IV. Participation in Other Activities

A member has the right to participate in social, religious, and community activities that do not interfere with the rights of the members who live at WVH-K.

V. Accommodation of Needs

A member has the right to reside and receive services at WVH-K with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other members would be endangered, and to receive notice before the member's room or roommate in the facility is changed.

RESPONSIBILITIES OF MEMBERS AND/OR LEGAL DECISION MAKERS

WVH-K REQUIRES EACH MEMBER, OR HIS OR HER LEGAL GUARDIAN, TO ASSUME THE FOLLOWING RESPONSIBILITIES:

- I.** Members have the responsibility to provide, to the best of their knowledge and ability complete information about all matters relating to their health.
- II.** Members have the responsibility to report changes in their condition to WVH-K.
- III.** Members have the responsibility to let the Home know if they do not understand treatment programs or the Home's programs or policies.

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- IV. Members have the responsibility to follow instructions provided by the WVH-K or by any health care provider caring for them at WVH-K. This includes following instructions of nurses and other health care personnel as they carry out the member's care plan and physician orders, and as they enforce the applicable rules and regulations of WVH-K.
- V. Members assume responsibility for their actions if care is refused or if physician instructions or those of other health care providers are not followed. Members have the responsibility to follow WVH-K rules and regulations regarding resident care and conduct.
- VI. Members have the responsibility for being considerate of the rights and dignity of other members and their visitors and of the WVH-K's personnel.
- VII. Each member is responsible for being respectful of the personal property of other members, of the staff, and of WVH-K.

Inquires or complaints regarding medical treatment or this Member Bill of Rights may be directed to:

State Nursing Home Ombudsman
Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
Telephone: 1-800-815-0015
Email: BOALTC@Wisconsin.Gov

Wisconsin Department of Health Services
Division of Quality Assurance
Bureau of Nursing Home Resident Care
P.O. Box 2969
Madison, WI 53701-2969
Telephone: (608) 266-8481
Email: dhswebmailqa@wisconsin.gov

Wisconsin Bureau of Nursing Home Resident Care
Northeastern Quality Assurance Regional Office
200 North Jefferson Street, Suite 501
Green Bay, WI 54301
Telephone: (920) 448-5252
Email: Leona.Magnant@dhs.wisconsin.gov or
Daniel.Perron@dhs.wisconsin.gov

Wisconsin Medical Examining Board
Department of Safety & Professional Services
1400 East Washington Ave.
P.O. Box 7190

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Madison, WI 53707-7190
Telephone: (608) 266-2112

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Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff and volunteers

Purpose/Overview:

- To ensure compliance with all applicable federal and state statutes, rules and regulations
- To protect the member's right to be free from abuse, neglect, exploitation, and misappropriation of member's property.

Related Documents:

- [AD-124](#) Social Media and Employee Communication
- [AD-106](#) Work Rules
- [01-01-38](#) Member Grievance
- [01-00-16a](#) Adverse Event Reporting
- [105-00-07](#) Restraints: Implementing, Monitoring, Discontinuing, Consent and Application

Definitions: (Also see Wisconsin's Caregiver Program)

Abuse - The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes deprivation by an individual of goods or services necessary to attain or maintain physical, mental, and psychosocial well-being. Also includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through use of technology. Instances of abuse of all members, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.

Willful-The individual must have acted deliberately, not that he/she must have intended to inflict injury or harm.

Neglect - is the failure of the facility, its employees or service providers to provide the goods or services to a member necessary to avoid physical harm, pain, mental anguish, or emotional distress. Examples may be not giving the member a meal because you think they may not eat; not following the care plan and interventions.

Exploitation- taking advantage of a member for personal gain through the use of manipulation, intimidation, threats, or coercion. An example can be making a member feel afraid of you, so that you can use their money.

Misappropriation of Member Property - The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a member's belongings or money without the member's consent. An example may be taking a member's perfume, clothes, jewelry or money.

Injury of Unknown Source - member injury that is not the result of a known accident or event. Examples may be bruise or skin tear without known contact, swollen (area).

Mistreatment-inappropriate treatment or exploitation of a member.

Verbal Abuse - the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to members or their families, or within hearing distance regardless of their age, ability to comprehend, or disability. Examples are but not limited to swearing, calling people names making jokes about a person, yelling or screaming at someone.

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Sexual Abuse - non-consensual sexual contact of any type with a member. Includes, but is not limited to unwanted sexual attention or touching, sexual touching of the body of a member who cannot make decisions for themselves; sexual harassment, sexual coercion, or sexual assault.

Physical Abuse - Includes hitting, scratching, punching, pushing, holding someone down, poking, grabbing a member by the arms or legs, slapping, , and kicking. It also includes controlling behavior through corporal punishment.

Mental Abuse - Includes but it is not limited to: humiliation, harassment, and threats of punishment or deprivation, such as making fun of a member, ignoring a member who needs you, refusing to talk to a member including taking and/or posting pictures/videos.

Involuntary seclusion - The separation of a member from other members or from his/her room or confinement to his/her room (with or without roommates) against the member's will, or the will of the member's legal representative. An example may be putting the member in their room and locking their wheelchair so they cannot come out.

Caregiver Misconduct - Includes abuse or neglect of a member or misappropriation of a member's property by an employee, agency, or under contract of the facility as defined in [Chapter DHS 13](#) of the WI Administrative Code.

Formal Complaint - Any complaint, which pertains to services provided to members, has reference to state or federal regulations, facility standards of care, policies and procedures, and/or member rights, and/or requires management intervention.

Immediately - means without delay (with-in minutes) of the incident after the member is safe.

Immediately Notifies Division of Quality Assurance (DQA) - Means as soon as possible, but not to exceed 24 hours after discovery of the incident.

Covered Individual - means each individual who is an owner, operator, employee, manager, agent, or contractor of a long-term care facility who furnish services.

Suspicion of a Crime - is defined by law of the applicable *political subdivision* where a LTC facility is located. Generally, whether "suspicion of a crime" exists will be dependent upon the knowledge and sensibilities of staff with knowledge of an incident, which are required to report. This must be reported to law enforcement officials, no later than 2 hours after forming the suspicion if there is serious bodily injury to the member; no later than 24 hours if there is no serious bodily injury.

Local law enforcement - means the full range of potential responders to elder abuse, *neglect*, and exploitation including: police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, and coroners.

Self-Neglect - means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

Serious bodily injury - is an injury involving extreme physical pain; substantial risk of death; protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation. In the case of "criminal sexual abuse" which is defined as serious bodily injury/harm shall be considered to have occurred if the conduct

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Prohibition and Prevention of Member Abuse, Neglect, and Exploitation

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causing the injury is relating to aggravated sexual abuse or relating to sexual abuse. This must be reported to the Executive Director immediately and to DQA within 2 hours after the allegation is made.

Retaliate against an employee - is when the employer discharges, demotes, suspends, threatens, harasses, or denies a promotion or any other employment-related benefit to an employee, or in any other manner discriminates against an employee within the terms and conditions of employment because the employee has met their obligation to report a suspicion of a crime.

Policy:

- The facility shall not employ or contract with any individual who has been found guilty of abusing, neglecting, exploiting, misappropriation of property, or mistreating someone or has such a finding entered into the Wisconsin Caregiver Registry or have a disciplinary action in effect against his/her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of members/residents or misappropriation of member/resident property.
http://docs.legis.wisconsin.gov/code/register/2010/660b/remove/dhs12_a.pdf
 - Background checks shall be done to screen for any domestic violence, abuse, neglect, etc., prior to hiring new and/or returning employees, prior to promotions, and every 4 years while employed at WVH-K. [HR-329](#)
 - Proof of verification with the State nurse aide registry with no findings of abuse, neglect, exploitation, mistreatment or misappropriation.
 - Proof of verification with the State Licensing Board of valid licensure with no disciplinary action in effect as a result of a finding of abuse, neglect, exploitation, mistreatment or misappropriation.
 - Proof of background checks for agency staff.
 - See Volunteer policy [19-02-01](#).
 - Screening for abuse/neglect/misappropriation shall occur through the reference process.
 - <https://exclusions.oig.hhs.gov/>
- Human Resource staff, Staff Development staff, and Bureau Directors shall train all staff on all aspects of this policy/procedure. This training shall include:
 - What makes member's at risk or vulnerable to abuse.
 - Appropriate interventions to deal with aggressive and/or catastrophic reactions of members;
 - How staff should report their knowledge related to allegations without the fear of reprisal;
 - How to recognize signs of burnout, frustration and stress that may lead to abuse:
 - Some signs may include deep fatigue beyond just being tired or sleepy, frequent headaches, insomnia or other sleep issues, stomach problems, short-tempered or quick to anger, feeling overwhelmed with the simplest of tasks, feeling resentful of the people being care for, etc.
 - What constitutes abuse, neglect, exploitation, and misappropriation of member property;
 - Requirements for reporting crimes or suspected crimes to Law Enforcement.
- This training shall occur:
 - Upon hire
 - At least annually with documentation of attendance.

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- The facility shall provide a process by which members, member representative, family, staff, and others may report concerns, incidents, grievances, and crimes without the fear of retribution. This process shall be made known to the parties through one or more of the following: written notification, postings, member meetings, admission process, and facility training.
- The process by which members, member representative, family, staff, and others receive this notification shall be as follows:
 - Member/member representative/family receive written information including Rights of Nursing Home Member and Member Grievance Procedure upon admission and via literature and verbal discussion at member monthly meetings or any other formal/informal meetings. At the member's annual care plan meeting, the member and/or member representative will be given a copy of the Member Bill of Rights and Responsibilities.
 - New hires receive a copy of [01-01-07](#) Member Bill of Rights and Responsibilities, [WVH 01-02-29](#) Corporate Compliance Plan, 01-01-20 Prohibition and Prevention of Member Abuse, Neglect, Exploitation and [WVH 01-02-28](#) Use of Personal Wireless Handheld Devices.
- WVH-K shall institute policies and procedures to identify, correct, and intervene in situations in which abuse, neglect, exploitation, and / or misappropriation of member property is more likely to occur including:
 - Staffing in a manner that will both meet member needs and meet regulatory staffing requirements and provide detailed plans of care that are readily available to direct care providers.
 - Nursing Supervisor(s) are on duty 24 hours per day, 7 days per week.
 - Staff is to report sign of burnout to their supervisor.
 - Supervisors monitor staff burnout and offer assistance if needed.
 - Step in to assist others who may be frustrated or angry.
 - Develop and follow comprehensive behavior care plan interventions for those members needing such to include regular and consistent assessment and evaluation.
- All observed, noted allegations, or otherwise reportable incidents shall be reported as follows:
 - All staff: **Report to RN or supervisor AND the building Executive Director IMMEDIATELY.**

Examples of events which must be reported include suspicious bruising of residents, or occurrences, patterns, and trends that may constitute abuse.

- Staff shall immediately determine what measures shall be implemented for continued protection of member(s).

The first priority shall always be to remove members from potential harm.

- An initial evaluation of the incident shall be conducted. (quick look around)
- Initial reporting shall be completed by the nursing supervisor or Executive Director/designee, department director.
- All allegations must be thoroughly investigated.

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- Members identified by staff as exhibiting abusive behavior toward staff or other members, which require professional services shall be referred to the appropriate health care provider(s) for evaluation.
- The facility shall report all incidents meeting regulatory criteria according to [DQA Memo 11-032](#) to the Division of Quality Assurance (DQA) (as soon as possible, not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not to exceed 24 hours from discovery of the incident), and complete a final report within 5 working days of the incident.
- Other officials such as local law enforcement and adult protective services shall also be notified within the above time frame.
- Facility staff shall identify and investigate all incidents of alleged member abuse, neglect, exploitation, or mistreatment, and member-to-member conflict, misappropriation of member property and injuries of unknown source.
- Necessary corrective actions for substantiated incidents shall occur and may include education, in-service training for the individual(s) involved and building wide, discipline, reassignment, and/or other actions depending on the investigation outcome.
- The facility shall maintain confidentiality and privacy at all times during all aspects of the investigation in order to protect members and innocent parties from potential harm that might result from disclosure of investigation information.
- Facility staff shall disclose to investigators all information related to an investigation, including its conclusion.
- Outside of the investigation process, facility staff shall only discuss information from an investigation that is necessary to carry out the functions of the facility.
- The Nursing Quality Improvement Committee shall review all patterns, trends or incidents that suggest need for changes in facility training, processes, systems, and/or policies and procedures and report findings to the QAPI Committee.
- The facility shall maintain records of incidents and accompanying information to meet legal and regulatory agency requirements.
- Each report of missing property shall be treated as equally important and every attempt shall be made to recover the member's missing property.
- It is the policy of the WVH-K to comply with the Elder Justice Act (EJA) about reporting a reasonable suspicion of a crime under Section 1150B of the Social Security Act, as established by the Patient Protection and Affordable Care Act (ACA), § 6703(b)(3). Specifically, it is the policy of WVH-K to:
 - STAFF MUST REPORT INCIDENTS OF ABUSE, NEGLECT, MISAPPROPRIATION, EXPLOITATION, OR INJURIES OF UNKNOWN ORIGIN TO SUPERVISOR IN ADDITION TO ANY REPORTING UNDER THIS ACT.
 - On an annual basis, notify all “*covered individuals*” (as that term is defined under the EJA) of their reporting obligations under the EJA to report a suspicion of a crime to the state survey agency (DQA) and *local law enforcement* for the *political subdivision* (city, county, township or village) in which WVH-K is located.

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- Refrain from *retaliating against any employee* who reports a suspicion of a crime against an individual receiving care at WVH-K.
- Post a notice in a conspicuous location that informs all “*covered individuals*” of
 - their reporting obligation under the EJA to report a suspicion of a crime to DQA and *local law enforcement*; and
 - their right to file a complaint with the state survey agency if they feel WVH-K has *retaliated against an employee* who reported a suspected crime under this statute.
- WVH-K shall refrain from employing any individual who has been prohibited from working in a long term care facility because of failure to report a suspicion of a crime against a resident of a long term care facility; and
- Staff shall report all incidents of abuse, neglect, misappropriation, exploitation, or injuries of unknown origin to DQA. Facility also reports suspicion of crimes to local law enforcement.

Procedure:

1. The member’s interdisciplinary team (IDT) assesses, care plans, and monitors members with needs and behaviors which may lead to conflict, such as members with a history of aggressive/abusive behaviors.

Identification, Protection, and Investigation

2. Facility staff that identifies or is made aware of an allegation that an incident took place related to abuse, neglect, misappropriation, exploitation, member-to-member conflict, or injury of unknown source IMMEDIATELY (without delay) notifies the licensed nurse on duty.
 - A. In circumstances where it is suspected that a crime may have been perpetrated against a member, an Elder Justice Act report will be required. (see [01-01-20D](#))
3. Staff IMMEDIATELY (without delay) removes the member and other members who have the potential to be harmed from the harmful situation.
4. The licensed nurse IMMEDIATELY (without delay) notifies the Nursing Supervisor, who in turn notifies the Executive Director of the building/designee.

If the incident is related to abuse, neglect or exploitation:

1. RN IMMEDIATELY (without delay) confirms that the member is safe. This will include removing any accused staff person or member in case of a member to member conflict, from the immediate area or the unit.
2. The RN IMMEDIATELY (without delay) notifies the Nursing Supervisor to determine what further steps need to be taken to protect the member.
3. The Nursing Supervisor notifies the building Executive Director/Designee. If the Executive Director/designee determines the event or allegation is reportable to the Department of Quality Assurance (DQA), the report will be immediately prepared and submitted and any accused staff shall be placed on administrative leave pending the outcome of an investigation.
 - A. Through the investigatory process, the person, if known, who is alleged to have committed the act will be interviewed for their statement.
4. The Nursing Supervisor or Executive Director/designee conducts an initial evaluation of the incident.

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5. The RN notifies the Member representative, if permission is given by member, of the alleged incident and informs them that a formal investigation is being conducted and they will be notified of the outcome by WVH-K staff.
6. If the allegation is toward another member or a person who is not employed at WVH-K, the Nursing Supervisor will contact security, if the situation warrants.
7. The RN initiates the Incident Report in electronic health record (EHR).
8. A list of possible witnesses is given to the Nursing Supervisor as soon as possible.
 - A. Copies of daily schedule, along with the Staff Statements [WDVA 3522](#) and [WDVA 3524](#) to be completed, are placed on the 24-Hour Report Board. Names of staff needing to provide statements will be highlighted. After statements are obtained, the names are crossed off on the daily staff schedule. The RNs follow up with all staff who were on duty and may have cared for or done a portion of care for the member at time of the discovery and during the two previous shifts.
 - B. After completion, the form should be either given directly to a supervisor or placed in a designated secure area.
9. The Nursing Supervisor continues the investigation process by interviewing the member and witnesses. The Nursing Supervisor may apply further restrictions to keep the member safe.
10. The Social Worker (SW) will be involved in taking statements from the members involved in the situation and those who also could have been affected by this or a similar incident.
 - A. Security, the Sheriff's Department, or Administration may be requested to take statements from someone who is not an employee.
11. If the incident was reported to the DQA Officer of Caregiver Quality, within 5 days of the incident the Nursing Supervisor/Executive Director/designee must submit the completed investigation findings to Administration for follow up submission.
 - A. Partially filled forms are available on the computer for management for each building.
12. The RN/SW/designee notifies the legal representative or member representative (if permission is given by member to contact), of the findings/outcome of the investigation.

If the incident is related to injuries of unknown origin:

1. The RN assesses the injury and documents the assessment in the member's clinical record.
2. If the member is not alert and oriented X3 (attentive, mentally functional and able to comprehend/identity of person, place and time), the RN initiates the Incident Report in the EHR.

If a member is alert and oriented X3 and states the injury isn't the result of abuse, a note in the member's medical record will suffice. No Incident Report needs to be filled out. However, the Executive Director/designee must be notified. The injury shall be monitored as necessary.

3. The RN reviews the chart for any evidence of prior incidents that may have caused injury.
4. The RN notifies the member's physician and member representative (if permission is given by member).
 - A. This notification is done immediately if there is an injury needing immediate attention. If immediate attention is not needed the notification must be within 24 hours.

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5. The RN notifies the Nursing Supervisor, who in turn notifies the Executive Director/designee. Together, a decision is made whether or not the incident will be reported to the DQA Office of Caregiver Quality.
 - A. Criteria to be reviewed if there is an injury AND the injury is suspicious because of:
 - 1) the extent of the injury OR
 - 2) the location of the injury OR
 - 3) the number of injuries observed at one particular point in time OR
 - 4) the incidents of injuries over time.
 - B. If investigating an injury of unknown origin that was not initially reported, the executive director/designee/nursing supervisor determines whether the incident needs to be reported post-investigation.
6. The RN interviews staff on duty looking for anyone who may have knowledge of an incident that caused injury to the member.
7. The identified staff document statements on the “Statement Related to Incident” [WDVA 3522](#) or Initial Statement Related to Incident [WDVA 3524](#). See 5. H.1) & 2) above.
8. The Executive Director/designee/Supervisor reviews staff statements to determine if any follow up questions should be asked.
 - A. If a statement contains inaccuracies or confusing information, the Nursing Supervisor asks the author of the statement to correct or clarify the information, then date and sign the clarification.
9. The RN or SW calls the member representative to update on the findings of the investigation.

If the incident is related to Member Missing Property or Misappropriation

1. Prior to admission new members are encouraged to bring only cash and valuables necessary for personal use. New members are assisted with labeling personal property they bring to WVH-K.
2. On admission, member/member representative is notified via the Admission Agreement and in the new member meetings of measures available to secure and identify money and other valuables.
3. Measures include
 - A. Securing property with family or legal representative.
 - B. Depositing funds in on-grounds credit union.
 - C. Securing valuables in lockable drawer or safe.
 - D. Putting limited, small valuables in building safe in the resident counselor's (RC) office.
 - E. Photographing valuables.
 - F. Maintaining a current inventory.
 - G. Labeling personal property.

Failure of members to secure property according to facility policy does not negate this policy, including the requirement that a full investigation is done.

4. During admission, the member's property is inventoried; RC takes digital pictures of valuable items (jewelry, cameras, keepsakes, etc.). These photographs are downloaded into the computer for use if items are reported missing.
5. When there is an inventory change, the “Member Inventory Change”, [WDVA 3131](#), is completed by nursing staff and turned in to the RC.
6. Permanent markers are made available to members for writing their names on items such as lotions or shampoos.

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7. At quarterly or yearly reviews with the member, the IDT or designated person asks the member or member representative if the member has any new gifts or assets to record or place for safekeeping.
8. All staff is required to IMMEDIATELY (without delay) notify the licensed nurse for the member's unit, the nursing supervisor, or staff's immediate supervisor upon being notified of a loss or potential loss. Any person (including staff, member, member representative, or family/legal representative) may notify any WVH-K staff of suspected missing property.
9. A complete room search is to be conducted by 2 staff with the permission of member.
 - A. Complete the Room Search Checklist <H:/Services/AAUCFORMS/Checklist>
 - B. Inform the RN and/or Nursing Supervisor if the member refuses a room search.
10. If a report is made to the Non-Nursing Supervisor, that supervisor immediately notifies the Nursing Supervisor on duty.
11. Where there is both an allegation of misappropriation and substantial evidence against a staff member that is accused, the staff will be suspended (administrative leave) pending the outcome.
 - A. Notify Human Resource Department regarding putting the employee on administrative leave.
12. The RN starts to gather staff statements on [WDVA 3522](#) and [WDVA 3524](#) See 5. H. 1) & 2) above.
13. The incident is documented in EHR by the RN.
14. If unsure of whether the incident meets the criteria for reporting, the Nursing Supervisor consults with the building Executive Director/designee. Within 24 hours of WVH-K's notification that a member is missing property nursing management must decide whether the incident is reportable to the Sheriff or other officials. Follow through as instructed.
15. For Missing Property/Misappropriation reports, the Nursing Supervisor and other disciplines involved will add their summary after gathering data.
16. The unit RN/SW needs to append the initial report with the results. (ex: returned from laundry, found in member's winter coat pocket, etc.), if applicable.
17. The building Executive Director/designee/Nursing Management submits a follow-up report to DQA when an incident is closed (or if property is found) **after** form DDE-62447 has been submitted to DQA.

Supervisor Reports:

1. The Director of Nursing/designee prepares the investigation report for member Abuse/ Neglect/ Misappropriation and injury of unknown source investigations.
2. If it has been reported to DQA (abuse and neglect allegations are always reported to DQA), then a copy of the file containing the Supervisor Summary, the initial Incident Report, Staff Statements, supporting documentation, and the DQA Report are submitted as follows:
 - A. The original documents in the file are kept by Administration and a copy goes to the building Executive Director.
 - B. The final report, [Caregiver Misconduct Report Incident Report DQA F-62447](#) must be submitted to Office of Caregiver Quality within 5 days of learning of the incident.

Wisconsin Veterans Home at King

Member Smoking at WVH-K

Date of Origin: November 2011	No.: 01-01-41
Last Revision: October 6, 2016	Page 1 of 2
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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) members, Interdisciplinary Team (IDT), Resident Counselor (RC), Administration

Purpose/Overview:

- To provide guidelines for smoking on the grounds of WVH-K.

Related Documents:

- [2009 Wisconsin Act 12](#)
- [Section 101.123](#), Wisconsin Statutes
- [HR-320](#) Smoking/No Smoking
- [VA 6.05](#)

Policy:

- All members shall abide by all rules, policy and procedures regarding smoking set forth by the WDVA.
- All members who smoke shall have a smoking assessment completed by the IDT at time of admission and annually thereafter as long as the member continues to smoke.
- The member's smoking assessment shall be reviewed at each quarterly care plan meeting and with any significant changes of condition by the IDT.
- Completed Member Smoking Assessment shall indicate if member may smoke independently.
- Smoking is banned in buildings, all smoking materials including cigarettes, cigars, pipes and E Cigarettes may only be used in the designated shelters.
- Supervised smokers must be fully visible by the person monitoring them.
- The smoking areas shall be monitored closely during extreme weather.
- Members are discouraged from buying, loaning, borrowing, or giving other members smoking materials.

Procedure:

1. Assigned Social Worker initiates Member Smoking Assessment [WDVA 3134](#) by meeting with member and reviewing any documentation related to member's smoking.
 - A. In the absence of a social worker the RN on duty may do this.
2. Provide a copy of [AD-130](#) Smoking Guidelines in WDVA Facilities to the member at time of assessment.
3. Nursing staff is assigned on all 3 shifts for a 24-hour period to observe member's smoking to assess ability to smoke independently.
 - A. If member does not smoke during the night shift, the third shift should be an additional a.m. or p.m. shift.
4. A collaborative approach by the IDT is used to develop the smoking care plan with interventions related to assistance needed for safe smoking, if applicable.

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5. IDT may request adaptive devices from Occupational Therapy (OT) to assist member in safe smoking.
 - A. Any adaptive/safety devices used must be identified on the smoking care plan.
 - 1) Safety equipment/measures must be in place prior to lighting the smoking material.
 - 2) Supervised smokers must be able to smoke safely without additional hands on help from the one monitoring the smoking member, once fully set up.
 - 3) Failure to abide by safety measures may result in loss of smoking privileges.
 - B. If adaptive equipment is not available, the member may have to purchase their own.
 - 1) Adaptive devices must be inventoried in Member Inventory in the Resident Information system.
 - 2) After discharge or death; RC will return the WVH-K device to therapy department to be cleaned and stored for future member use.
6. Member must agree to pay for any adaptive device issued from OT that they lose or destroy.
7. Supervised smoking may be restricted to certain times based on operational necessities.
8. Smoking cessation for the member may be required if after all efforts of staff via the care plan and adaptive devices have been tried and been unsuccessful in keeping member safe.
9. Documentation related to the member's ability to smoke safely is reviewed for any smoking related concerns or incidents. Assessment must be dated and signed to indicate that member's ability to smoke either independently or with assistance has been reviewed. If a significant change of condition, this is also documented by the IDT on the care plan review cover sheet.
10. Any member who begins smoking again after cessation must have a new Member Smoking Assessment completed. Follow steps listed under number 2 above.
11. Member smoking is allowed in designated areas only as listed below:
 - A. Member sitting shelters currently located behind Olson Hall and in between Stordock & Ainsworth Halls.
 - B. A temporary member smoking shelter is also currently located behind Stordock Hall.
 - C. Designated smoking area outside Marden Center off the coffee shop exit on lower level.
 - D. Designated park gazebo located across from Stordock Hall.
 - E. Designated area overlooking lake above King Fisher building.
 - F. Designated area in the Ainsworth-1 special care unit outdoor section.
12. The National Fire Protection Association Life Safety Code 101 requires each smoking area to be provided with:
 - A. Ashtrays made of noncombustible material and safe design.
 - B. Metal containers with self-closing covers into which ashtrays can be emptied must be readily available.
 - C. Oxygen tanks are not allowed in the area and must be turned off, removed from member, and secured in a designated area before they are taken into the smoke shelters.
 - D. Only members who are capable of self-preservation (i.e. can respond to a fire situation and evacuate without intervention of staff) are permitted to travel to and use the gazebo independently.
13. During extreme non-storm related weather, heat index above 90 or air temperature at 20 degrees or less and/or wind chills at or below 20 degrees. The assigned staff must physically go to the smoking area to check the welfare of the members.

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Health and Safety Hazards

Date of Origin: December 1993	No.: 14-00-03
Last Revision: January 2016	Page 1 of 1
Last Review: January 2016	Maintained By: Security

Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff

Definitions:

- Any non-medical conditions or practices in the workplaces which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through normal procedures. (Examples: flooding, electrical problems, chemical spill, fire, structural damage, etc.)

Policy:

- Any one discovering a safety hazard shall notify Security.
- Security shall triage the situation to the most appropriate department/work unit for resolution.
- Security shall document all instances of reported safety hazards.
- In emergencies, Security implements the “Incident Command” system.

Procedure:

1. Any staff who discovers a health or safety hazard does the following:
 - A. If appropriate, stays at the location of the concern to prevent others from accidental exposure.
 - B. Notifies Security.
2. Safety/Security assesses safety/hazardous incidents and directs initial responses.
3. Safety/Security controls the incident under the Incident Command System until properly relieved.
4. Safety/Security maintains contact information regarding resources to call in, or may contact Waupaca County Emergency Government for assistance.
5. Safety/Security documents all hazardous situations on Safety/Security’s incident report form and investigates as appropriate. Reports are sent to the appropriate supervisor for correction of the situation.
6. Supervisors will review all reports and either correct the problem or refer it through the appropriate channels for correction.
 - A. Any supervisor may receive such information.
 - B. If the concern involves a different work unit, the supervisor who originally received the information should ensure it is passed on to the appropriate party.
7. Safety/Security incident reports are submitted to WVH Administration for review and further actions.

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Recycling

Date of Origin: January 1995	No.: 16-00-02
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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff

Related Documents:

- [16-00-09](#) Waste Management and Reduction
- State Procurement Manual Number [PRO-D-19](#) – Recycling Procurement
- State Procurement Manual Number [PRO-F-3](#) – Surplus Property Disposal-Non-vehicles
- Code of Regulations [45 CFR 164.530](#) (HIPAA)
- Wisconsin Statutes [Chapter 287](#), Solid Waste Reduction, Recovery, and Recycling
- Wisconsin Administrative Code [Chapter NR 502](#) and [Chapter NR 544](#)
- [Wisconsin DNR Recycling](#)

Definitions:

- CONTAMINATION –the effect caused when foreign material is mixed with recyclable material.
- RECOVERED MATERIAL – means a product which is recovered from solid waste in an original use.
- RECYCLED MATERIAL – means a product which is manufactured from waste or paper mill sludge.
- RECYCLABLE MATERIAL – material in waste for which there exists a commercially demonstrated processing or manufacturing technology which use the material as a raw material.
- WASTE REDUCTION – consists of reducing the amount of solid waste produced by the individuals, commercial establishments, industries, and organizations by changing product specifications and individual usage patterns.
- REUSE – a means of taking or keeping materials out of solid waste and reusing them for the original purpose or something other than that what they were initially intended for.
- RECYCLING – a means of reusing materials that would otherwise be discarded, by collecting and sending them to intermediate and/or final markets to be reused or made into a new product.

Policy:

- The WVH-K shall have a recycling program and monitor the program in accordance with State and Federal regulations.
- The WVH-K shall incorporate specifications for the purchase of products made from recycled and recovered materials.
- The employee/department shall be responsible for their own recyclable materials; to keep contamination down, to place recyclable materials in designated containers and to comply with all recycling and universal waste regulations.
- All staff, who handle recyclable materials shall comply with the procedures and work practices outlined in this policy.
- Bureau Directors and Supervisors shall be responsible for implementation of this plan in their respective areas and for educating and training employees.

Procedure:

Planning for Recycling:

1. When ordering products, specifications incorporate recycled ingredients/components for the following materials:

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- A. Paper/paper products
 - B. Plastic/plastic products
 - C. Glass/glass products
 - D. Construction materials, including insulation
 - E. Motor oil and lubricant
 - F. Furnishings, including rugs, carpet
 - G. Highway equipment, including signs, posts, rails,
 - H. Reflectors, land dividers, and barricades.
2. Yard waste is composted.
 3. All staff are responsible for recycling, minimizing:
 - A. the generation of waste
 - B. assisting in the prevention of contamination to the recyclable material.
 4. The following materials are recycled and placed in designated labeled recycling bins and/or other areas designated within the buildings as listed below.
 - A. aluminum (pop can) containers.
 - B. glass bottles/jars
 - C. # 1- # 7 Plastics
 - D. Tin/steel containers
 - 1) Rinse out and remove labels, place in labeled recyclable co-mingled bin. Dispose of caps and lids, no broken glass, no window glass.
 - E. Newspaper/magazines/catalogs/whitepaper/greyboard co-mingled
 - F. HIPPA waste is shredded
 - G. All above items should be placed in a clear plastic bag and placed on the loading dock.
 - H. Corrugated cardboard – Break boxes down and place on loading dock in proper receptacle
 - I. lead acid batteries (See [16-00-04](#))
 - J. Used tires
 - K. Used oil
 - L. Major appliances/electronic equipment – Contact Materials Management.
 - M. Used light bulbs and lamps/ballast – notify Housekeeping
 5. Recycling receptacles are emptied by housekeeping staff as needed.
 6. Recyclable materials are taken to the building loading dock by housekeeping staff.
 7. Grounds staff picks up recyclables and transports them to a designated area where they are removed from WVH-K by a registered commercial contract transport service.

Wisconsin Veterans Home at King

Employee Dress Code

Date of Origin: October 2013	No.: 17-00-07
Last Revision: July 26, 2016	Page 1 of 2
Last Review: July 26, 2016	Maintained By: Administration

Applies To:

- All Wisconsin Veterans Home at King (WVH-K) employees

Purpose:

- To ensure all employees of the WVH-K have appropriate attire and grooming to assure a safe and efficient operation and to promote a positive perception of customer service and quality of care to our members and families.
- To clearly identify expectations of WDVA employees, regularly working at WVH-K, to present a positive professional image through neat and appropriate attire.

Definitions:

- **Non-clinical staff:** staff members who may have social contact with members, but not usually of a prolonged or close nature.
- **Direct care staff and any other staff, who frequently works or visits on nursing care floors:** staff members involved in the direct care treatment of members. An individual who works in a clinical position and regularly sees and assists members as one of their essential job duties (e.g. performing treatments, assisting in transfers, assisting in ADLs, etc.). This includes but is not limited to: Resident Counselors, Social Workers, Nursing staff, UCs, MDS Coordinators, Physicians, Advanced Practice Nurse Providers, Therapies, Activities, and Respiratory.

Policy:

- The WVH-K name tags/state ID badges shall be worn in an easily seen location, above the waist, at all times while on duty or when interacting with members and staff. WDVA pins may be worn on name badges, but all other slogan pins or badges of any type are not acceptable and will not be worn.
- Footwear shall be of a style that is safe, sanitary, and sturdy enough to afford protection and allow adequate mobility. **Open toe shoes, sandals, and flip-flops** are not acceptable and are not safe footwear for those working on the nursing care floors and/or providing direct care to Members on the units or for custodians, maintenance staff, and food service personnel.
 - Foot wear shall be worn at all times.
 - Foot wear shall be appropriately safe for the time of year and weather.
 - “Crocs” are not appropriate due to their slippery soles.
- Body piercing can be an infection control and/or safety issue. Staff shall be directed not to wear any jewelry piece on a piercing that can be snagged by equipment or taken hold of by a Member.
- Tattoos containing motifs generally regarded as offensive (e.g. nudity, violence, crime, or profanity) shall be covered.
- Artificial nails shall not be allowed for anyone providing direct member services. This is part of the infection control program. Chipped nail polish is also an infection control risk. It is recommended that direct caregivers and food service personnel avoid wearing nail polish for the health and safety of the members.
- Hair/facial hair shall be clean, neat and controlled. Hair should not be interfering with member contact, work process, or equipment as part of the infection control and sanitary programs.

Wisconsin Veterans Home at King

Employee Dress Code

Date of Origin: October 2013	No.: 17-00-07
Last Revision: July 26, 2016	Page 2 of 2
Last Review: July 26, 2016	Maintained By: Administration

- Certain work duties may require the wearing of a hat or hair net. Other than as required for the work being performed, hats, headscarves, etc., are not acceptable work attire.
 - Head covering worn related to health conditions, for safety purposes, or religious reasons will be acceptable.
- Clothing shall be clean, neat and professional, not torn, not too tight or too baggy, and of the proper length (shorts and skirts that extend to the knee and pants that do not drag on the ground).
 - Direct care employees are encouraged to wear scrub type clothing. If scrub type clothing is not worn, employees are expected to wear a top that projects a professional business like image such as a polo shirt, shirt with a collar, tailored top, turtleneck, etc. Floor length dresses/skirts (maxi) are not to be worn by direct care nursing staff.
 - If a T-Shirt is worn it should look professional and must be free of slogans, acronyms, or any motif that could be considered offensive.
 - Revealing attire is specifically prohibited. This includes shirts or tops that do not cover the shoulders or midriff. Clinging pants, such as leggings, if worn, must have tops that cover the entire torso (shoulders to below the buttocks).
 - Appropriate under attire shall be worn.
 - Athletic wear, clothing printed with slogans and/or pictures and attire that does not represent a professional appearance is prohibited. Tops with the WDVA logo are acceptable.
- Gait belts shall be provided on the work unit to direct care employees. Employees will keep a gait belt on their person at all times, as required by the gait belt policy [110-00-05](#) and is to be considered part of the employee's uniform. It is the employee's responsibility to send the gait belt to the facility laundry and obtain a replacement when the belt is visibly soiled. Members with a known infection shall have a dedicated gait belt if needed.
- Employees shall meet the following standards every shift:
 - Clean hair and clothing.
 - Clothing in good repair, not torn or stained, no strings hanging off and not dragging on the ground.
 - Free of body odor, or excessive perfume, cologne, after-shave, or tobacco odor.
 - Beards should be properly trimmed.
 - Hands and nails must be kept clean.
- This dress code represents the "minimum standard." Department specific dress codes, where applicable, may be more restrictive and shall be followed by those employees under the supervision of that specific department.
- At direction of administration, theme days may be authorized.
- Failure to abide by these guidelines may result in disciplinary action.

Wisconsin Veterans Home at King
Bureau of Nursing Mission, Values and Philosophy

Date of Origin: April 2006	No.: 100-01-04
Last Revision: January 2009	Page 1 of 1
Last Review: May 2015	Maintained By: Nursing

Applies To:

- Nursing

Mission:

- The Bureau of Nursing exists to provide comprehensive, quality care for members of the Wisconsin Veterans Home–King (WVH-K) with other disciplines in a safe, secure environment in accordance with State, Federal and VA rules and regulations for long-term care.

Values:

- ❖ Respect – we acknowledge the dignity, diversity and worth of the people we serve, each other and our organization
- ❖ Integrity – we act responsibly, honestly and confidentially within ethical and professional principles
- ❖ Excellence – we strive to continually improve in everything we do as individuals, as a team and as an organization.
- ❖ People - we recognize that the people of the WVH–K are the source of our success, knowledge, skill and compassion.

Philosophy:

- The Bureau of Nursing at WVH-K utilizes the Home’s mission, the ANA Code of Ethics for Nurses, the ANA Nursing: Scope and Standards of Practice, ANA Scope and Standards of Gerontological Nursing as the foundation to provide safe, competent and quality care to members throughout the health/illness continuum. Professional practice guides a nurse in providing member care that achieves optimal health outcomes and supports skilled, compassionate end-of-life nursing care for members and their families. A holistic approach to care places the members and family at the center. Collaboration and cooperation between nursing leadership, direct care staff, support staff, other healthcare practitioners and volunteers is an expectation. Excellent nursing care at the WVH–K is contingent upon each Bureau of Nursing staff’s acknowledging their responsibility to maintain continual self-learning and enrichment, to pursue professional growth opportunities and to make their individual commitment to maintain high standards of care. The duty to advance nursing practice through research, scholarship, leadership and mentorship is understood and evident throughout the Bureau of Nursing.

Definition of Professional Nursing:

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. (ANA Nursing’s Social Policy Statement 2003)

Wisconsin Veterans Home at King

STANDARD BREAK TIMES FOR NURSING STAFF ON MEMBER CARE UNITS

Date of Origin: March 2002	No.: 102-01-36
Last Revision: January 2011	Page 1 of 1
Last Review: January 2014	Maintained By: Nursing

Applies To:

- All Nursing Staff

Purpose:

- To provide standards for break and lunch times for nursing staff working on member care units.
- To ensure that adequate staff is available on the units during break and lunch in order to ensure high quality member care.

Policy:

- I. Standard break/lunch times shall be scheduled in all buildings and on all shifts.
- II. If staff needs to deviate from these standard times, the licensed staff shall be informed. It is essential that team members know where each other are in case on emergency arises. It is also essential that team members report off and on to each other so that work can continue while team members are gone and that staff is updated upon their return.
- III. Staff working an eight and one half-hour shift is entitled to one fifteen-minute break every half shift (or 4 hours) and a half-hour lunch period. Those working a straight 8-hour shift are entitled to one fifteen-minute break every half shift. Those working a four-hour shift are entitled to one fifteen-minute break.
- IV. The **Employer retains the right to schedule employees' rest periods** to fulfill the operational needs of the various work units. Rest periods may not be postponed or accumulated. If an employee does not receive a rest period because of operational requirements, such rest period may not be taken during a subsequent work period.
- V. If an employee is not relieved of his/her post, station, or duty, the lunch period will be work time. Employees working a scheduled work shift of less than six (6) hours will not be required to take a lunch break.
- VI. Not adhering to standard length of time set for break/lunch times shall be considered a work rule violation.
- VII. Staff may not leave campus on break time, as this is paid time.
- VIII. Staff shall not sleep on break time, as this is paid time.
- IX. During break/lunch times there shall be two licensed staff people **not** on break or at lunch in the building, except for the night shift where only one licensed person will be available at a time.

Wisconsin Veterans Home at King

Nursing Assistant Code of Ethics

Date of Origin: April 2006	No.: 103-00-20
Last Revision: October 2014	Page 1 of 3
Last Review: May 2015	Maintained By: Nursing

Applies To:

- Certified Nursing Assistants (CNAs)

Applicable Regulations/References:

- Fox Valley Technical College (FVTC), Nursing Assistant Code Of Ethics Preamble, taken from Nursing Assistant Program Student Handbook

Policy:

Nursing Assistant Code of Ethics Preamble

The Code of Ethics is based on the fundamental values of the nursing assistant profession that include the worth, dignity, and uniqueness of all persons as well as their rights and opportunities. This Code is intended to serve as a guide to the everyday conduct of members of the nursing assistant profession.

The following principles should guide nursing assistants in their various roles and relationships. Ethical behavior results not from edict but from a personal commitment of the individual.

1. The Nursing Assistants' ethical responsibility to patients *:
 - A. Care-The NA recognizes his/her role as caregiver, not authority figure, and focuses attention on the patient. The NA recognizes listening as a therapeutic act and projects a positive attitude in verbal and nonverbal communication (tone, volume, speed). The NA is thorough in meeting the patient's needs and in the delivery of care. The NA understands and monitors the patient's condition and reports significant changes to the team. The NA organizes the work to ensure that care plans are carried out accurately. The NA supports the patient's efforts by offering frequent praise, by maintaining open lines of communication, and by following up on a patient's request in a timely manner.
 - B. Respect-The NA treats the patient as he/she would like to be treated regardless of illness or condition. Promoting a patient's self-esteem is an important part of respect and is accomplished by honoring the patient's belief system, respecting his/her life's experiences, and encouraging decision making by giving choices about daily activities. The NA provides privacy and treats patients fairly without showing favoritism or being judgmental. Respect continues after death in care of the body and emotional support given to the family.
 - C. Responsibility-The NA conducts himself/herself in a professional manner. The NA performs within his/her level of competence, seeks clarification or help whenever uncertain, and ensures that the patient has a safe and comfortable environment.
 - D. Confidentiality-Recognizing the fragility of privacy and honoring the trust relationship of patient and caregiver, the NA ensures each patient's dignity and welfare by not gossiping about other patients or other NAs and by not divulging information from the medical record.
 - E. Abuse-The NA does not abuse patients in any way-verbally, physically, or mentally. Abuse includes subtle forms such as talking about patients in front of them, talking down to patients, raising the voice, or forcing patients to comply with expectations. The NA respects the patient's personal property, does not steal, and does not accept gratuities.

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Nursing Assistant Code of Ethics

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- F. The NA recognizes it is inappropriate to develop relationships that cross professional boundaries. (Note policy statement 1.F. was added by WVH-K administration & is not part of the original document.)

* Patient is understood to include all individuals who receive care.

2. The Nursing Assistants' ethical responsibility to families, guardians, and community:
 - A. **Family Rights**-The NA keeps family information confidential, provides privacy for families, is considerate of cultural differences, and respects decisions made by patients and families.
 - B. **Professional Demeanor**-The NA shows concern and caring for families and visitors by speaking in a respectful and quiet tone of voice; by exercising good judgment in maintaining a supportive, professional role to the family; and by responding promptly to the needs of families. The NA is an ambassador to the community through honesty, competence, and provision of quality care to its members.
 - C. **Open Communication**-The NA is friendly and compassionate to families and visitors, helping them during the admission process, encouraging them to become involved with activities and volunteer services, and referring them to other health care professionals to resolve questions or problems.
 - D. The NA recognizes it is inappropriate to develop relationships that cross professional boundaries. (Note policy statement 1.F. was added by WVH-K administration & is not part of the original document.)
3. The Nursing Assistants' ethical responsibility to coworkers:
 - A. **Attitude**-The NA is positive, constructive, and professional in seeking solutions to problems. The NA sets a positive example by being on time, being enthusiastic, being complimentary of others, and not bringing personal problems to the work environment. The NA gives input in an assertive but not aggressive manner.
 - B. **Respect**-The NA treats coworkers as he/she would like to be treated. Respect is demonstrated by being sensitive, helpful, and friendly to one another, being tolerant of different personalities, being reliable, honest and trustworthy, and recognizing that respect is the basis for human relationships.
 - C. **Teamwork**-The NA recognizes himself/herself as one member in a multidisciplinary team, all focusing its efforts on the patient. In a spirit of teamwork, the NA is supportive, cooperative, and prompt in assisting coworkers. The NA shares knowledge and ideas with the team to ensure the best care for the patient. The NA is aware that coworkers at times need a good listener.
4. The Nursing Assistants' ethical responsibility to employers:
 - A. **Quality**-The NA focuses on doing the best job possible. This involves punctuality, attendance, thoroughness, time management, and maintaining knowledge/competence.
 - B. **Attitude**-The NA enhances the work environment by being enthusiastic and taking pride in his/her appearance and demeanor.
 - C. **Respect**-The NA is supportive of the organization by following policies and procedures and utilizing the chain of command. The NA views himself/herself as a representative of and promotes the organization positively. The NA is respectful of the employers' property.

Wisconsin Veterans Home at King

Nursing Assistant Code of Ethics

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5. The Nursing Assistants' ethical responsibility to the health care profession:
 - A. **Integrity**-The NA is committed to ethical behavior and practice. The NA positively promotes the nursing assistant profession to encourage others to see it as a rewarding career.
 - B. **Quality Service**-The NA in a respectful, organized, and compassionate manner promotes the caring image of the profession by working as part of the health care team (communicating condition changes, seeking consensus, consulting proper sources for solutions).
 - C. **Professional Responsibility**-The NA follows recommended health care practices (universal infection control precautions, updated immunizations, personal cleanliness, environmental neatness, careful use of equipment). Out of respect for the profession, the NA remains in the field only if he/she feels an enthusiastic commitment.
 - D. **Continuing Education**-The NA maintains his/her competence, growth, and adaptability through ongoing training.

6. The Nursing Assistants' ethical responsibility to himself/herself.
 - A. **Self-esteem**-The NA is happy with and respects himself/herself. The NA is cheerful and honest with himself/herself. The NA develops a positive attitude and lives by a moral code. The NA keeps his/ her work and social life separate. The NA keeps physically fit through a healthy lifestyle, balancing rest, relaxation, recreation, and work, getting regular physical exercise, eating a balanced diet, avoiding substance abuse and making use of emotional support structures when needed.
 - B. **Pride**-The NA takes pride in quality care and is open-minded and professional. The NA places value in the team concept.
 - C. **Resources and Limitations**-The NA is open to listening and learning to better him or herself. The NA acknowledges his/her strengths and limitations, is willing to request help, and is able to take time out to refocus.

Print Date: October 2014, from the Nursing Assistant Program Student Handbook.
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ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
December 9, 2011

Concealed Carry

No: AD-122

Page 1 of 3

I. APPLIES TO

- A. All WDVA Employees.

II. PURPOSE/OVERVIEW

- A. To identify the process that governs WDVA employees carrying concealed weapons.

III. RELATED DOCUMENTS

- A. 2011 Wisconsin Act 35.
- B. AD-106 Work Rules (IV.C).

IV. DEFINITIONS

- A. Department: Wisconsin Department of Veterans Affairs.
- B. Department Administrator: Division Administrator, Division of Administration.
- C. Unauthorized Possession or Use: Possession or use of a weapon which does not comply with the process outlined in this policy.
- D. Notify: Shall in all instances mean written notification.
- E. Valid License: Permit issued by the Wisconsin Department of Justice.
- F. "Weapon" means a handgun, an electric weapon, as defined in s. 941.295 (1c) (a), a knife other than a switchblade knife under s. 941.24, or a billy club.

V. SUMMARY INFORMATION

Due to the inherent danger of accidental discharge around flammable and other devices present in the Veterans Homes, all employees of the state's Veterans Homes are prohibited from carrying weapons with or without a conceal and carry permit at all times while present at their location of employment on the campuses of WDVA's Veterans Homes.

Employees will be required to notify their Supervisors of their intent to carry concealed weapons while at work. Supervisors will be obligated to advise the Department Administrator of any such employees in their reporting line. Any employee who elects to



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carry concealed while at work will be expected to comply with this policy's provisions for responsible handling. Failure to comply may result in discipline up to and including discharge.

For the reasons cited above, WDVA employees who are headquartered in locations other than the state's Veterans Homes and who may have occasion to conduct business at the Veterans Homes must observe the prohibition of carrying weapons on the campuses of WDVA's Veterans Homes.

Regardless of whether an employee has been granted a conceal and carry permit, open carry still remains prohibited in state agency buildings and facilities. If an employee who has a permit wishes to carry the weapon, it must be concealed at all times out of view of other employees and individuals in the agency.

VI. POLICY

- A. Employees who wish to carry a concealed weapon while at work for WDVA will be expected to be in compliance with all pertinent provisions of 2011 Wisconsin Act 35. They will have obtained a valid permit issued by the Wisconsin Department of Justice.
- B. Prior to beginning to carry a concealed weapon in the course of employment, employees will notify their Supervisor of their intent to do so.
- C. Employee notification to the Supervisor must be accompanied by a copy of their valid permit.
- D. The employee's Supervisor is responsible for forwarding the notification of intent and copy of the permit to the Department Administrator who will maintain a record of all employees authorized to carry concealed weapons in the course of employment.
- E. An employee whose permit is suspended or who is subsequently prohibited from carrying a weapon shall immediately notify the employee's Supervisor of that fact.
- F. The Supervisor is responsible for forwarding this notification to the Department Administrator.
- G. It is the sole responsibility of the employee to maintain control of the employee's concealed weapon and ammunition (if any) at all times.
- H. An employee who chooses to carry a concealed weapon during the course of employment shall have the weapon concealed and on the employee's person, carried



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in a holster or other appropriate carrying device at all times, unless lawfully using the weapon.

- I. An employee who stores the concealed weapon in a vehicle owned by the State of Wisconsin or any of its agencies during the course of employment must store the weapon in a locked case and place the case out of plain view from the exterior of the vehicle.
- J. An employee who stores a concealed weapon in a vehicle owned by the employee in a parking lot owned or controlled by the state during the course of employment must place the weapon out of plain view from the exterior of the vehicle.
- K. Nothing in this policy shall be construed to support or permit violent, threatening or intimidating behaviors related to the possession of a concealed weapon. Threatening and intimidating behaviors may include, but are not limited to, intentionally displaying a concealed weapon to any person, referring to the concealed weapon, or referring to a weapon not on the employee's person, with the intent to implicitly or explicitly threaten or intimidate another person.
- L. Due to the inherent danger of accidental discharge around flammable and other devices present in the Veterans Homes, all employees of the state's Veterans Homes are prohibited from carrying weapons with or without a conceal and carry permit at all times while present at their location of employment on the campuses of WDVA's Veterans Homes.
- M. WDVA employees who are headquartered in locations other than the state's Veterans Homes and who may have occasion to conduct business at the Veterans Homes must observe the prohibition of carrying weapons on the campuses of WDVA's Veterans Homes.
- N. Conduct in violation of this policy is punishable by discipline, up to and including discharge. Violations of this policy which also constitute a criminal act may be referred to law enforcement. Nothing in this policy shall be construed as providing implicit or explicit authorization for the violation of any federal, state or local statute, administrative code or local ordinance, unless such administrative code or ordinance is voided by Act 35.

This policy shall be effective upon release date as noted above.

Behavioral Symptoms of Dementia

- Different types of dementia have different symptoms
- People will experience a variety of the symptoms listed below and may experience these symptoms at differing times. In other words, “When you have met one person living with dementia...you have met one person living with dementia.”
- Any “symptom” must represent a decline from a previously higher level of functioning

Forget details of recent events

Show less ability to concentrate or stay on task

Lose interest in hobbies and activities that were formerly enjoyable

Have increased difficulty adapting to change or trying new things

Show a decline in judgment or decision-making skills

Grasp complex ideas more slowly and take longer with routine jobs

Misplace items; believe others are responsible for taking lost items

Become less aware of socially appropriate norms

Become irritable or agitated more easily

Experience increased difficulty handling money

Focus more often on events from long ago

Become confused regarding time and place

Become lost if away from familiar surroundings

Forget names of family or friends, or confuse one family member with another

Forget to turn off the stove or complete another formerly familiar task

Wander, perhaps at night, sometimes becoming lost

Dress inappropriately, for example going outdoors in nightwear

See or hear things that are not there

Repeat the same story over and over

Neglect personal hygiene or eating

Lose the ability to “filter” emotional responses



Become unable to remember events for even a few minutes; for instance, forgetting a recent meal

Lose the ability to understand or use speech

Become incontinent

No longer recognize friends, family or their own reflection in a mirror

Need help with eating, bathing, toileting and dressing

Unable to recognize everyday objects

Seem disturbed, restless especially at night; mixing up days and nights

Become aggressive, especially when feeling threatened or closed in

Have difficulty walking, eventually using a wheelchair

Lose the ability to control movements

Become immobile in the final weeks or months

Behaviors Associated with Dementia

Keep in mind that challenging or unusual behaviors are based on faulty information to the brain, not necessarily bad manners.

Common behaviors associated with dementia can include:

Anger and agitation

We all have days when we feel stressed out. People living with dementia experience stress too and may lack the ability to relieve their stress in a healthy way. The result may be angry motions and words or agitation such as wringing hands, pacing, pounding on a table or other repetitive actions.

Aggression

Some people living with dementia may take anger and agitation a step further and become verbally aggressive or physically threatening. In some cases, a person living with dementia may strike out at a caregiver or family member due to fear, delusions or other faulty information provided by the brain.

Wandering

It is estimated that 60% of people living with dementia will wander. A person may not remember his or her name or address and can become disoriented, even in familiar places. A person living with dementia may be in search of an old neighborhood, job or other memory from the past. Sometimes people will remain at home, but find comfort in pacing in circles or following the same path repeatedly.

Sleeplessness and Sundowning

Many people living with dementia experience periods of increased confusion at dusk, with their disorientation continuing throughout the night. These periods of what is known as 'sundowning' usually diminish as the dementia progresses. Sundowning may be caused by:

- mental and physical tiredness at the end of the day
- reduced lighting and an increase in shadows
- less need for sleep, common among older adults
- the body mixing up day and night

Inappropriate Sexual Behavior

Dementia can reduce inhibitions, which may affect an individual's private thoughts, feelings and behaviors – including those relating to sex. Sometimes people living with dementia may appear to lose their inhibitions and make sexual advances to others or undress or touch themselves in public. They may use language that seems out of character.

Inappropriate touching can result when people living with dementia confuse another person with a spouse or partner. It's important to note that inappropriate sexual behavior does not on its own make a person living with dementia a sexual predator.

Delusions or Hallucinations

Delusions are firmly held but false beliefs. People living with dementia may become convinced that a formerly trusted person is stealing from them or that they are being followed by the police. Negative delusions and beliefs of harm are also called paranoia. Memory loss and confusion can contribute to these untrue beliefs.

Hallucinations are different from delusions. Hallucinations are false perceptions involving the senses. A person living with dementia may see, hear, smell, taste or even feel something that isn't really there. The person may believe there are insects crawling on their arm or hear and respond to a person who isn't really there.

Not all delusions or hallucinations are negative and harmful to a person living with dementia. For example, a person may find that a "conversation" with a deceased relative is comforting.

Taking Things that Don't Belong To Them, "Collecting" Specific Items

When people living with dementia lose their sense of place, they may view items as their own, even when the items are located in another person's space or a public place like a store or office. A person may be viewed as "shoplifting" when they have simply forgotten about the need to pay for the items.

Hoarding is the practice of collecting unneeded items, sometimes to a degree that becomes a safety and health hazard. Hoarding is sometimes seen in people living with dementia and can be viewed by others as "stealing." In reality, the person may be repeating pleasurable activities from earlier in life, collecting items such as dolls or coins. Sometimes, the person may think of the behavior as "shopping". There is usually no intent to deprive the owner of his or her property.

Becoming Lost-Even in Familiar Territory

It is very common for people living with dementia and Alzheimer's disease to lose a sense of their surroundings and mistake familiar locations for new territory or vice versa. Memory loss and confusion contribute to situations in which the person becomes easily lost. The person's skills may vary. For example, the person may have walked to the grocery store and back yesterday or driven to a friend's house and returned safely, but may be unable to do so today.

Dressing Inappropriately

The person may forget how to dress, wearing layers of clothing in hot weather or going outdoors in cold weather without shoes. A person may also remove clothing at inappropriate times or in odd settings. For example, a woman may remove a shirt or slacks just because it is too tight or uncomfortable.

Repetitive Behavior

Memory loss, fear and anxiety can cause a person living with dementia to repeat certain behaviors over and over. The person seems fixated on one idea or thought. This is sometimes called "perseveration" and may include:

- Asking repetitious questions
- Repeating phrases or movements
- Repeating actions
- Repeatedly asking to go home
- Making multiple phone calls

Shadowing

Anxiety, inability to cope or loneliness may lead a person living with dementia to closely follow another person everywhere they go. The person may be trying to communicate a need but unable to do so.

Day/Night Reversal

Many people living with dementia are restless at night and find it difficult to sleep. Older people often need less sleep than younger people. Dementia can affect people's body clocks so that they may be restless or awake all night, get up, get dressed or even go outside. Often the person will take catnaps during the day.

Confabulation

Confabulation means unconsciously replacing lost memories with fabricated or made-up information. When a person has dementia, whole experiences are lost, making it difficult for the brain to get its bearings. So the unconscious mind fills in the gaps, substituting

an old memory or coming up with a possible alternative. Confabulation is different from lying, when a person purposely gives untruthful information to another.

Personality Changes

People living with dementia may begin to do and say things they would never have before because their 'filter' is no longer stopping them. The 'filter' is that part of the brain that has told us what is appropriate and not appropriate to do and say. Other personality changes may be due to depression or anxiety that may accompany dementia. Depression and anxiety can be treated with medications.

Emotional Memory

As dementia progresses a person still experiences emotions, but may have less ability to regulate them due to changes in the brain. As a result, the person can be labeled as having irrational or inappropriate behavior. People living with dementia often forget the circumstances that caused a strong feeling originally. But they may retain those feelings they associated with the incident for a long time.

Transfer Trauma

Transfer trauma describes the stress that an individual living with dementia may experience when changing living environments. It is commonly seen in dementia patients who are moving into a facility from their long-time home in the community. For some, the stress associated with the move may be fairly significant and for others mild or not at all. This stress is usually temporary in nature and relieved as the individual builds friendships, gains trust, and develops a sense of purpose and belonging in their new community. However, if transfer trauma is not reduced, then negative consequences such as depression, anxiety, resistance to care and other challenging behaviors can occur.

Special Challenges of Frontotemporal Dementia (FTD)

FTD is less common than Alzheimer's disease and some other types of dementia, but it is often diagnosed at a younger age. Frequently FTD is diagnosed in people who are in their 50's or 60's. One of the greatest challenges of FTD is the impact on personality and behavior. Symptoms may begin with subtle changes that are mistaken for depression. As the condition progresses, people lose inhibitions, display a noticeable loss of restraint and may engage in risk-taking and extreme behavior.

Mission of **CODE RED WHITE and BLUE** and **CODE AMAZING GRACE** is a cooperative effort between **members, staff, family members and volunteers** to Honor our Fallen Veterans and Dependent of Veterans at
WVH-King

1. Go Live Date is JULY 4TH, 2015
2. Each unit of every building will be given the following items for Code Red White and Blue to be stored in the **Nurses Station / Unit Clerk office on every floor**: (These items have been ordered and will be delivered once they arrive).
 - American Flag for Veteran
 - Dignity blanket for Dependent of Veteran
 - Battery Operated CD Player
 - CD with the Sounding of TAPs for a Veteran
 - CD with Amazing Grace for Dependent of a Veteran
 - Note there should be a special place for these items to be stored so they are not lost or tampered with.
3. **Every Veteran** will be automatically given a Code Red White and Blue salute–
-Every Dependent of a Veteran will be given a CODE AMAZING GRACE salute –
4. Code Red White and Blue / Code Amazing Grace Teams should be assembled in all the buildings consisting of members, staff, and volunteers.
5. Staff from all shifts should be briefed and have an understanding of the WVH-King Final Salute program and the mission behind it.
6. Those Members and Staff who would like to be on the Final Salute (Code Red White and Blue / Code Amazing Grace Teams – should be listed in Posted information that the Social Workers and Senior Activity Therapists will keep updated.
7. All staff who are able to participate are encouraged to do so. If an activity or program is going on when a Code Red White and Blue / Code Amazing Grace is announced – invite members to participate or ask them to observe a moment of silence while you honor the deceased (use discretion based on the current situation).

Scenario Number One:

- When a Veteran has fallen (deceased) during **the hours of 5 A.M to 10 P.M** any day during the week and **the Funeral Home is here** to take possession of the deceased veteran, the following should take place:
- Once the deceased Veteran has been placed in the appropriate body protector and ready for escort an **OVERHEAD (PA) announcement** in the building will be sounded: (AH1 and AH2 will have different protocol due to no PA System) AH can still inform members on AH 3 and AH 4 through PA to assemble in lobby.
- **“Attention Members and Staff we have a CODE RED WHITE AND BLUE at _____ (Hall) on _____ (floor). Please assemble in the main lobby, 1st floor area in 20 minutes to render a final salute.”**
(REPEAT TWICE)
- The deceased Veteran now in a body protector – should be draped with the American Flag (Over the Body protector) either by a staff member, family member, or another member on the unit.

***** Instruction for draping deceased Veteran with the Flag over the Body Protector instructions per Title 4, United States Code, Chapter 1:7:**

- When the Flag is used to cover a casket (in this case body protector on the gurney), it should be so placed that the **union [stars] is at the head and over the left shoulder**. The flag should not be allowed to touch the ground
- **How to transport through narrow areas like a hallway isle?**
 - By two pall bearers: one at the foot of the casket (in this case gurney), which actually leads when transported, and one at the head of the casket-gurney. Both pall bearers keep their hands on the casket (gurney) the whole time.



- Staff should have the CD player ready with the CD of TAPS ready to play, once in lobby TAPS will start.
- Once the Fallen Veteran is properly draped with the Flag -staff, members, volunteers and family should escort the deceased Veteran to the Freight elevator or public (passenger) elevator (Depending on passenger elevator traffic). Use Freight elevator during high passenger elevator traffic times such as meal times. Until further notice, only staff will be able to ride on freight elevator.
- Staff will escort the deceased veteran on the freight elevator or passenger elevator to the lobby area.
 - a. (Tammy will look into waiver to allow member on the units to ride on the Freight elevator with the deceased Veteran for Code Red White and Blue).
- Once in the Lobby area the staff and the deceased Veteran will be escorted by staff and members, family members or volunteers who are waiting in the lobby area to escort the deceased veteran from the lobby area to the hearse.
 - a. Staff / members /family member and volunteers will form on the right and left side of the gurney.
 - b. Once are all gathered – Taps should be played on the portable CD player.
- Once the deceased veteran is placed in the Hearse – A FINAL SALUTE shall be rendered by veterans – hand over heart for non-veteran, and the flag should be removed.
- A Veteran Staff Member or Member will ensure the Flag is properly folded before being placed back in the Nurses Station / Unit Clerk Office.
 - a. Ensure the CD player / CD / and Flag are returned to the floor in which they came from.

CODE AMAZING GRACE FOR DEPENDENT OF A VETERAN

For those with non-veteran status, your units can use dignity blankets instead of a Flag and play Amazing Grace instead of Taps.

Follow the same outline depicted above for a dependent of a veteran with the below exceptions:

- -Announcement should say Code Amazing Grace
- -Dignity Blanket should be used – not a flag
- -Amazing Grace will be played – not Taps.

Scenario Number TWO:

- If the **funeral home is not here** to escort the deceased veteran and the deceased Veteran needs to be escorted to the WVH-King Morgue – members should be **instructed to assemble in the basement –tunnel of the hall**. An OVERHEAD (PA) ANNOUNCEMENT WILL SAY:

- **“Attention Members and Staff we have a CODE RED WHITE AND BLUE ON
AT _____ (HALL) on _____ (FLOOR).**

**Please assemble in the BASEMENT / Tunnel of _____ Hall in 20
minutes to render a final salute.”**

(REPEAT TWICE)

- The deceased Veteran now in a body protector – should be draped with the American Flag (Over the Body protector) either by a staff member, family member, or another member on the unit.

***** Instruction for draping deceased Veteran with the Flag over the Body
Protector instructions per Title 4, United States Code, Chapter 1:7:**

- When the Flag is used to cover a casket (in this case body protector on the gurney), it should be so placed that the **union [stars] is at the head and over the left shoulder**. The flag should not be allowed to touch the ground.
- **How to transport through narrow areas hallways?**

By two pall bearers: one at the foot of the casket (in this case gurney), which actually leads when transported, and one at the head of the casket-gurney (where the canton is- the head of the deceased). Both pall bearers keep their hands on the casket (gurney) the whole time.



- Staff should have the CD player ready with the CD of TAPS ready to play.
- Once the Fallen Veteran is properly draped with the Flag staff, members and family should escort the deceased Veteran to the Freight elevator or passenger elevator (based elevator availability) to the tunnel area.

(Tammy will look into waiver to allow member on the units to ride on the Freight elevator with the deceased Veteran for Code Red White and Blue).

- Once in the tunnel area the deceased Veteran will be escorted by staff and members who are waiting in the tunnel area to escort the deceased veteran from the tunnel area to the WVH-King Morgue (TAPS –should be played).
 - b. Staff will escort the deceased veteran from the unit / down the freight or passenger elevator (depending on elevator traffic) to the basement where members will meet staff and escort the deceased to WVH-King Morgue. Staff / members /family member and volunteers will form on the right and left side of the gurney.
 - c. Once are all gathered – Taps should be played on the portable CD player.
- Once the deceased veteran is at the entrance of the Morgue – A FINAL SALUTE shall be rendered by veterans – hand over heart for non-veteran, and the flag should be removed.
- A Veteran Staff Member or Member will ensure the Flag is properly folded before being placed back in the Nurses Station / Unit Clerk Office.
- Ensure the CD Player / CD / and Flag are returned to the floor in which they came from.
- For those with non-veteran status, your units can use dignity blankets instead of a Flag and play Amazing Grace instead of Taps.

Follow the same outline depicted above for a dependent of a veteran with the below exceptions:

- -Announcement should say Code Amazing Grace
- -Dignity Blanket should be used – not a flag
- -Amazing Grace will be played – not Taps.

Scenario Number 3

- When a Veteran has fallen (deceased) during **the hours of 10 P.M to 5 A.M.** **(When Overhead (PA) Announcements are NOT to be sounded)** the following should take place:
 - **All Buildings / all floors** will need to have a CODE RED WHITE AND BLUE team of staff and members listed at in the **NURSING STATION / UNIT CLERKS Office.**
 - a. The list will include CODE RED WHITE AND BLUE members who want to be woken up to escort the deceased veteran.
 - b. The list of Members will be updated by the Floor Social Worker and Building Senior Activity Therapist during member care plan meetings – the Floor Social Worker, Senior Therapist will ensure the list is maintained in the Nurses Station / Unit Clerk Office. (all staff will be able to view through read-only, certain staff will be approved to make changes).
 - c. The list will be maintained in POSTED INFORMATION UNDER FINAL SALUTE
 - d. Staff and Members will be instructed to see their Floor Social Worker or Senior Activity Therapist to be placed on the CODE RED WHITE AND BLUE TEAM.
 - Personal Notifications to the members who wish to participate in the CODE RED WHITE AND BLUE should be made by staff. Give members 20 minutes notification and instruct them where to assemble based on where the deceased veteran is being escorted –
 - e. To Funeral Home – follow funeral Home Instructions.
 - f. To the Morgue – follow Morgue instructions.
 - **The Public Elevator (passenger elevator) can be used between the hours of 10 PM and 5 AM to allow the CODE RED WHITE AND BLUE MEMBERS TO ASSIST in the escorting of the deceased veteran to the morgue or hearse.**
 - The deceased Veteran now in a body protector – should be draped with the American Flag (Over the Body protector) either by a staff member, family member, or another member on the unit.
- *** Instruction for draping deceased Veteran with the Flag over the Body Protector instructions per Title 4, United States Code, Chapter 1:7:**
- When the Flag is used to cover a casket (in this case body protector on the gurney), it should be so placed that the **union [stars] is at the head and over the left shoulder**. The flag should not be allowed to touch the ground

- **How to transport through narrow areas like a hallway?**

By two pall bearers: one at the foot of the casket (in this case gurney), which actually leads when transported, and one at the head of the casket-gurney (where the canton is- the head of the deceased). Both pall bearers keep their hands on the casket (gurney) the whole time.



- Staff should have the CD player ready with the CD of TAPS ready to play once in tunnel area.
- Once the Fallen Veteran is properly draped with the Flag - staff, members and family should escort the deceased Veteran to the Public Elevator (passenger elevator) and allow members to ride / assist.
- Staff and members will escort the deceased veteran on the Passenger elevator to the lobby area or tunnel area based on where the deceased veteran is being taken (Taps will be played).
 - Staff will escort the deceased veteran from the unit / down the freight or passenger elevator (depending on elevator traffic) to the basement where members will meet staff and escort the deceased to WVH-King Morgue. Staff / members /family member and volunteers will form on the right and left side of the gurney.
 - Once are all gathered – Taps should be played on the portable CD player.
- Once the deceased veteran is placed in the Hearse or at the entrance of the Morgue– a FINAL SALUTE shall be rendered by veterans – hand over heart for non-veteran, and the flag should be removed.
- A Veteran Staff Member or Member will ensure the Flag is properly folded before being placed back in the Nurses Station / Unit Clerk Office.
- Ensure the CD/CD player/Flag are returned to the floor in which they came from.

CODE AMAZING GRACE FOR DEPENDENT OF A VETERAN

For those with non-veteran status, your units can use dignity blankets instead of a Flag and play Amazing Grace instead of Taps.

Follow the same outline depicted above for a dependent of a veteran with the below exceptions:

- -Announcement should say Code Amazing Grace
- -Dignity Blanket should be used – not a flag
- -Amazing Grace will be played – not Taps.

Communication Tips and Techniques

for working with people living with dementia

Remember that anger and agitation result from the frustration of having cognitive deficits that are part of the condition, *not a bad attitude*.

Understand that illogical replies can result from forgetfulness and confusion, *not from attempts to lie*.

Initial Contact

Approach the person from the front. Put yourself at eye level when possible.

Establish a one-on-one connection. Ask others who are not needed to step away or move to another room.

Control the environment. To the extent possible, try to calm the surroundings. Turn down televisions, radios or other electronics; limit the number of people present, avoid side conversations and have only one person talk at a time.

Be aware of non-verbal communication. It should take the lead in your approach when possible. Open body language and friendly facial expressions can calm an agitated, confused person.

Be aware of the person's reality. The person living with dementia may perceive the environment differently than you do.

Include a caregiver familiar with the person's preferences and life history when possible. Knowledgeable caregivers can give the situation context and provide the valuable insight needed in a person-centered response.

Communication

Speak slowly and calmly. Try to make eye contact and speak directly to the person. Keep sentences short and use plain language. Try to avoid using abstract concepts or words.

Say your name and your role. Repeat your name. The person may not perceive your role based strictly on a name badge, uniform, surroundings or other visual cues.

Tell the person you are there to help. Smile. Use a gentle tone of voice.

Ask only one question at a time. When possible, ask closed questions – ones that can be answered yes, no, or other one or two word responses. If the person must make a choice between options, then limit the options to no more than two or three.

Give directions one step at a time, waiting until the first step is completed to give the next step.

Allow extra time for responses. Counting to 10 before expecting a response will help gauge how long to wait.

Treat the person as an adult. Avoid speaking to the person living with dementia as you would a child. Address the person as a respected elder.

Techniques

Use Validation. Don't argue with a person with a cognitive disorder. Move to that person's reality instead. If a person living with dementia insists it's her birthday, then there is little you can do to change that firmly held, if untrue, belief.

Try Re-direction. People living with dementia can have short attention spans and may be diverted to another subject when they are agitated or angry. The idea with re-direction is to "change the subject".



DIVERX SION

IT IS A BLACK AND WHITE SUBJECT

Drug Diversion Definition



In the terminology of the United States Drug Enforcement Administration,

Diversion is the use of prescription drugs for recreational purposes.

The term comes from "diverting" drugs from their original purpose.

Drug Diversion



This activity can occur in many venues; and it occurs in a variety of ways, by all segments of our population, in all neighborhoods, and in all workplaces. Its abuse is often overlooked by the thinking that if a doctor prescribes the drug, and a pharmacist dispenses the medication, it can't be abused. Understanding that the top prescription drugs of abuse are every bit as addictive, abused, and valuable as illicit drugs, is sometimes difficult to comprehend.

It happens here at King.

A Message from our Legal Department



Here is the DVA policy that addresses drug diversion.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
April 5, 2005
April 1, 2009 (R)

Drug-Free Workplace

No: HR-317

Page 1 of 2

I. SUMMARY

The purpose of this policy is to inform employees on what steps this department will take if employees are found in violation of our controlled substance use or abuse policy or work rules.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
April 5, 2005
April 1, 2009 (R)

Drug-Free Workplace

No: HR-317

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II. POLICY

The Federal Drug-Free Workplace Act of 1988 requires Federal grantees who receive certain levels of funding to take steps to notify their employees of the provisions of the Act. The Department of Veterans Affairs qualifies under this Act and adopts the relevant provisions of the Act. The Department is mandated to maintain a drug-free workplace, and requires compliance from each individual employee.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
April 5, 2005
April 1, 2009 (R)

Drug-Free Workplace

No: HR-317

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As a condition of employment, all employees must abide by the terms of this policy. Current work rules also prohibit the illegal use and/or possession of any controlled substances in the workplace. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is strictly prohibited in any workplace or work location.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
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April 1, 2009 (R)

Drug-Free Workplace

No: HR-317

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The Federal Drug-Free Workplace Act also mandates reporting of workplace violations. Any employee convicted of a criminal, drug-related charge must notify his/her respective Human Resources Office no later than five (5) calendar days following the conviction, if the violation occurred in the workplace or a work location. The Department is required to report all such convictions to the federal government within ten (10) days of receiving the employee's report or otherwise receiving actual notice of such conviction.



ADMINISTRATIVE POLICIES AND PROCEDURES

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Note: In accordance with the “Self-Reporting Requirements” of WDVA’s Background Check Policy (HR-329, Section VI. C), any employee in a position categorized as requiring a background check must formally report any criminal conviction by the following day.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
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Drug-Free Workplace

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An employee convicted of a criminal, drug-related violation occurring in the workplace will be subject to discipline, and may be required to participate in a rehabilitation program in compliance with the Federal Act.

New employees will be informed of this policy during orientation. Any employee who violates the provisions of this policy will be subject to discipline that may include termination.



ADMINISTRATIVE POLICIES AND PROCEDURES

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The Department of Veterans Affairs is willing to assist employees in becoming drug free. Employees who are concerned about their own use or a family member's use of alcohol or other drugs are encouraged to seek counseling or other help voluntarily. Assistance is available to all employees through the Department's Employee Assistance Program (EAP).

The Human Resources Office should remind an employee who reports a drug violation of the option to contact the EAP.



ADMINISTRATIVE POLICIES AND PROCEDURES

Issue Date:
April 5, 2005
April 1, 2009 (R)

Drug-Free Workplace

No: HR-317

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*This is your official notice
during your orientation!*

Why do we talk about Diversion?



Diversion happens everywhere



Chicago

New
York



King

Oshkosh

What does it look like?



Taking a member's medication.



Diluting medication to cover up theft.



Falsifying Destruction Records.



Under administering a dosage.



Chance

GO DIRECTLY
TO JAIL



DO NOT GO TO DRUG COURT, DO NOT COLLECT 2ND CHANCE

Expectations of a WVH-K CNA

- Report to work on time when scheduled.
- Treat all members, staff, guest and visitors with courtesy, dignity and respect.
- Be a **TEAM** player. When you are finished with your assignment, you assist coworkers and complete extra tasks. If you need assistance, you ask for help from others.
- Be at report/unit meetings on time.
- Follow WDVA and WVH-K Policies and Procedures.
- Dress professionally in neat, clean and in good repair clothing that allows you to perform your duties, including gaitbelt, pager, and **nametag**. Safety of the employee and the member, as well as infection control measures, must be considered when wearing any jewelry, especially hanging earrings and with any body piercing. No artificial nails or artificial nail extenders.
- Follow work rules including Use of Property i.e.-**keys & pagers**;
- Follow HIPPA regulations.
- AM ->PM; PM ->NOC; walking rounds.
- Follow safety rules and policies & procedures including using appropriate PPE.
- Maneuver carts and equipment slowly and safely, taking care not to bump walls, cause damage to furniture, walls or other equipment.
- Ensure that laptops/kiosks are used properly, no food or fluids placed near or on laptops at any time.
- Inform another staff each time that you leave the unit.
- Provide AM & PM care to include: washing the member's face, underarms & hands; under breast on females, peri-care (both front (1st) and back).
- Follow infection control principles, especially appropriate hand hygiene/handwashing. Follow standard precautions and enhanced precautions.
- Provide weekly bath as scheduled. Include washing the member's hair, setting the female's hair, and cutting both fingernails and toenails (for non-diabetics). Bath and skin checks done by CNAs and licensed staff.
- Encourage members to do self-care according to their abilities.
- Complete scheduled and PRN (if applicable) treatments as ordered and **chart them**.
- Lotion extremities, back & buttocks daily with AM cares. Also apply underarm deodorant.
- Dress members in street clothes, including footwear for the day. Including a sweater, especially if wearing short sleeves. PMs dress in sleepwear.
- No wrapping with blankets of members after breakfast, unless care planned.
- Apply prosthesis, cleaned eyeglasses; cleaned hearing aide(s) for the day. Remove at bedtime.
- Oral care to include brushing natural teeth &/or dentures; putting dentures in the member's mouth if the member is unable to do independently. Swab &/or rinse mouth of edentulous members. Soak & brush dentures at HS.
- Comb/brush their hair.
- Men shaved daily. Women when it's appropriate per care plan.
- Apply alarms and other safety devices as ordered. Ensure they are turned on and functioning appropriately. **Respond quickly to all alarms**.
- Toilet before & after meals; and every 2 hours or as listed in the kardex. Check the evacuation sheet/screen every shift & record all appropriate information.
- Get members to meals and assist with passing trays, meal set ups, distribute adaptive equipment, giving **thicken fluids** as ordered, and help feed. Document % of meals and fluids consumed. Offer fluids throughout your shift. Promptly report inadequate food/fluid intake to the LPN/RN.

Expectations of a WVH CNA cont.

- Distribute and assist as necessary, the consumption of nourishments and snacks.
- Get them to their appointments & activities ON TIME with related items needed for appointment including their chart. (E.I.: glasses for an eye appt.; hearing aide for an audiologist appt., elastic stockings to be put on after podiatry appt.)
- Obtain scheduled vital signs to include B/P & P; weights (on bath day), heights and TPRs as needed and chart. Report abnormal findings to the RN/LPN immediately.
- NO extra padding of beds or excessive padding of members when out of bed.
- Reposition dependent members at a minimum of every 2 hours or as care planned, whether they are in bed or up in chairs.
- Call light button within reach.
- Rooms kept neat and orderly. Assure all dirty clothing is sent to laundry. Put away clean clothing.
- Complete all required charting.
- The NOC staff will check member charts nightly and additional blank forms will be added as needed and/or flagged for attention. ANY time you chart and use the last line on a form, regardless of your shift, you need to add a blank corresponding form.
- Promptly report missing members, incident/accidents to LPN/RN. NOC shift will perform a room check at 2300 & report any missing member to the NOC RN immediately.
- Members with NBC will be checked at the designated time prior to the no bed check time and not again until the designated time in the AM.
- NOC rounds consist of physically checking members, who require staff assistance/care or if a change in condition and tending to their personal needs.
- Specimens collected and charted are to be delivered to the lab ASAP. If collected before 0600, a designated NOC CNA will deliver the specs to lab.
- Report abnormal findings & refusals to LPN/RN ASAP. To include BUT NOT limited to blood, bruises, cuts, hematuria, change in behavior.
- Monitor equipment and report any torn slings, mal or non-functioning transfer lifts, chairs or other broken equipment immediately to the RN/LPN/UC. Attach a note to the item indicating the problem, date and sign the note. Fill out electronic work order form on unit as appropriate.
- Review Kardex and report any changes that need to be considered to the RN/LPN.
- The only allowed deviations will be from approaches listed in the Kardex.
- Be up to date on your inservices. Check Relias regularly.
- Up to date on your certification

YOU are a valuable and essential part of the health care team. We appreciated your work and dedication.

Nursing Management TEAM
Revised 4/20/17

Wisconsin Veterans Home at King

Blood Borne Pathogens Exposure Control Plan (ECP)

Date of Origin: November 2005	No.: IC 01-06
Last Revision: July 12, 2017	Page 1 of 15
Last Review: July 12, 2017	Maintained By: Nursing/Medical

Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff

Related Documents:

- Department of Labor: Occupational Safety and Health Administration (OSHA). Occupational Exposure to Blood borne Pathogens; Needle sticks and Other Sharps Injuries. [29 CFR 1910.1030](#)
- U.S. Public Health Service, Centers for Disease Control and Prevention. Guidelines for Management of Occupational Exposures to Hepatitis B, Hepatitis C, and HIV and Recommendations for Post-exposure Prophylaxis; [MMWR 50\(RR11\); 1-42 June 29, 2001](#).

Definitions:

Barrier Equipment: Equipment that serves as an impervious barrier against skin and/or mucous membrane exposure to blood and body fluids (e.g. lab specimen transport bags). Also personal protective equipment (PPE).

Blood: Human blood, human blood components and products made from human blood.

Blood-borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Body Substance Isolation: A method of infection control in which all body fluids and substances are considered to be infectious. (WVH-K has adopted the CDC's 'Standard Precautions' as its protocol. See definition below.)

Contaminated: The presence or the reasonably anticipated presence of blood, body fluids or tissue on an item or surface.

Contaminated Laundry: All Laundry that has been removed from the clean laundry cart is considered contaminated.

Contaminated Sharps: Any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Disinfect: To inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (bacterial endospores) on inanimate objects.

Engineering Controls: Controls that isolate or remove the blood borne pathogen hazard from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids or tissue that results from the performance of an employee's duties.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, body fluids or tissue that may result from the performance of an employee's duties.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard (e.g., impervious gowns, lab coats, gloves, masks, and face shields provided to prevent exposure to blood and body fluids). General work clothes (e.g., uniforms, scrubs) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

Wisconsin Veterans Home at King

Blood Borne Pathogens Exposure Control Plan (ECP)

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Regulated Waste: Liquid or semi-liquid blood or body fluids; contaminated items that would release blood or body fluids in a liquid or semi-liquid state if compressed; items that are caked with dried blood or body fluids and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood, body fluids or tissue.

Source Individual: Any person, living or dead, whose blood, body fluids or tissue may be a source of occupational exposure to the employee.

Standard Precautions: Work practices to reduce risk of transmission of pathogens and applies them to all patients regardless of their diagnosis or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the health care setting.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Work Practice Controls: Methods that reduce the likelihood of employee exposure to infectious agents by altering the manner in which a task is performed (e.g., prohibiting two handed re-capping of needles).

Policy:

General

- The WVH-K shall be committed to providing a safe and healthful work environment for our entire staff.
- All WVH-K employees who are determined to have occupational exposure to blood, body fluids or tissue shall comply with the procedures and work practices outlined in this ECP (Exposure Control Plan).
- Bureau Directors and Supervisors shall be responsible for implementation of this plan in their respective areas and for providing their staff with additional education on sharps safety, work practices, use of personal protective equipment, handling of biomedical waste and contamination control parameters unique to their area. Bureau Directors and Supervisors shall ensure staff compliance with the work practices set forth in this ECP.
- The Infection Control Committee shall maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks, procedures, and sharp safety devices. Annual review and update shall include consideration of newly developing technologies that are commercially available and effective safer medical devices with solicitation of input from non-managerial health care employees in device evaluation, as needed.
- Nursing Home Administration shall ensure effective implementation of Infection Control Committee recommendations.
- All work sections (Sections are work units found within a bureau) shall inform all other section supervisors of new teaching/equipment that they are implementing that might apply to other employees.
 - Evaluation and recommendations for implementation of specific safety devices used by nursing shall be conducted through Nursing Support Services.
 - For other employees the section supervisor shall be involved.
 - This is done by utilizing current literature review, employee product evaluation data, and manufacturer product information.
 - Non-managerial employees responsible for direct patient care and management staff are involved in the product selection and evaluation process.

Wisconsin Veterans Home at King

Blood Borne Pathogens Exposure Control Plan (ECP)

Date of Origin: November 2005	No.: IC 01-06
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- Product trials are coordinated in selected departments/units by a materials management employee or designated supervisor. Depending on the product under evaluation, departments are selected which represent the range of exposure situations.
- Product manufacturers provide devices for the trial and training, as appropriate.
- Each section shall obtain and maintain an adequate supply of all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers, sharp safety devices), red biomedical waste bags, and labels as required by the OSHA standard. Materials Management shall assist with ordering and ensuring that adequate supplies of afore mentioned equipment are available in the appropriate sizes at all times.
- Employee Health Nurse (EHN) shall report sharp injury incidents and mucocutaneous exposures at the quarterly Infection Control Committee meeting. This information is utilized to identify needed changes in engineering controls and work practices.
- Each bureau/section shall provide ECP training and documentation of training upon hire and annually thereafter. Bureaus/sections may request that their employees attend training provided by another bureau/section. If requested, each bureau director or section supervisor shall be able to provide a written copy of the ECP for employees, regulatory and accreditation agencies.

EMPLOYEE EXPOSURE DETERMINATION

- Exposure determination shall be based on the incidence of occupational exposure to bloodborne pathogens that may occur during an employee's regular work duties. An occupational exposure means any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, body fluids or tissue that may result from performance of an employee's duties. The following is a list of job classifications in which employees have occupational exposure, regardless of the frequency of the task or procedure which constitutes a risk is performed:

<i>JOB CLASSIFICATION</i>	<i>TASKS/PROCEDURES</i>
Dental Services, Respiratory Therapy, Physical Therapy, Occupational Therapy, and Speech Therapy, X-ray technicians, APNP	Any procedure or member interaction involving actual or potential exposure to blood or body fluids.
Nursing Staff	Any procedure or member interaction involving actual or potential exposure to blood or body fluids.
Physicians	Any procedure or member interaction involving actual or potential exposure to blood or body fluids.
Medical Technologists, Phlebotomists	Blood collection. Any contact or handling of clinical specimens or items/equipment soiled with blood or body fluids.
Housekeeping Services, Maintenance & Reprocessing Staff	Staff in the area does initial cleaning of area. Decontaminate -any area or equipment obviously soiled with blood, body fluids or tissue.
Laundry Staff	Handling of Linen soiled with blood, body fluids or tissue and soiled linen containers.
Miscellaneous (also includes part-time, temporary, contract and per diem)	Any activity with actual or potential exposure to blood, body fluids or tissue, as defined in the OSHA standard, or any items or equipment soiled with these materials.

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COMPLIANCE METHODS

Standard Precautions-[IC 01-05](#) Standard Precautions

- *All employees who are determined to have occupational exposure to blood, body fluids or tissue shall practice standard precautions regardless of the member's diagnosis or presumed infection status. Standard Precautions apply to (1) blood; (2) all body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin; and (4) mucus membranes.*
 - All personnel shall routinely use PPE when there is a potential for exposure to blood or other potentially infectious body fluids or materials.
 - Engineering and work practice controls shall be used to prevent or minimize exposure to blood borne pathogens. Examples of specific sharp safety devices implemented as engineering controls are listed in Appendix A.
- **Hand washing** [IC 01-04](#) Handwashing-Hand Hygiene
 - Hand-washing/hand hygiene and washing other skin surfaces if needed shall be performed prior to entering and exiting a member's room, before and after direct member contact, after removing gloves or other personal protective equipment, use of the restroom, handling/serving/eating food, handling and/or contact with contaminated or potentially contaminated equipment or other objects, after blowing of the nose, use of the hand to contain a cough or a sneeze.
 - Alcohol based hand sanitizer shall be the product of choice for hand hygiene when soap and water are not available. Soap and water shall be used if skin is visibly soiled. Employees shall use the facility provided alcohol hand sanitizer to clean hands. Individual Bureau Directors and supervisors, in conjunction with Materials Management, shall be responsible for ensuring the distribution and continued availability of waterless hand cleaners.
 - **EXCEPTION**: Dietary Services shall only use soap and water for hand hygiene. Federal Nursing Home Regulations F-371 sanitizing hand sanitizers are not approved for use in a kitchen and do not replace hand washing.
- **Scrub Uniforms and Other Personal Clothing**
 - Since scrub clothing is not fluid resistant, it is not considered PPE. Scrub clothing shall be covered with a fluid resistant outer garment during occupational exposure situations. These fluid resistant outer garments shall then be considered PPE and are subject to the requirements in Section IV-C-2.
 - WVH-K scrubs (only designated areas routinely wear WVH-K scrub clothing) or any personal clothing that becomes soiled by blood or body fluids shall be removed while wearing gloves as soon as contaminated. Any contaminated skin and hands shall be cleaned with alcohol hand sanitizer or soap and water if visibly soiled. Disposable scrub clothing shall be available in each building's supply room or requested from Materials Management/Medical Supply for the employee to wear for the remainder of their shift. Obtain scrubs as follows:
 - Employee obtains clean scrubs from building supply room or Medical Supply. If no clean scrubs are available in building supply, contact Medical Supply ext. 1497. If assistance is needed to obtain clean scrubs, page the Nursing Supervisor on duty.
 - Put on clean gloves and carefully remove contaminated clothing to prevent further exposure, remove gloves, clean hands and contaminated skin, and don clean scrubs.

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- The employee places contaminated clothing in a regular laundry bag and then bring the bag to the Laundry between the hours of 0600 and 1430 Monday through Friday. On the weekends the Laundry staff is available from 2200 until 0630.
 - ❖ A Laundry staff member assists the employee in filling out a Laundry ticket. Accurate information on this ticket ensures that Laundry room staff can locate the employee and return cleaned clothing. (The process may take 5-7 business days from drop-off until return).
 - ❖ When Laundry is not open, place the clothing in a regular laundry bag, on a piece of 8.5 x 11 plain white paper write the employee's name, building, floor and unit extension number, place this paper in the bag with the clothing and place the bag down the laundry chute.

Sharps Management: [11-07-48 Handling of Pharmacy Waste](#), [16-00-09 Waste Management and Reduction](#)

- Contaminated sharp items (needles, scalpel blades, and other sharp instruments) are considered potentially infectious and must be handled with extraordinary care to prevent accidental injuries.
- **It is prohibited to:**
 - Recap contaminated needles or any sharp using both hands.
 - Remove contaminated needles from syringes or phlebotomy devices.
 - Bend, shear, or break contaminated needles.
 - **Exception:** When no other alternative is feasible or the medical procedure demands it, recapping and removal of contaminated needles is allowed if:
 - The one-handed (scoop) technique is used or
 - A mechanical device (e.g., forceps, hemostat) is used.
- Medical procedures warranting recapping or removal of contaminated needles include the following:
 - Drawing blood gases.
 - Giving incremental sedation or local anesthesia.
 - Aspirating patient specimen via needle/syringe and transport to Lab.
 - Specific medications from a multi-dose vial (e.g. Forteo)
- Dispose of used needles/sharps immediately, or as soon as possible, into the facility approved rigid, impervious, point-of-use containers. These containers are provided in designated locations (e.g. member rooms, member tub rooms, nursing stations, outpatient exam rooms, laboratory).
- These sharps containers will be maintained upright, replaced routinely, and filled only two-thirds full or until the container automatically closes at capacity.
- Impervious sharps disposal containers are inspected daily and replaced when filled by section responsible for the area the container is located in.
- Close the lid and remove sharps container from mounting/holding device and immediately replace with a new container. Ensure lid is securely closed and place a piece of tape over lid to prevent leakage or protrusion of contents during handling, storage, transport, or shipping. Containers will be placed in a secondary container if leakage from, or puncture of, the primary container is possible. Filled containers are placed in designated areas for pick-up, as follows:

<i>Location</i>	<i>Responsibility</i>	<i>Frequency</i>
Designated area (Soiled utility areas, Employee health, Dental, Security)	Section staff responsible for the area.	Daily

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<i>Location</i>	Responsibility	Frequency
Clinics/Therapy	Clinic/Therapy staff	Daily
Clinical Laboratories	Laboratory staff	As needed
Phlebotomy	Phlebotomists	As needed

- Reusable contaminated sharps shall not be stored or processed in a way that requires employees to reach by hand into the containers where these sharps have been placed. Reusable contaminated sharps will be placed immediately, in puncture-resistant containers that have leak proof sides and bottom, and labeled with biohazard label.
- **NOTE:** If used needles/sharps are encountered by personnel in bedding, on bedside tables, or any area other than the designated disposal containers, they shall notify the person in charge of the area at time of occurrence. This person shall immediately begin investigating how the needle/sharp got there, educate staff, and ensure safe disposal.

Handling Patient Specimens and Contaminated Equipment

- **Specimens:**

- Specimens of blood, body fluids or tissue shall be placed in containers that prevent leakage during collection, handling, processing, storage, transport, and shipping. Such containers shall be properly closed or sealed. Place blood and other potentially infectious materials in a leak-proof primary container with a secure closure.
- Place the primary container in a leak-proof, sealable secondary container with biohazard symbol in case the primary container breaks in transit. If the specimen is capable of puncturing the primary container, the secondary container should also be puncture resistant.
- Do not place the laboratory requisition or other paperwork in the secondary container with the specimen or it may become contaminated.
- Only staff members trained in decontamination procedures should transport specimens to the laboratory.
- When packages that contain blood and other potentially infectious material are shipped, a biohazard label is affixed to the outside of the package. At WVH-K, all member specimen containers are handled using standard precautions. Specimens taken to the WVH-K lab by other than lab staff or are sent to other facilities are placed in a biohazard labeled bag.

- **Contaminated instruments:**

- All contaminated reusable instruments that are to be transported to a different department for reprocessing must be in a rigid leak proof plastic container with a biohazard label affixed to warn employees who may have contact with the containers of the potential hazard posed by their contents.

- **Equipment:**

- Equipment users are responsible for decontaminating equipment to the degree possible before taking an item to the Medical/Central Supply Department or Electronics Technician.
 - Equipment that has become contaminated with blood, body fluids or tissue shall be examined prior to servicing or shipping for service and shall be decontaminated as necessary unless decontamination of the equipment is not possible without damaging the equipment based on the manufacturer's directions for decontamination or cleaning.

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- The Electronic Technician is responsible for completion of decontamination procedures of equipment that will leave the facility for servicing, or indicate the reason the item couldn't be decontaminated.
 - ❖ If areas of the equipment cannot be decontaminated, a readily observable red or fluorescent orange biohazard tag must be attached to such equipment stating which parts are contaminated.
 - ❖ Leased equipment that cannot be decontaminated is returned to the vendor in a red bag labeled with what parts could not be decontaminated.
- Individual departments returning equipment directly to manufacturers or service centers will designate a person to decontaminate such equipment before it leaves WVH-K. The responsibility for training this individual rests with the supervisor.
- Biological safety cabinet/hood is used for specimen manipulations in the clinical laboratory when there is a risk of contamination from aerosolization or spatter, such as working with blood culture bottles.
- Disposable goggles/face shields/masks are available and to be used by employees to protect employees from blood and body fluid splashes in laboratory areas and member care areas where specimens are collected / handled or where procedures may be performed.

Safe Work Practices:

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, on countertops, or bench tops where blood or body fluids are present.
- Federal Nursing Home Regulation F-371 staff food is not allowed in the same refrigerator/storage area as food that is served to members.
- Mouth pipetting/suctioning is prohibited.
- All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids or tissue or barriers shall be utilized to prevent contact if the risk of splashing still exists. Methods which will be employed at this facility to accomplish this goal include:
 - Covers on centrifuge rotors or specimen cups
 - Mechanical pipettes
 - Disposable goggles and masks
 - Bioscreen absorbent wipes are used when removing caps from tubes and opening fluid lines under pressure.

Personal Protective Equipment (PPE)

- PPE will be provided at no cost to the employee and will be readily available in the work area.
- All personnel must routinely use PPE when there is a potential for exposure to blood or body fluids.
- Each individual prior to initiating a procedure where occupational exposure may occur must exercise reasonable judgment regarding the potential risk of splattering and the need for PPE. If doubt exists, PPE should be used.
- PPE failure should be reported to the supervisor immediately.
- **Gloves** must be worn when:
 - Having direct skin contact with blood or body fluids, mucous membranes, and non-intact skin;
 - Performing vascular access procedures; and

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- Handling or touching contaminated items/surfaces or any bodily fluid specimens (e.g., containers with member specimens, Foley catheters, soiled personal laundry and linen, hampers, chutes, etc.)
- Disposable single use gloves must be changed when visibly soiled, torn, or punctured, in between soiled work to clean work or when their ability to function as a barrier is compromised and before touching clean items, such as lifts, BP cuffs, drawer handles, etc.
- Gloves must be changed after each member contact and between contact of clean and contaminated areas on the same member.
- Remove gloves after they become contaminated and before leaving the work area.
- Hands must be washed or alcohol hand sanitizer used as soon as possible after glove removal.
- Only non-latex gloves are available to all employees. Nitrile gloves are available to employees with documented sensitivity to vinyl.
- Disposable single-use gloves cannot be washed or disinfected for reuse under any circumstances.
- Utility gloves may be disinfected for reuse if the integrity of the gloves is not compromised. They must be discarded if cracked, peeling, torn, punctured, or show other signs of deterioration.
- Gloves must be worn when working with various chemicals or drugs as indicated by the manufacturer.
- **Barrier protection for clothing** (e.g., gowns, aprons, and lab coats) must be worn whenever splashes, sprays, droplets, or aerosols of blood, body fluids or tissue are anticipated. Fluid resistant clothing is clothing that does not permit blood and body fluids from passing through to reach the employees' clothing under normal conditions of use and for the duration of time that it will be used.
 - The type and characteristics of such protective clothing must be appropriate to the task and degree of exposure anticipated.
 - If blood or body fluids penetrate a garment, the garment must be removed immediately or as soon as feasible and the underlying clothing and/or skin decontaminated.
 - Fluid resistant gowns must be worn in accordance with the directions/label of the chemicals
- **Masks, eye protection, and face shields:**
 - Masks shall be worn in combination with eye protection devices whenever splashes, sprays, droplets, or aerosols of blood or body fluids occur and there is a potential for eye, nose, or mouth contamination.
 - Eyeglasses are unacceptable for eye protection unless equipped with side shields. Examples of situations at this facility where this protection is required include, but are not limited to:
 - Minor Surgery
 - Dental Services
 - Wound irrigation
 - Dumping containers of body fluids into hopper/container
 - Arterial blood collection
 - Emptying/changing catheter or stoma bags
 - A face shield is an acceptable alternative to protect mucous membranes from blood and body fluid splashes, in lieu of using mask and glasses/goggles. Face shields must be chin length and adequately cover the eyes, nose and mouth.
 - Equipment will be considered appropriate only if it does not permit blood and body fluids from passing through to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the equipment will be used.
 - Additional personal protective equipment may be required for specific procedures performed in the outpatient clinic or dental services.
 - Disposable resuscitation devices are located in all member care areas, dining rooms, and attached to licensed staff key rings to minimize the need for emergency mouth-to-mouth resuscitation. Resuscitation devices on key rings may be ordered from Medical Supply.

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- All personal protective equipment will be removed by the employee prior to leaving the immediate work area for which it is intended. PPE will not be allowed in Facility areas that are designated for staff food consumption (includes: staff break-rooms, lounges, etc.) except for masks.
- Upon removal, all reusable fluid resistant clothing will be placed in an appropriately designated area and container for storage, washing, decontamination, or disposal.
- Cleaning, laundering, repair, replacement or disposal of personal protective equipment will be provided at no cost to the employee.
- PPE may not be taken home by the employee for laundering purposes. Laboratory coats, clinical coats/jackets, uniforms that are used for PPE and provided by the WVH-K shall be laundered by the facility and not sent home with the employee for cleaning.
 - Department supervisors will make accommodation for employee's WVH-K provided clothing or reusable PPE to be laundered through the Facility laundry system.
 - Disposable PPE (e.g., clinical coats/jackets) may be used as an alternative.

GENERAL DISINFECTION PRACTICES AND BIOHAZARDOUS SPILLS

- The work site will be maintained in a clean and sanitary condition. Routine cleaning and decontamination will be according to the schedule determined by the Housekeeping Section. This schedule is available from the Housekeeping Supervisors upon request. Spills should be cleaned up immediately by the first trained staff which encounters them.
- Contaminated work surfaces will be decontaminated with an appropriate facility-approved and EPA registered disinfectant, as follows:

Appropriate disinfectants include EPA registered tuberculocides and antimicrobial products. In cases where the known or suspected pathogen is not affected by the standard disinfectant, a disinfectant with an appropriately registered efficacy claim must be utilized.

- After completion of procedures.
 - Immediately when surfaces are overtly contaminated or after any spill of blood or body fluids.
 - Spill cleanup - Get supplies (dust pan, broom, gloves, disposable wash cloths or paper towel (some dry, some damp with water), plastic bag, biohazard container and disinfectant). Remove any broken glass with dust pan and broom. Potentially contaminated broken glass should not be picked up directly with hands. It should be cleaned up using a brush and dustpan, or forceps and placed in a puncture resistant, leak proof, biohazard container.
Place paper towel over the spill and remove the organic matter in such a way as to gather it up in the paper towel, damp clean with disinfectant and paper towel to remove all traces of organic matter (try not to spread organic matter over a bigger area), once clean, place used towels/cloths in plastic bag, spray with disinfectant and allow to air dry for 10 minutes, post signs for wet area, and properly dispose of plastic bag and/or biohazard container. Clean dust pan and broom with disinfectant and return to storage.
- Decontamination will be accomplished by utilizing the following materials:
 - EPA registered facility disinfectant/detergent diluted according to the manufacturer's directions.
 - Diluted (1:10) germicidal bleach in selected situations as directed by the Medical Director or his designee.

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- All bins, pails, cans, and other receptacles intended for reuse that has a reasonable likelihood for becoming contaminated with blood or body fluids shall be inspected and initially cleaned by area staff. Deeper cleaning is scheduled as needed.
- Housekeeping staff wipe interior and exterior surfaces of biohazard-lined garbage cans with detergent-based disinfectant as needed and at least monthly.
- Any broken glassware will be picked up using mechanical means, such as broom and dustpan, and never directly with the hands. Equipment available in housekeeping closets.

HANDLING LINENS AND LAUNDRY [113-00-04](#) *Member Personal Laundry*; [113-00-01](#) *Clean & Soiled Linen*; [110-00-58](#) *Bed-making-Occupied-Unoccupied*

- All facility linen and member laundry used, soiled or stored inappropriately is considered contaminated. All contaminated laundry must be placed in the designated laundry bags. Prior to placement in a designated laundry bag, wet laundry that would soak through a regular laundry bag is placed in a clear plastic bag. If it contains pourable, drippable blood, known contaminated bodily fluids/products or comes from an enhanced precautions room it is placed in a yellow laundry bag.
- WVH-K laundry is cleaned at the facility, except for reusable underpads, which are picked up, processed and returned to the facility by the contracted vendor.
- Each member is assigned a laundry number for personal clothing. This number is placed on the clothing.
- Blue bags are used for member personal laundry. WVH-K routinely uses nylon water resistant bags and Standard Precautions during any handling of soiled linen.
- Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to members, personnel, and the environment. All contaminated laundry and member clothing will be:
 - Handled as little as possible and with minimum agitation;
 - Bagged at the location where it is used/collected; and
 - Placed in an appropriate bag (clear plastic bag first for saturated laundry, yellow bag for blood/contaminated body fluids, or from an enhanced precautions room) and transported in the bag.
 - Laundry bagged and thrown down laundry chutes is picked up using carts lined with leak proof material.
 - Contaminated/soiled laundry must not be rinsed or sorted in member care areas. As much solid waste is removed into the member's toilet or in the hopper prior to placing the linen in the soiled linen bag.
 - All employees who handle contaminated laundry will wear gloves. Goggles, masks, and gowns and other PPE will be worn as needed.
 - Pillows have an exterior impermeable layer. They are cleaned and disinfected on the units. Pillows with cracked or torn exterior layers are disposed of.
 - Washing machines are maintained on nursing unit for laundering of lift slings, cushion covers, and gait belts only. These machines utilize ozone for destruction of microorganisms. Machines are wiped with disinfectant between loads. Slings, cushion covers, and gait belts are hung in unit bathing rooms to air dry.

COMMUNICATION OF BIOHAZARD WARNING

- The appropriate section supervisors shall ensure that color-coded (red) containers are used or have the fluorescent orange or orange-red label with the word "BIOHAZARD" and the biohazard symbol affixed or integral to the container for the following:

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- Biomedical waste bags or containers
- Refrigerators and freezers containing blood or body fluids
- Containers used to transport or store blood or body fluids
- Contaminated equipment
- Contaminated, reusable sharp instruments containers
- The label will either be an integral part of the container or affixed to it in such a fashion as to prevent loss or unintentional removal.
- Supply of biohazard labels will be ordered by the department utilizing the container.
- Red biohazard containers or bags or those labeled with the biohazard symbol should not be used for purposes other than containing biohazardous materials.

INFECTIOUS WASTE MANAGEMENT

- When an employee expects or reasonably anticipates contact with infectious waste, they are required to wear the appropriate PPE. Disposable gloves are considered an absolute requirement at all times when handling infectious waste.
- Waste bags for infectious waste will be red plastic or labeled with a biohazard symbol and the word "BIOHAZARD".
- Infectious waste will be placed in red bag at the point of origin. Red bags shall be closed (tied by double knot) before removing from waste receptacles.
 - Handle bags containing infectious waste by grasping tied portion of bag (not sides) and lifting straight up.
 - Keep bags containing regulated waste extended and away from the body while transferring bags from waste receptacle to puncture-resistant container.
 - Do not open infectious waste that has been placed in a red bag or bio hazard waste container. Do not compress red bags, compressing may puncture, causing spill/leakage or injury to person.
 - If outside contamination of bag is likely or if leakage is possible, place the bag in a second red bag.
- Red bags should not be used for purposes other than designated biomedical waste or clothes.
- Infectious waste bags awaiting disposal will be stored in a designated area specifically for the temporary storage of infectious waste (e.g., soiled utility room). Never leave infectious waste bags unattended in facility hallways. Rigid containers labeled with a visible Bio Hazard emblem are available for temporary storage of infectious waste. The staff at the point of origin, place the infectious waste in the large rigid containers.
- Rigid container locations for short-term storage within the health care facility are marked with the Bio-Hazard sign on the door and are located:
 - Ainsworth Hall - Shed adjacent to loading dock
 - MacArthur Hall - Shed adjacent to loading dock, Lab room 129
 - Olson Hall - Shed outside loading dock doors
 - Stordock Hall - Shed adjacent to loading dock
- Housekeeping staff or designee transport the infectious waste containers to the designated pickup area and replace full containers.
- The collected infectious waste is removed from the facility by a registered commercial contract transport service at least once per month.
- The facility's maintenance department provides quarterly preventative maintenance on the locks and an on-going check of container condition. The large containers are the property of the contracted service.

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- Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations. The DNR is the controlling agency in Wisconsin; see administrative statutes [NR 500.03\(67\)](#) and [NR 526.16-00-09](#) Waste Management and Reduction; <http://dnr.wi.gov/topic/healthwaste/infectious.html>
- Employees are to notify their immediate supervisor if they discover regulated waste containers, refrigerators containing blood or body fluids, etc., without proper labels.

HEPATITIS B VACCINATION

- The Employee Health Nurse, under the direction of the WVH-K Medical Director of Employee Health Service, is responsible for the Hepatitis B immunization program.
- The WVH-K Employee Health Service will provide information to employees on hepatitis B vaccinations, addressing the safety, efficacy, methods of administration, and benefits of being vaccinated prior to starting the vaccine series. The series is offered at no charge to employees. It is voluntary for those who are at risk of occupational exposure to blood or body fluids.
 - The vaccine is offered before the employee begins work, within ten (10) days of initial work assignment, and/or at post-exposure follow-up, if indicated.
 - A blood test for antibody (immune) status will be drawn one (1) month after completion of the vaccine series to determine if desired immunity has been achieved. This is evaluated using Employee Health protocol.
- Employees who decline to accept the vaccine will be required to sign a declination form (waiver). Documentation of refusal of the vaccination is kept in Employee Health Services. If the employee initially declines the vaccine, but later decides to accept, they may return to Employee Health for the vaccine series.

POST-EXPOSURE EVALUATION AND FOLLOW-UP- [IC 03-04](#) *Response to Significant Body Fluid Exposure*; [01-00-16c](#) *Employee Incident/Accident Reporting*

- All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure, it shall be reported to the immediate supervisor and Employee Health Service, or the Nursing Supervisor on duty when Employee Health is closed. See [IC 03-04](#) Response to Significant Body Fluid Exposure & [01-00-16C](#) Employee Incident/Accident Reporting.
- All employees who incur an exposure will be offered post-exposure evaluation and follow-up in accordance with the most recent U.S. Public Health Services, Center for Disease Control guidelines “Management of Occupational Exposures to Hepatitis B, Hepatitis C, and HIV and Recommendations for Post-exposure Prophylaxis”.
 - The Employee Health Nurse Practitioner will perform all post-exposure follow-up. The Facility Medical Director provides follow-up when EHS is closed. The procedure for evaluation will be followed according to policy.
- Following a report of an exposure incident, the exposed employee shall receive a confidential medical evaluation and follow-up, including at least the following elements:
 - Documentation includes the exposed employee’s duties, the route of exposure, the circumstances under which the exposure incident occurred and the employee’s Hepatitis B vaccination status.
 - Identification and documentation of the source individual unless it can be established that identification is not feasible.
 - The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, VDRL, HCV and HIV infectivity. If consent is not obtained, the Employee Health Nurse shall follow rules/regulations in accordance with WI State [Statute 146.025\(2\)](#).

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- If the source individual is already known to be HBV, HCV or HIV positive, new testing need not be performed.
- Results of the source individual's testing shall be conveyed to the exposed employee, and he/she shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

Exposed Employee: Initial Medical Evaluation

- Employee Health evaluates employee's vaccination status. Testing for HBV, HCV and HIV serological status will comply with the following:
 - The exposed employee's blood shall be collected as soon as feasible and tested after HIV consent is obtained.
 - If the employee consents to the baseline collection, but does not give consent for HIV serologic testing, the sample will be preserved for ninety days. Within 90 days of the exposure, the employee may elect to have the sample tested. The testing will be performed as soon as feasible.

Exposed Employee: Follow-up Counseling

- Employee Health Nurse reviews all blood test results with the exposed employee. The employee will be advised on source member confidentiality issues.
- Employee Health Nurse schedules follow-up blood testing in accordance with the most current Center for Disease Control guidelines.
- The Employee Health Nurse reviews the written opinion from the Medical Director, forwarding a copy to the employee and reviews with them if necessary.
- The WVH-K Medical Director will provide a written opinion after completion of the initial medical evaluation and will include the following:
 - Information about any medical conditions resulting from exposure to blood/body fluids which might require further evaluation or treatment, and
 - A copy of 29 CFR 1910.1030 Occupational Exposure to Blood borne Pathogens is available in Employee Health and online at: <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Source Individual: Follow-up Counseling

- Test results and follow-up of member source are referred to the member's primary care physician.

PROCEDURES FOR EVALUATING CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- Employee Health Nurse or Supervisor will document the following information for all exposure incidents: see Employee Incident Accident [01-00-16c](#).
 - Sharp safety devices being used (including type and brand), if any
 - Work practices followed
 - Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - Area/unit where exposure incident occurred
 - Procedure being performed when exposure incident occurred
 - Employee's training
- Employee Health maintains a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the log is recorded and maintained in such manner as to protect the confidentiality of the injured employee.

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- Aggregate data regarding exposure incidents are reviewed quarterly at the Infection Control Committee meeting.

RECORDKEEPING

Employee Medical Records

- Employee Health Services maintains a confidential medical record in secured files for each employee.
 - The record will be kept confidential. The contents will not be disclosed or reported without the employee's written consent. If employee requests their medical record from Employee Health, it will be provided to them within 15 working days.
 - The records described in this section will be maintained for at least the duration of employment plus 30 years, in accordance with OSHA Standard [29 CFR 1910.20](#), "Access to Employee Exposure and Medical Records".

OSHA Recordkeeping

- WVH-K Workers' Compensation Coordinator records all work related needle stick injuries or cuts from sharp objects contaminated with blood or body fluids and any mucocutaneous blood/body fluid exposure incidents on the OSHA Injury and Illness log. The privacy of employees will be protected by not recording the names of individuals on the log. All provisions of OSHA Recordkeeping rules ([29 CFR 1904](#)) will be followed.

Sharps Injury Log

- This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. The information in the log is recorded and maintained in such manner as to protect the confidentiality of the injured employee.

EMPLOYEE TRAINING AND TRAINING RECORDKEEPING

- Each bureau/section supervisor must ensure that all employees with potential for occupational exposure to blood borne pathogens participate in an orientation and training program at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
 - Required Bloodborne Pathogens training is provided through Staff Development at new employee orientation and annually thereafter through e-learning (Relias). OSHA Training requirements have been made available to all bureau directors. Annual training will be documented in the employee scheduling program, internet vendor education program or other appropriate employee files.
- The bureau/section supervisor or his/her designee will provide specific section related orientation to new employees during the first 30 days of employment.
- The bureau/section will facilitate additional training when changes in tasks or procedures occur which affect the employee's potential for occupational exposures.
- Training will include the following:
 - Availability of a copy of OSHA Blood borne Pathogen Standard.
 - Explanation of WVH-K's Exposure Control Plan and how to obtain a copy.
 - Discussion of the epidemiology, symptoms, and transmission of blood borne pathogen diseases.
 - Recognition of tasks that may involve exposure, including what constitutes an exposure incident.
 - Explanation on the use and limitations of engineering controls, work practices, and PPE.
 - Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
 - Explanation of the basis for PPE selection.

Wisconsin Veterans Home at King

Blood Borne Pathogens Exposure Control Plan (ECP)

Date of Origin: November 2005	No.: IC 01-06
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- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- Explanation of the signs and labels and/or color-coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers.
- Training materials and assistance with training for this facility are available through Staff Development, Risk Manager, and Employee Health Nurse.
- Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the employees education/training file, Internet based training vendor or in employee scheduling program. The training records include:
 - Dates of the training sessions
 - An outline describing the material presented
 - Names and qualifications of persons conducting the training
 - Names and job titles of all persons attending the training sessions
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Staff Development department.

Appendix A: Safety Designed Devices Currently Implemented

Blood collection sets with Safety-Lok™ tubes

Eclipse™ shielding phlebotomy needle

After use, the thumb is used to flip a shield over the needle and lock it in place so that the needle cannot cause injury.

Cannot prevent injury during insertion or blood collection.

Safety feature must be activated by flipping shield over needle after use.

- 19Gx 1½ inch filter needles in each contingency kit to be used to with draw medications in glass ampules.

Kendall type syringe and safety needle combination:

- 1cc insulin syringes
- 1cc TB syringes
- 0.5cc insulin safety glide syringes
- 3cc syringe with 23 G x 1” needle
- 12cc syringe with 21 G x 1½” needle

Syringes without needle

- luer-lok tip 3cc, 5cc, 10cc

Safety glide needles individually packaged

- 18Gx 1½”, 21 G x 1”, 22 G x 1½”, and 23 G x 1”

Terumo syringes

- 20cc and 30cc luer-lok tip
- 60cc catheter tip

Wisconsin Veterans Home at King

Control of Multi Drug Resistant Organisms (MDRO)

Date of Origin: July 1993	No.: IC 02-02
Last Revision: July 26, 2016	Page 1 of 4
Last Review: July 26, 2016	Maintained By: Infection Control

Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff

Related Documents:

- [IC 04-01](#) Enhanced Precautions (Contact / Droplet) Room Sanitation
- [IC 01-06](#) Exposure Control Plan
- [113-00-04](#) Member Personal Laundry
- [113-00-01](#) Clean & Soiled Linen
- Appendix A of 2007 CDC Isolation Guidelines
- Antibiograms from ThedaCare Medical Center-Waupaca and WVH-K

Definition:

- **Active infection:** The member has signs or symptoms of an infection that may include uncontained, infectious secretions and is being actively treated for an acute illness caused by an MDRO. If unsure if infection meets the definition, contact the Infection Prevention Control Specialist or the Medical Director for assistance.
- **Outbreak:** 3 or more new cases within 7 days on a unit.
- **Healthcare-Associated Infection (HAI):** Infection acquired in the facility. Has not been to another health care facility within 3 days prior to discovery and has no previous history of the organism.
- **Colonization:** According to the State Operations Manual, colonization refers to the presence of microorganisms on or within body sites without detectable host inflammatory response, cellular damage, or clinical expression.
- **Multi Drug Resistant Organisms:** Microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents. Examples: Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), Extended Spectrum Beta-Lactamases (ESBL), and carbapenem-resistant Enterobacteriaceae (CRE).

Summary Information:

- For MRSA, colonization usually precedes infection (Per CDC MRSA toolkit).
 - A patient acquiring MRSA colonization during a hospital stay has increased risk for MRSA infections following discharge, or during subsequent acute and long-term care admissions.
 - MRSA carriers also serve as reservoirs for further transmission as they move through and across healthcare facilities.
- Re-culturing is not routinely recommended but if ordered by the physician, should be done 72 hours after antibiotic therapy is discontinued.
- Signs and symptoms that are hallmarks of infection in younger people may not be reported by the member or apparent to staff in older, debilitated populations. For example, fever may be absent in LTC patients with infection. Hypothermia may be evident in patients with severe infection. Common symptoms of pneumonia (e.g., chest pain, cough) may not be clearly evident or may be entirely absent.
- Infection may present in institutionalized elderly patients with nonspecific symptoms and signs (e.g., falls, functional decline, increased confusion, new-onset incontinence), which may challenge medical providers' ability to identify the presence of infection. Practitioners should not assume that the cause of

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Control of Multi Drug Resistant Organisms (MDRO)

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the deterioration is an infection without considering other possibilities, such as drug toxicity, hypoxia, and metabolic derangement.

Policy:

- Each member with a positive culture shall have specific care plan interventions in place to prevent the spread of the organism. If the member has symptoms of an active infection care plan interventions will include appropriate enhanced precautions when necessary.
- Members who choose not to comply or are unable to comply shall have a staffing scheduled. The Medical Director shall be consulted.
- Unit nursing staff shall do a review of the involved member's activities and care, such as wound treatments, catheter care, medication administration (eye drops, inhalers), shared equipment, list of known MDRO colonized members on the unit, sequence of direct contact care by staff, member and staff hygiene practices related to care and equipment to determine how transmission to the member may have occurred and how to prevent further transmission.
- Based on an individual assessment, Members, their roommates, members who share a toilet, or spend time with each other on a consistent basis, visit each-others rooms, sit in the same chairs, or share a dining table shall be instructed by licensed staff on standard precautions and hygiene practices to prevent the spread of the organism.
- Members colonized with MRSA, when possible, will not share a room or toilet with another member who has VRE, or who does not have intact skin or who has medical devices inserted into their body such as a Foley catheter, open wound, gastrostomy, tracheostomy, dialysis port unless the roommate is already colonized. MRSA colonized members may have a roommate or share toilet facilities if both members have contained secretions and good hygiene.
- Members, when possible, will be placed in private rooms and assigned specific equipment based on a thorough assessment by nursing staff of their condition including their personal hygiene practices and transmission risks.
- Members who exhibit symptoms of an active infection that cannot be contained shall have appropriate enhanced precautions [IC 01-07](#) initiated. Contact precautions are used for wound, urinary tract, and most gastrointestinal type infections. Droplet precautions are used for active respiratory infections with splatter of secretions, (coughing/sneezing) (splatter zone is 6 feet), such as pneumonia, bronchitis, influenza, etc.
- All members, regardless of MDRO status, shall be cared for using standard precautions [IC 01-05](#). Members with tubes or devices attached to/or in their bodies, those with poor hygiene, those who are incontinent, and those who cough, spit or drool are more likely to contaminate the environment.

Procedure:

1. Determination of MDRO:

- A. Laboratory Staff sends Positive MDRO culture results to the member's nursing unit and notifies other designated work units using the e-mail group-"DVA DL VHK Infection Notification"
- B. The member's unit RN sends e-mail to the notification group when members are admitted or returning from other health care facilities with an MDRO.
- C. Medical Records staff, upon receiving such notice adds the information to the diagnosis list in EHR, indicating if it was acquired outside of WVH-K.

Wisconsin Veterans Home at King

Control of Multi Drug Resistant Organisms (MDRO)

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2. Upon receiving notice that a member is positive for MDRO the RN reviews the member's status to make a determination whether to implement enhanced precautions or not.
3. Precautions are implemented in the following circumstances:
 - A. Member has active symptoms of infection-for case definitions see [IC01-01a](#) Definitions of specific infections.
 - B. Physician is going to treat the infection or member is receiving treatment on admission.
 - C. The site of the positive culture cannot be contained, open draining wound, incontinent, poor cough hygiene, spits, drools and/or member's general personal hygiene is poor.
 - D. Member is incapable of understanding and/or performing appropriate hygiene to prevent spread.
4. Precautions may not be needed when:
 - A. The member is asymptomatic.
 - B. Member admitted with a history of MDRO, but no current infection.
 - C. The physician is not going to treat or treatment was completed prior to admission
 - D. The site of infection is contained.
 - E. The member is capable of understanding and performing impeccable personal hygiene and is cooperative in doing so.
5. Consult with the Infection Prevention Control Specialist or Medical Director to assist in making the determination in placing the member in enhanced precautions [IC 01-07](#).
If it is determined that enhanced precautions are needed see "Initiation/Discontinuing Enhanced Precautions" Checklist. A Nursing Order is entered into EHR for enhanced precautions.
O:\Projects\KingManuals\ECS\Infection\Enhanced Precautions OR
O:\Projects\KingManuals\ECS\ (Appropriate Discipline)\Enhanced Precautions
6. Cognitively intact members are educated using the appropriate educational brochure (MRSA pamphlet for members [WDVA P3302](#) or VRE pamphlet for members [WDVA P3301](#)) and enhanced precautions. Education is documented in EHR/Nurse Charting/ appropriate folder.
7. Roommates of members with MDRO are educated on hand hygiene [IC 01-04](#) and environmental cleaning to prevent the spread of infections. At least a 3 foot space is maintained between those sharing a room with someone who has and MDRO. The room dividing curtain is pulled to maintain a barrier.
8. An investigation is initiated by the unit licensed nursing staff related to possible modes of transmission when the member has no history of the organism or has not been to another health care facility in the last 3 days. The following are the two common modes of transmission.
 - A. Direct transmission after contact with MDRO contaminated skin or body fluids
 - B. Indirect transmission after contact with MDRO contaminated object or environment
 - C. Examples of modes of transmission:
 - 1) Using contaminated equipment.
 - 2) Not using aseptic technique or clean technique in performance of care.
 - 3) Not thoroughly cleaning frequently touched environmental surfaces.
 - 4) Not cleaning shared equipment between members (BP cuff, thermometers).
 - 5) Contact with other members with MDRO.
 - 6) Member has poor personal hygiene practices.
 - 7) Not following facility policies and procedures.
 - 8) Not following standard precautions [IC 01-05](#) or hand hygiene [IC 01-04](#).
9. Findings of the investigation are reported to the "Infection Notification group" and actions are taken immediately to remedy the cause of transmission when known.

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Control of Multi Drug Resistant Organisms (MDRO)

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10. Members with VRE need to be in a room with a private bath when possible or use a commode, and may take tub baths providing the tub is cleansed with EPA approved disinfectant.
11. Alcohol-based hand sanitizer and/or antibacterial soap is made available for hand hygiene in the culture-positive member's room and given directly to the colonized member with the capacity to use the product appropriately. The member is expected to wash/sanitize his/her hands prior to leaving his/her room with alcohol-based hand sanitizer or antimicrobial soap. Staff provides assistance with this task as needed.
12. At the time of transfer to another facility, (Outpatient Care or Admission), after the Problem Diagnoses List is printed, a new sticker (MRSA or VRE) is adhered to the copy (directly over photocopy of sticker). Also adhere appropriate sticker to the referral form and to the outside of the transfer envelope.
13. If a member is seen by other departments at WVH-K (i.e., X-ray, PT, Outpatient, etc.) these departments are also made aware of the infection and any precautions indicated by a notation on the requisition.
14. The vital statistics section of the EHR is updated related to MDRO at the time of admission and in-between MDS reviews by the unit clerk and at the MDS review by the MDS Coordinators.
15. Enhanced precautions are discontinued as soon as symptoms have resolved and/or treatment is completed. Complete "discontinuation" portion of the checklist. Discontinue the Nursing Order for enhanced precautions. Send checklist to building nursing supervisors.

Outbreak

16. When 3 or more new cases of healthcare acquired infections-MDRO occur on the same nursing unit within a 7-day period, the following measures are implemented:
 - A. Investigation by the nursing staff and Infection Prevention Control Specialist to determine mode of transmission.
 - B. Review of standard precautions [IC 01-05](#) and hand hygiene [IC 01-04](#) with unit staff.
 - C. Increased environmental and equipment cleaning.
 - D. Correction of any issues discovered in the investigation.

Wisconsin Veterans Home at King
Response to Significant Body Fluid Exposure

Date of Origin: March 1986	No.: IC 03-04
Last Revision: June 2015	Page 1 of 3
Last Review: June 2015	Maintained By: Medical/Infection Control

Applies To:

- All of Wisconsin Veterans Home at King (WVH-K) Staff

Related Documents:

- OSHA Regulations: Blood-borne Pathogens Standard ([29 CFR 1910.1030](#))
- MMWR: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, June 29, 2001

Definitions:

- Exposure sources: Penetration of a person's skin by a sharp object contaminated by a potentially infectious body fluid from another person; human bites that penetrate the skin; or inoculation of a prior wound, skin lesion or mucous membrane of one person by a potentially infectious body fluid from another person.
- Infectious Body Fluids: Blood, bloody fluids, saliva, semen, menstrual discharge, vaginal secretions, inflammatory exudates (wound drainage), cerebrospinal fluid, amniotic fluid, pleural, peritoneal, or pericardial fluid.

Policy:

- Original 5 forms (6 if the source consents to lab draw) shall be completed
- The appropriate forms shall be completed by the exposed person by **the end of the shift in which the exposure occurred.**
- The appropriate lab tests shall be performed on the source of the exposure (if known). The exposed person shall have lab drawn by WVH-K lab with standing orders.
- The completed forms will be evaluated by the WVH-K Employee Health Nurse upon receipt and the exposed person shall be contacted for further information if required.
- The Medical Director or evaluating health care professional shall return his/her opinion within 15 days.
- All records from the exposure will be filed in the employee's medical file for at least the duration of employment, plus 30 years, and will not be reported or disclosed to any person within or outside the workplace without the exposed person's expressed written consent except as required by law.

Procedure:

General-

1. Exposure/injury is reported to the supervisor or RN immediately.
2. **All** blood is drawn by WVH-K laboratory personnel during WVH-K lab hours (0630 to 1500) Monday through Friday. If the exposure occurs on a weekend or holiday, the employee and member will be drawn by WVH-K laboratory personnel on the next day WVH-K laboratory is

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Response to Significant Body Fluid Exposure

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open. **Do not send the employee to RMC for lab work. Leave the lab a message about the exposure, so that a time can be arranged for the employee blood draw.**

For the SOURCE:

1. The RN interviews and/or does a chart review to complete the Source (i.e. member) section of the [WDVA 3398](#) Blood-Borne Pathogen Risk Factor Assessment Form if known. Then give it to the exposed person to complete their section.
2. Completes and obtains Source (i.e. member) signature on Consent to Test for Human Immunodeficiency Virus (HIV), <https://www.dhs.wisconsin.gov/forms/f4/f43018.pdf>.
 - A. Original is filed in the clinical record clean-out file.
3. Obtains lab orders for the following tests on the source person (member) of the exposure if known:
 - A. HIV antibody (Do not order if source is known to be HIV positive)
 - B. VDRL
 - C. Hepatitis B surface antigen (Do not order if source known to be Hepatitis B positive)
 - D. Hepatitis C (Do not order if source is known to be Hepatitis C positive).
 - E. If source (member) refuses to have blood drawn, the case is treated as an unknown source.

For the EXPOSED PERSON:

1. Perform the appropriate measures to immediately clean/treat the injury site.
 - A. If the injury is due to a bite wound; medical evaluation may be required to determine if debridement or antibiotic therapy is indicated.
2. The exposed person (i.e. employee) completes the lower section of the [WDVA 3398](#) Blood-Borne Pathogen Risk Factor Assessment Form if known. Make a copy.
 - A. The RN fills out the top half, see above under Source.
3. Call lab to schedule Standing Lab Orders for the following tests for the exposed person (employee):
 - A. HIV antibody
 - B. Hepatitis B surface antigen and antibody
 - C. Hepatitis C (Only ordered if the source (member) is known to be Hepatitis C positive or the source of exposure is unknown).
 - D. If exposed person consents to baseline blood draw, but refuses to have a HIV done at this time, the sample is frozen at -70 C for 90 days. If the exposed person gives consent within 90 days, notify the lab and the sample is then tested for HIV.
4. The exposed person (i.e. employee) completes the following forms:
 - A. [DOA-6058](#) Employee Workplace Injury or Illness Report.
 - B. WKC-8165 Determination of Exposure to Blood/Body Fluids, (carbon copies) kept in forms drawer on Nursing Units (if more are needed contact Employee Health Nurse).
 - C. Consent to Test for Human Immunodeficiency Virus (HIV), <https://www.dhs.wisconsin.gov/forms/f4/f43018.pdf>.
 - D. [WDVA 3404](#) Instructions for the Employee with a Potential Occupational Exposure to HIV.
 - 1.) The employee is to keep a copy.
5. If the source (member) is known to be HIV positive, the exposed person (employee) is offered prophylaxis.

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Response to Significant Body Fluid Exposure

Date of Origin: March 1986	No.: IC 03-04
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- A. Prophylaxis medication and information is available in the Pharmacy and in the contingency kit of the building of the known HIV positive member's residence.
- B. If the exposed person (employee) elects follow-up by their personal physician, the Employee Health Nurse provides copies of all forms, including [IC 03-04A](#) Cover letter to exposed person's personal physician from the Medical Director and lab results to the exposed person.
- C. 9. The Medical Director provides the involved exposed person (employee) with a written opinion that includes recommendations which may include specific follow-up testing.

Documents the EMPLOYEE HEALTH NURSE needs:

Originals are sent to the Employee Health Nurse:

[WDVA 3398](#) Blood-Borne Pathogen Risk Factor Assessment Form, with top **and** bottom sections filled out.

[DOA-6058](#) Employee Workplace Injury or Illness Report.

WKC-8165 Determination of Exposure to Blood/Body Fluids, (all the carbon copies).

Consent to Test for Human Immunodeficiency Virus (HIV),

<https://www.dhs.wisconsin.gov/forms/f4/f43018.pdf>.

[WDVA 3404](#) Instructions for the Employee with a Potential Occupational Exposure to HIV.

All lab results and forms are initially reviewed by the Employee Health Nurse. If indicated, the exposed person (employee) is contacted regarding the need for additional immunizations.

What the WVH-K LAB needs:

Orders for blood draw on source.

Confirmation that the Source (i.e. member), signed the consent for testing.

Wisconsin Department of Veterans Affairs

Technology Use Policy

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Last Revision: January 15, 2016	Page 1 of 12
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Applies To

- All Wisconsin Department of Veterans Affairs (WDVA) employees, including contract, volunteer and work study.
- All personal data (hereinafter referred to as “Personally Identifiable Information (PII)” that is collected, created, transmitted, used, processed, stored, or in the process of disposition (all hereinafter referred to as “maintained”, unless otherwise indicated) by or for WDVA, regardless of the medium in which it is maintained.

Note: For purposes of this Technology Use Policy, the term PII is interchangeable with the term “Sensitive Personal Information” (SPI), as defined in 38 U.S.C. § 5727

Purpose/Overview

Access to computing and networking resources is a privilege which all Wisconsin Department of Veterans Affairs (WDVA) staff receive. Inseparable from that privilege is an obligation on the part of users to understand and abide by the responsibilities and regulations that govern the Department’s computing environment.

This policy updates and reaffirms the focus of the Wisconsin Department of Veterans Affairs (WDVA) on the protection of privacy of Veterans, their dependents and beneficiaries, as well as the privacy of all employees and contractors and other individuals for whom personal records are created and maintained in accordance with state and federal law.

WDVA provides employees with computer equipment and technologies in order to assist employees in carrying out state business. WDVA’s computer equipment and the email, intranet and Internet systems are all state property and are not for an employee’s personal use other than personal use which (a) presents no adverse effect on duty performance; (b) is of reasonable duration and frequency and made during personal time whenever possible; (c) presents no adverse reflection on WDVA; and (d) creates no overburden of the communication system and creates no significant additional cost to WDVA. Only authorized state devices are to be connected to state issued equipment. This includes laptop computers, wireless devices, flash drives, personal media players, tablets and external hard drives.

Any unauthorized use of the computer equipment, electronic devices, email, the intranet or the Internet may result in disciplinary action, up to and including termination, as well as a potential criminal investigation and/or legal action if the violation constitutes a violation of law.

Every employee has a responsibility to maintain, protect and use the state’s electronic devices and communication equipment, and email, intranet and Internet access in a proper and productive manner.

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- **The technology tools are the property of WDVA.** Like all other resources and assets owned by WDVA, management has the right and the responsibility to manage the use and usage of these resources. This may include restricting access by employees to certain applications or websites, setting size limits on email boxes and files, establishing passwords, inspecting computer files for legitimate business use, or taking other measures to protect these resources and ensure appropriate use and usage. Only authorized state devices are to be used on state issued equipment which includes flash drives.
- **All of the communications sent or received on WDVA equipment are the property of WDVA. Employees should have no expectation of privacy** associated with the information they send, receive or store on WDVA technology or communication systems, or with regard to their use of WDVA Internet or email systems, including websites and the time spent on Internet websites.
- **All emails sent or received by WDVA employees in connection with their job duties are presumed to be “public records” for the purpose of disclosure under the public records law.** WDVA employees should assume everything on the agency’s computer systems is public, not private, including personal email and Internet usage.

Legal Obligation to Safeguard Veterans’ Data

WDVA shall comply with current laws and regulations in order to safeguard Veterans' Data. The WDVA Privacy and Security Policy is cross-referenced herein to emphasize these corresponding obligations.

The Secretary of the Wisconsin Department of Veterans Affairs has designated the Department’s Privacy/Security Officer, who, in partnership with WDVA employees and leaders, shall ensure that this policy is enforced.

All employees are required to successfully complete cyber security and information assurance training on an annual basis. Failure to comply with this training requirement could result in discipline up to and including termination.

Use of Internet and Other Technology Equipment

The employees’ right to and expectation of privacy does not extend to the employees’ use of WDVA electronic communication devices or technology (whether leased, licensed, owned or subscribed to by WDVA), including but not limited to access to use of the Internet, email, voicemail, electronic handheld devices, smartphones, computer workstations, laptops, Voice over Internet Protocol (VoIP) devices, telephones, cellular telephones, fax and pager systems. **Employees have no expectation of privacy regarding their Internet access, usage or any printed or electronically stored records thereof generated by their use of WDVA devices.**

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Emails, Records, Internet Access and other electronically stored records maintained by the Office of Legal Counsel and its staff are fully exempt from this provision to ensure the protection of attorney-client privilege and attorney work product pursuant to Wisconsin law.

Personal use by employees of the WDVA Internet, email and telephone systems is allowed during break time, lunch breaks, in emergency situations and sparingly during work time. WDVA employees are expected to use good judgment and common sense when using the agency's Internet, email and telephone systems.

WDVA prohibits excessive personal usage of the Internet, email and telephone systems by employees. If Internet or email use appears to be disruptive in the work unit, decreases the employee's productivity, has a negative impact on network resources or greatly increases the agency's costs, WDVA may revoke access and/or take disciplinary action leading up to and including termination.

Employee use of the Internet and email may be monitored for content or communication including communication that compromises WDVA's interests, communication that is negative or derogatory about WDVA or its employees, or any sexually explicit content or communication.

WDVA may monitor usage, and/or upon supervisor request, based on observation, complaints, or another reasonable basis for suspicion. In addition, the WDVA will comply fully with requests from law enforcement or regulatory agencies for access to any and all employees' email, Internet and phone records. To comply with applicable state and federal privacy laws, any monitoring or access to employee email or Internet or electronic data usage by any person other than the employee, must be pre-approved in writing by the Office of Legal Counsel, with final approval by the Office of the Secretary.

Sexually Explicit Content and Games

The display of any kind of sexually explicit image or document on any WDVA system is a violation of the WDVA sexual harassment policy. In addition, sexually explicit material may not be archived, stored, distributed, edited, or recorded using our network computing resources. This paragraph does not apply if the image or document is required for the employee's job function.

Likewise, the display of any kind of image or document on any WDVA system that violates any agency policy, state or federal law prohibiting discriminatory or harassing activities affecting any protected group is prohibited and may be a violation of the WDVA policy on harassment or discrimination. Such material may not be archived, stored, distributed, edited or recorded using our network or computing resources.

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Employees may not use Internet access to download entertainment or games, or to play games against opponents over the Internet.

These prohibitions apply if WDVA equipment is being used for business or personal use. If this type of communication or content is found on an employee's computer or other device, WDVA may revoke access, take disciplinary action up to and including termination, and/or file a criminal complaint.

System and Network Security

WDVA uses mechanisms like network firewalls, email and web filtering, anti-virus software and workstation security software to protect the integrity of its computer systems, network and data.

Each employee must take steps to ensure his or her computer is secured. These steps include using passwords on accounts and equipment that belongs to WDVA. In addition, employees must prevent others from using their accounts for purposes not approved by WDVA.

Individuals who access WDVA computer systems or data without authorization can deliberately or accidentally damage the WDVA computer network or steal or alter data.

The following guidelines are to be used by all employees to minimize security risks:

- Lock up or log off computer and other devices when leaving them unattended.
- Log off information systems at the end of their shift or at the end of their use of the system.
- Do not share programs, images or any other data that has been downloaded from the Internet.
- Do not install/download, configure or modify software or hardware.
- Do not attempt to bypass WDVA firewalls, routers or other Internet security systems.
- Do not use a WDVA computer to obtain or attempt to obtain unauthorized access to another computer; to make unauthorized modifications to data, computer programs or supporting documents to improperly disrupt the operation of another computer; or to commit any other computer crime. (See [s. 943.70](#), Wis. Stats., Computer Crime).
- Do not knowingly download or distribute pirated software or data.
- Do not knowingly propagate any virus, worm, Trojan horse, trap-door program code, or any other code that may interfere with the operation of any WDVA computer system.
- Do not hack into any government or private computer system or knowingly cause harm to a computer system.

If employees violate these guidelines, WDVA may revoke access, take disciplinary action up to and including termination, and/or file a criminal complaint.

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Technology Use Policy

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Information Security

Information transmitted on the Internet is vulnerable. Data traffic can be intercepted at numerous locations along the network, Internet service providers, and the Internet network access points.

To prevent information and security breaches:

- Do not provide WDVA email addresses to others unless required for business purposes.
- Do not click on links or open attachments in emails that are from an unknown source or appear suspicious.
- Do not use your WDVA password as the password for entry into any website or other system that is not operated by WDVA or another state agency.
- Do not share confidential information or information that could be used to circumvent or breach WDVA systems or data on newsgroups, forums, websites, or chat rooms.
- Do not enter your State purchasing card credit card number without verifying that the connection is secure and you are connected to the correct website.

Employees will be required to take additional information technology security awareness training and to adhere to the principles presented in this training.

Confidentiality

Confidentiality is a top priority of the WDVA and employees shall maintain the confidentiality of all information stored on WDVA's computing resources. WDVA will not seek access to email or electronic documents stored or transmitted on state-owned equipment except where necessary to accomplish the following:

- Meet the requirements of the Wisconsin Public Records Law, or other statutes, laws or regulations.
 - **Employees do not have a personal privacy right regarding any item sent, received, created or stored on or from the state's computer equipment or email, intranet or Internet systems. All messages, images, and files created, sent or received over WDVA computer equipment or email, intranet or Internet systems are WDVA's property and should not be considered private or personal information.** WDVA reserves the right to access, review, copy or delete every message and file on the WDVA computer equipment or email, Intranet or Internet systems for any purpose and to disclose them to any party (inside or outside the state organization) it deems appropriate, whether the message contains business or personal information. Despite the existence of any passwords, employees should not assume that any electronic communication or document is private.

Wisconsin Department of Veterans Affairs

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- Allow system administrators to perform monitoring, routine maintenance, operations and respond to emergency situations:
 - Subject to the legal authorization above, WDVA monitors and inspects how employees use computers, email, the intranet and the Internet. WDVA engages in this monitoring in order to, among other things, measure the cost and use of resources, and manage WDVA's gateway to the Internet. Any attempt to tamper with or disrupt this monitoring process will result in disciplinary and corrective action up to and including termination of employment.
- Protect the integrity of the WDVA technology resources and the rights and other property of the State of Wisconsin.

All computer files and data transmissions shall only be accessed by the authorized users of the data or authorized personnel unless approved by a supervisor. Employees may not examine, change, use or delete another person's files, output or user name without the other person's or a supervisor's written prior authorization or with written authorization from the Office of Legal Counsel. Violations may lead to discipline up to and including dismissal from state employment.

Network administrators and other management personnel acting in accordance with the WDVA policy or guidance above are exempt from this provision.

Security and Confidentiality of Electronic Private Information

All employees are required to comply with state and federal laws and regulations and WDVA procedures and policies regarding the use and security of electronic protected health information (ePHI), and proprietary, sensitive, personal or confidential information, all of which is herein referred to as Private Information (PI). Failure to comply will result in discipline up to and including termination of employment. In addition, the employee may be subject to civil and/or criminal penalties.

- HIPAA Security
 - Employees who have access to Electronic Protected Health Information (ePHI) have the responsibility to follow all documented HIPAA security and privacy practices, procedures, and policies provided by WDVA. Employees must keep desktop computers and all portable computers, physically secure and prevent them from being accessed by unauthorized users. Employees must keep ePHI data from being read by or distributed by unauthorized users.

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- Security of Private Information
 - WDVA is responsible for providing employees with the means to keep PI secure and provide secure access to PI data.
 - Employees will always keep PI safe, private and unavailable to employees or non-employees who have no business need to access PI by following guidelines listed in this policy.
 - Electronic mail shall contain only non-sensitive information unless the information is appropriately encrypted if communicated outside the WDVA firewall or, for the purposes of the Bureau of Claims, outside the USDVA firewall. Electronic mail users must exercise common sense, good judgment, and propriety in the use of this government resource.
 - Only WDVA employees or Veterans or confirmed agents of Veterans are authorized to obtain access to information in a particular Veteran's record in accordance with WDVA, USDVA/VHA (Veterans Health Administration) and DoD privacy and security policies, procedures, protocols and regulations.

Streaming Media

Streaming media applications (e.g. Pandora, Spotify, YouTube, and Netflix) introduce security risks and can overwhelm the WDVA's network and systems.

Streaming media use using WDVA-provided computers, servers, systems, and networks shall be limited to accessing information required for fulfilling business activities and job responsibilities. Accessing streaming media such as news stories, weather information, etc. for personal use by employees is recommended only during break time, lunch breaks, and/or in emergency situations. Intermittent use of streaming media may be allowed upon the discretion of your Division Administrator, but should not interrupt the work of others or create an overburden of the communication system or additional cost to WDVA. The use of streaming media will be monitored closely and access may be removed should excessive use be discovered.

Violating the Streaming Media policy could result in disciplinary action up to and including termination of employment, in accordance with WDVA's established policies and procedures related to discipline and discharge, and civil and/or criminal prosecution under local, state and federal laws.

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Storage Devices

Information technology storage devices include, but may not be limited to personal computers (desktop, laptop or tablet computer), flash drives (small, removable and rewritable devices are also called thumb or jump drives), personal digital assistants (PDAs), smartphones, DVD/CD media, USB hard drives, floppy disks and tapes.

Unless specifically authorized, the use of personally-owned information technology storage devices in conjunction with WDVA equipment or to store WDVA data is prohibited. Unless specifically authorized, the use of WDVA information technology storage devices for unauthorized purposes is also prohibited, including use on non-WDVA equipment. If an unauthorized information technology storage device is found to be connected to a WDVA workstation or server, WDVA reserves the right to confiscate the device. Violations may lead to discipline, up to and including dismissal from state employment.

An employee should not have any expectations of privacy as to his or her usage of WDVA-owned information technology storage devices or of non-WDVA devices connected to WDVA property. If the Department has probable cause to believe that a device is being used to store or transport WDVA proprietary data, at any time and without prior notice, the Department reserves the right to examine all data on any information technology storage device in the possession of an employee, whether the device is owned by the Department or not, but only upon written approval of the Office of Legal Counsel with final approval from the Office of the Secretary.

Because of the potentially damaging loss or theft of confidential data and the consequences involved in the breach of PII, WDVA must take great extraordinary care in protecting WDVA issued devices and confidential information. All devices that connect to WDVA systems must at minimum, be password protected with screen savers set to activate in four minutes or less upon inactivity.

All requests for information technology storage devices must be submitted to the Bureau of Information Systems (BOIS). This request must include a thorough need and justification statement, as well as the employee's supervisor and Division Administrator approval. The BOIS will then forward this request to the Administrator, Division of Management Services for review and final approval.

The BOIS is responsible for managing the use of information technology storage devices, including researching and recommending specific flash drive and other storage device models and the storage, set-up, distribution, reallocation, recall and destruction of flash drives and other storage devices.

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Supervisors and their staff must promptly:

- Report to their supervisor unauthorized use of information technology storage devices.
- Report violations of this policy to the Director, BOIS.
- Report to the BOIS any lost or stolen WDVA information technology storage device.
- Relinquish possession of WDVA information technology storage devices upon ending of employment.
- Take all reasonable steps to keep devices secure.
- Store all portable information technology storage devices in a secure location when not in use.

Prohibited Uses of Computers, Email, Intranet and the Internet

Use of the State of Wisconsin and WDVA computer equipment, email system, Intranet and Internet access to transmit, download, retrieve or store any communications or materials that are in violation of WDVA policy or contrary to the WDVA best interests or in violation of federal or state law is prohibited.

Prohibited communications and materials include:

- Discriminatory or harassing messages or materials of any kind
- Sexually-explicit, pornographic or obscene messages, inappropriate cartoons, jokes or images
- Defamatory or libelous messages
- Communications that disclose personal information about state personnel without authorization
- Creating or distributing junk mail and chain letters
- Unwelcome propositions or love letters
- Messages or materials containing abusive, profane, demeaning or offensive language
- Ethnic or racial slurs
- Any other message, remarks or materials that can be construed to be harassment or disparagement of others based on their sex, race, sexual orientation, age, national origin, disability, or religious or political beliefs.

Also, email, Intranet and Internet access should not be used to solicit for outside business or commercial ventures, religious or personal causes or outside organizations or other similar, non-state related solicitations. If an employee receives any email or computer file that is prohibited by this paragraph, the employee should forward the communication to Human Resources.

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Rules for Electronic Communications

Employees should remember that their email messages may be read by someone other than the person to whom they are sent and may even someday have to be disclosed to outside parties or in court in connection with a lawsuit. Accordingly, employees must take care to ensure that their messages are courteous, professional and businesslike, and that the tone and words they use would not cause embarrassment to themselves or the State of Wisconsin if the message were made public.

Each employee is responsible for the content of all text, audio or images that they place or send on the state's email, Intranet or Internet systems.

Employees may not send non-work related emails to all employees without prior approval from the Administrator, Division of Management Services or designee.

A disclaimer is added to all emails leaving WDVA and is only seen by the recipient. The text is as follows:

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

The Wisconsin Division of Enterprise Technology (DET) provides encryption on email for authorized employees. Email messages to recipients outside of the WDVA network containing Protected or Confidential Information must be encrypted. There is a fee for this service. An employee requiring this service must contact the supervisor to request this service via an Access Request on WDVA's Intranet. Supervisors should ensure that employees who frequently communicated Protected or Confidential Information are provided this encryption service.

- **Email use guideline:**

- Email is not a secured media except inside WDVA's Email system. Any Email sent outside WDVA should be considered non-secure.
- Email is subject to applicable privacy, security, and records retention laws and guidelines for the information that particular message contains. As such, email records must be appropriately secured and retained.
- No employee should email sensitive, personal or private information, unless using approved methods.

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- Employees should not open unusual looking or unexpected email. Email is often used by others for illegal purposes and may contain computer viruses.
- Employees should never respond to email requesting personal or banking information or requesting user IDs or passwords.
- Any employee sending PII, must be registered through IS to send information secured, must be trained annually in privacy and security policies, and must utilize the protocols in place to ensure emails are sent securely with all PII encrypted.

Conclusion

This policy cannot cover every conceivable situation that may arise regarding usage of WDVA computer systems, including email and Internet. The policy is intended to cover reasonably foreseeable circumstances, but other situations may occur. If you have questions about appropriate usage of WDVA computer systems, talk to your supervisor. Any unauthorized or improper use of the computer equipment, email, the Intranet or the Internet is not acceptable and may result in disciplinary action. Every employee has a responsibility to maintain, protect, and use the state's computers and email, Intranet and Internet access in a proper and productive manner.

This policy will be posted on the WDVA Intranet. All employees will receive an electronic copy and will be required to sign an Acknowledgement Form. When updates to the policy occur, the revised policy will be shared electronically with all employees.

Violation of this policy may result in severe disciplinary action up to and including termination of employment, as well as legal action in the event the violation constitutes a violation of law.

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WDVA TECHNOLOGY USE POLICY EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I received a copy of the WDVA Technology Use Policy.

I understand the terms of the policy and agree to abide by them.

I understand that I must ensure that protected and confidential information sent outside of the WDVA network to a third party must be encrypted.

I realize that the WDVA security software may record and store for management use the email messages I send and receive; the Internet address of any site that I visit, and any network activity in which I transmit or receive any type of file.

I understand that any violation of this policy could result in disciplinary action leading up to and including termination and/or criminal prosecution.

Employee Name (Please print)

Employee Signature

Date _____

Note: This policy is subject to change. It is the employee's responsibility to be aware of and review the most current policy which is located on the WDVA Intranet.

Professional Boundaries for Caregivers

Type of Boundary Crossing	Staying In-bounds
<p>Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.</p>	<ul style="list-style-type: none"> • Use caution when talking to a client about your personal life • Do not share information because you need to talk, or to help you feel better • Remember that your relationship with your client must be therapeutic, not social
<p>Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.</p>	<ul style="list-style-type: none"> • Be aware that a client's behavior is the result of a disease or disorder • Know the client's care plan! • If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later • Note that the client may think their action is the best way to solve a problem or fill a need • Ask yourself if there is a way to problem solve and help the client communicate or react differently
<p>Nicknames/Endearments: Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.</p>	<ul style="list-style-type: none"> • Avoid using terms like honey and sweetie • Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss • Remember that the way you address a client indicates your level of professionalism

<p>Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.</p>	<ul style="list-style-type: none"> • Use touch only when it will serve a good purpose for the client • Ask your client if he/she is comfortable with your touch • Be aware that a client may react differently to touch than you intend • When using touch, be sure it is serving the client's needs and not your own
<p>Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.</p>	<ul style="list-style-type: none"> • Clients may be frightened or confused by loud voices or fast talk • Good personal hygiene is a top priority due to close proximity to clients • Professional attire sends the message that you are serious about your job • Off-color jokes, racial slurs, profanity are never appropriate • Body language and facial expressions speak volumes to clients
<p>Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.</p>	<ul style="list-style-type: none"> • Follow your facility's policy on gifts • Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries • It's ok to tell clients that you are not allowed to accept gifts, tips • To protect yourself, report offers of unusual or large gifts to your supervisor
<p>Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.</p>	<ul style="list-style-type: none"> • Focus on the needs of those in your care, rather than personalities • Don't confuse the needs of the client with your own needs • Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client • Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor

<p>Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.</p>	<ul style="list-style-type: none">• While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction• Do not tell sexually oriented jokes or stories. It may send the wrong message to your client• Discourage flirting or suggestive behavior by your client• If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away
<p>Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few others members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.</p>	<ul style="list-style-type: none">• Do not keep personal or health-related secrets with a client• Remember that your role is to accurately report any changes in your client's condition

Right to Appeal Decision

You can appeal the Department's decision to enter a finding on the Registry by writing to the Department of Administration, Division of Hearings and Appeals (DHA), within 30 days of receiving the decision. DHA will schedule a fair hearing. While the fair hearing decision is pending, no information will be entered on the Caregiver Registry or given to the public.

You may have a representative help you with the hearing. Both you and the Department can present facts and witnesses. The hearing examiner reviews all information presented at the fair hearing and makes a final decision.

If the hearing examiner does not agree with the Department's finding, no information will be entered on the Caregiver Misconduct Registry or given to the public. If the hearing examiner agrees with the Department's finding, the decision is then entered on the Caregiver Misconduct Registry.

Caregiver Misconduct Registry

The Wisconsin Caregiver Misconduct Registry is a record of the names of nurse aides and other non-credentialed caregivers with a substantiated finding of caregiver misconduct (abuse or neglect of a client or misappropriation of a client's property).

Information regarding employment eligibility of non-credentialed caregivers, including nurse aides, is available at:

www.pearsonvue.com

- **For a nurse aide (NA):** Information will be provided regarding the aide's employment eligibility and whether a finding of misconduct has been placed under the aide's name.
- **For any other caregiver (CGE):** In accordance with Wisconsin state regulations, any individual who is identified as a caregiver (nurse, social worker, personal care worker, maintenance worker, laundry aide, etc.) and who has a finding on the Caregiver Misconduct Registry may not be employed as a caregiver (as that term is defined in Chapters 50.065 or 48.685, Wis. Stats.) in any entity regulated by the Wisconsin DHS unless approved through the Rehabilitation Review process.

Work Limitations

Under federal regulations, nurse aides with a misconduct finding are permanently barred from working in federally certified nursing homes and, in certain situations, may be barred from working in federally certified nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

State regulations bar all caregivers with a finding of misconduct (including nurse aides) from working in facilities that the Department regulates, unless the caregiver is approved under the Rehabilitation Review process.



CONTACT INFORMATION

Questions about
The Caregiver
Program?

Office of Caregiver Quality (OCQ)
Division of Quality Assurance
P.O. Box 2969
Madison, WI 53701-2969

Need to report
caregiver
misconduct?

Phone: (608) 261-8319
FAX: (608) 264-6340
E-mail:
DHSCaregiverIntake@wisconsin.gov

Questions about
the Rehabilitation
Review process?

Office of Legal Counsel
Phone: (608) 266-8428
E-mail:
DHSSRehabReviewCoordinator@wisconsin.gov

Need to verify a
caregiver's
employment
eligibility?

Wisconsin Nurse Aide Registry
www.pearsonvue.com
Phone: (877) 329-8760

Other questions?

See our web site:
<http://dhs.wisconsin.gov/caregiver/index.htm>
or
<http://dhs.wisconsin.gov/>
(Select "Topics A-Z," "C," and then
"Caregiver Program.")

WISCONSIN'S CAREGIVER PROGRAM

STATE OF WISCONSIN
Department of Health Services
Division of Quality Assurance
Office of Caregiver Quality

P-63141 (Rev. 02/09)

WISCONSIN'S CAREGIVER PROGRAM

This is an overview of the Wisconsin Caregiver Program. Please read this information carefully. Contact phone numbers and addresses are available on the back of this brochure if you need more information.

Please also see the Caregiver Program website at:
<http://dhs.wisconsin.gov/caregiver/index.htm>

Wisconsin's Caregiver Program responds to concerns about the potential physical, emotional, and financial abuse and neglect of vulnerable citizens by caregivers in health care settings. The program applies to all caregivers, including nurse aides, who have access to clients in facilities regulated by the Department. The program provisions include the following.

Caregiver Background Check

If you are a caregiver who has regular, direct contact with clients, your employer must complete a caregiver background check on you at the time of hire and every four (4) years thereafter. This requirement applies to all employees who provide direct care and may also include housekeeping, maintenance, dietary, administrative, and other staff.

A caregiver with a conviction of a serious crime or a history of improper behavior is barred from working in any facility regulated by the Department, unless the person is approved through the Rehabilitation Review process.

Rehabilitation Review

If you have been convicted of a serious crime or have a finding entered on the Caregiver Misconduct Registry, you may request a Rehabilitation Review to give evidence that you are not likely to repeat the behavior that led to your conviction or finding. An initial application for a Rehabilitation Review may be filed with the Department at any time.

The Rehabilitation Review panel reviews your application and other personal and professional information. You are encouraged to meet with the Rehabilitation Review panel to answer any questions. The panel will issue a decision based on the evidence of your ability to safely work in state regulated facilities.

Reporting Requirements

The Caregiver Law requires health care facilities to report incidents of caregiver misconduct and some injuries of unknown source to the Department of Health Services, Division of Quality Assurance (DQA). Caregiver misconduct means:

- abuse of a client,
- neglect of a client, or
- misappropriation of a client's property.

Abuse is an act which contradicts a health care facility's policies and procedures and which is intended to cause harm. The harm may be physical, mental, or emotional and it may result in pain, injury, or death. Examples of abuse include:

- **physical abuse:** hitting, slapping, pinching, kicking;
- **sexual abuse:** harassment, inappropriate touching, assault;
- **verbal abuse:** threats of harm, saying things to intentionally frighten a client; and
- **mental abuse:** humiliation, harassment, intimidation with threats of punishment or the deprivation of care or possessions.

Neglect is the carelessness, negligence, or disregard of policy or care plan, which causes or could be reasonably expected to cause pain, injury, or death.

The major difference between abuse and neglect is intention. In a case of abuse, the caregiver intends to harm the client. In a case of neglect, the caregiver does not intend to harm the client, but does purposely act or fail to act.

Misappropriation is an action, such as theft of a client's personal property (e.g., money, credit cards, jewelry) or misuse of a client's personal property, (e.g., using a client's phone or other personal property without consent).

Injury of Unknown Source is an injury that occurs to a client where the source of the injury is not immediately apparent when the injury is discovered.

Your Responsibility

All staff persons having contact with clients must report incidents of possible caregiver misconduct or injuries of unknown source to a person of authority in their health care facility. It is then the facility's responsibility to decide how to proceed.

Facility Responsibility

The health care facility must investigate to try to determine if caregiver misconduct has occurred. When a health care facility's investigation of an incident results in a possible case of caregiver misconduct, that incident must be reported to the Wisconsin Department of Health Services, Division of Quality Assurance (DQA). The health care facility must also report an incident to DQA if, after their internal investigation, they are still not certain that caregiver misconduct did not occur.

Your employer must inform you if they submit a report to DQA naming you as an accused caregiver involved in an allegation of caregiver misconduct.

DQA Responsibility

Once an incident is reported to the Division of Quality Assurance, DQA reviews the report to determine whether to complete a follow-up investigation. DQA will send you a letter to inform you whether or not they will conduct an investigation. If an investigation is needed, the letter will state the complaint, the purpose of the investigation, the results (if the complaint is found to be true), and your ability to have a representative present during any meeting with the Department's investigators. No information about the complaint is given to the public during the investigation.

- If the Department determines that caregiver misconduct did not occur, you will receive written notice of that decision. No information about the report will be entered on the Caregiver Misconduct Registry or given to the public.
- If the Department determines that caregiver misconduct did occur, you will receive written notice that the Department intends to enter the finding on the Caregiver Misconduct Registry. You are also informed of the steps to file an appeal if you do not agree with the decision.

WVH 01-02-29



Wisconsin Veterans Homes

Corporate Compliance Plan



OUR MISSION:

To work on behalf of Wisconsin's veterans community—veterans, their families and their survivors—in recognition of their service and sacrifice to our state and nation.

Our Vision:

We envision an organization where our staff identifies the needs of Wisconsin's veterans, their families and their survivors, and that it has the necessary leadership and resources to successfully serve those needs.

Employee Creed:

I am a professional and my mission is to work on behalf of the Wisconsin veteran's community—veterans, their families and their survivors—in recognition of their service and sacrifice to our state and nation.

In accomplishing my mission efficiently and effectively, I always place the veteran first. In doing so, I recognize I hold my position as a public trust and exercise the high moral and ethical standards that are essential to the conduct of free government. This requires I adhere to the standards of my profession, follow the rules of my workplace, and maintain an atmosphere of mutual respect between supervisors, peers and subordinates.

In teaming up with my co-workers and stakeholders, I strive to provide the nation's best solutions to serving those who have served and sacrificed with excellent benefits, programs and services. I do all of this with compassionate and competent care in order to form a more perfect government, ensure domestic tranquility and promote the general welfare.

Wisconsin Veterans Homes Values

The Wisconsin Department of Veterans Affairs (WDVA) will not tolerate any form of unlawful or unethical behavior by anyone associated with the Veterans Homes. We expect and require all personnel to be law abiding, honest, trustworthy, and fair in all of their business dealings. To ensure these expectations are met, the Compliance Program has become an integral part of our corporate mission and business operations.

The attached Compliance Program's Code of Conduct provides guidance to ensure all of our work is done in an ethical and legal manner. Employee adherence to its spirit, as well as its specific provisions, is absolutely critical to the future of our organization. In daily work, if employees encounter a situation or proposed course of conduct, and they are unsure whether it is allowed by the Code of Conduct, it shall be raised with his or her supervisor or the Compliance Officer at the numbers listed in the last section of the Code of Conduct. It is a basic principle of our Compliance Program that there will be no retribution for asking questions, raising concerns about the Code, or reporting possible improper conduct.

Purpose of the Code of Conduct

The Code of Conduct details the standards and expectations that employees, including those employed by our communities, whether owned and/or managed, as well as any independent contractor, are expected to meet.

Seven (7) elements form the core of the program:

- Written Standards of Conduct
- Oversight
- Training
- Monitoring and Auditing
- Performance Improvement
- Reporting Mechanisms
- Internal Response and Corrective Action

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well-publicized disciplinary guidelines;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses

Customer Satisfaction

A priority for WDVA is to provide the highest level of quality care and services to all Members and customers.

Quality Care

WDVA is committed to providing its Members with the highest practical physical and psychosocial well-being in accordance with all applicable laws, rules, and regulations. WDVA shall continually measure performance to achieve the goal of providing quality care to Members.

Member Rights

Members who reside in a WDVA managed community will receive a written statement of resident rights upon admission, which promotes freedom of choice, self-determination, and reasonable accommodation of individual needs.

Laws and Regulations

WDVA is committed to maintaining compliance with all applicable laws, rules, and regulations, including Federal health program requirements (e.g., quality of care, conflicts of interest, coding and billing, confidentiality, financial reporting, workplace safety, discrimination, kickbacks, and fraud). All Veterans Homes' employees (including management and contracted physicians), contractors, vendors and agents shall comply with all applicable Federal and Wisconsin State laws and regulations.

Business Operations

Business Practices

The Veterans Homes will forego any business transaction or opportunity that can only be obtained by improper and illegal means, and will not make any unethical or illegal payments to anyone to induce the use of the Veterans Homes' services.

Business Transactions

Business transactions and joint ventures with other healthcare providers will be aimed at enhancing the quality or continuity of care provided to Members. Financial investments in such transactions and ventures, and any return on investments, will be based on the bona fide financial value of the investment and its positive impact on the Veterans Homes' ability to deliver healthcare services. Such investments will *not* be based on intent to induce or reward referrals to or from another provider.

Coding and Billing

WDVA is committed to conducting coding, billing, and collection processes with integrity and only submitting claims that are accurate. WDVA adheres to current coding principles and applicable billing laws, regulations, and guidelines to facilitate the proper documentation, coding, and billing of claims. All coding and billing must be supported by accurate and supportive documentation in the medical record.

Compliance with Federal and State Laws Regarding the Submission of Claims

It is the Veterans Homes' policy that all employees (including management and contracted physicians), and contractors/vendors and agents shall comply with all applicable Federal and Wisconsin State laws and regulations governing the submission of billing claims and related statements.

Billing, Coding and Documentation for Services

- All Federal and Wisconsin State regulations governing billing, coding and documentation will be fully followed for all physicians, Veterans Homes, or other medical services billed by the Veterans Homes. All billing and coding for services must be accurate and truthful, and any misrepresentation of charges or services to, or on behalf of, a Member or third party payer is strictly prohibited. Deliberate or reckless misstatements to government agencies or other payers will expose the personnel involved to termination and criminal penalties.
- Only those medical services consistent with accepted standards of healthcare may be billed. Billing and coding must always be based on adequate documentation of the healthcare service provided and for the bill submitted. The healthcare documentation must comply with all applicable regulations.
- Only those codes which correspond to the service rendered and documented shall be selected.
- If the Veterans Homes learn or know they have received payments for which they are not entitled from a governmental or private payer, the payments will be refunded to the appropriate payer as soon as possible.

Credit Balances

On a periodic, regular basis, the Veterans Homes will generate reports of the status of any credit balances of refunds owing to Medicare and other third party payers. Such refunds will then be made to the appropriate payer in a timely and reasonable manner.

Purchasing and Competitive Bidding

All purchasing decisions must be made with the purpose of obtaining the highest quality product or service for the Veterans Homes or its Members at the most reasonable price. All purchasing shall follow the State of Wisconsin purchasing and procurement rules, regulations, and policies. Purchasing decisions shall not be based on any consideration that any employee, officer or trustee, or any family member or friend of any of them, will benefit by the transaction. The sole criteria behind all purchasing decisions must be only the best interests of the Veterans Homes. Services or items shall not be purchased in return for a referral of Members from another or with a view toward inducing another to refer Members. In

purchasing items or contracting for services, the State of Wisconsin's competitive bidding and pricing rules must be followed.

Compliance with Federal and State Anti-Referral Laws

It is against Federal and Wisconsin State law to pay any individual on the basis of the value or volume of referrals of Members. This includes giving any form of remuneration, including virtually anything of value, in return for a referral. In compliance with the Federal and State anti-referral laws, the Veterans Homes do not pay incentives to any employee based upon the number of persons admitted for treatment or the value of services provided. The Veterans Homes do not pay physicians, or anyone else, either directly or indirectly, for Member referrals. The decision to refer Members is a separate and independent clinical decision made by the referring physician or healthcare provider.

The Veterans Homes do not accept any form of remuneration in return for referring Members to other healthcare providers. When discharging Members and referring them to other providers, it is the Veterans Homes' policy: (1) that such referrals will be based on the Member's documented medical need for the referred service and the ability of the referred provider to meet that need; and (2) that the Member's freedom to choose the provider is at all times respected and honored.

All contracts, leases, and other financial relationships with other healthcare medical providers who have a referral relationship with the Veterans Homes will be based on the fair market value of the services or items being provided or exchanged, and *not* on the basis of the volume or value of referrals of Medicare or Medicaid business between the parties.

Records, Reports, Privacy and Records

Confidentiality of Resident Information

In compliance with Federal and Wisconsin State privacy laws, all employees will keep Member information confidential, except when disclosure is authorized by the Member or permitted by law.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provide privacy and security rights to those we serve. WDVA is committed to maintaining the privacy and confidentiality of all member information and/or records as appropriate under federal and state laws. All employees and any individuals associated with WDVA will safeguard protected health information. Any suspected violations shall be reported.

Business Records

Management must ensure that all business records are accurate and truthful, with no material omissions; that the assets and liabilities of the Veterans Homes are accounted for properly in compliance with all tax and financial reporting requirements and that no false records are made. All reports submitted to governmental agencies, insurance carriers, or other entities will be made accurately and honestly.

Cost Report

The facility Cost Report(s) will be prepared in compliance with all applicable Wisconsin State and Federal regulations. Costs will be claimed when based on appropriate and accurate documentation. Unallowable costs will not be claimed for reimbursement and all costs will be properly allocated to the appropriate cost centers based on verifiable information and data.

Financial Reporting

WDVA is committed to being financially responsible and follows generally accepted accounting principles. WDVA maintains accurate books, records, and accounts and accurately reflects the nature of the transactions and payments, including, but not limited to financial transactions and cost reports.

Accuracy and Retention of Records

All records, including medical, financial, human resource, and payroll, must be accurate and retained according to Federal and Wisconsin State regulations.

Accountability

Duty of Loyalty

All employees owe a duty of loyalty, honesty and fidelity to the Veterans Homes. This duty particularly requires compliance with the following Veterans Homes policies.

Conflict of Interest

All Veterans Home personnel are to disclose to the Compliance Officer any conflict of interest in outside companies, entities or concerns. Conflicting interests can include both financial interests and non-financial relationships with entities that compete or do business with the Veterans Homes, and include any interests that otherwise could create an *appearance* that the employee's conduct on behalf of the Veterans Homes might be compromised in some way by the competing interest. Conflicts must be reported even if the conflict arises only because an immediate family member has an interest in the other entity.

See: WDVA Employee Ethics Policy [HR-301](#) for specific questions or concerns.

Conflict of Interest

Conflicts of interest must be disclosed if there is an outside interest or a relationship with a third party that may influence your objectivity. If an individual believes he or she may have a conflict of interest, the individual shall report such concerns. An individual shall be considered to have a possible conflict if either (1) the individual, his or her family, or associate(s) has or appears to have any material, financial, or other interest which may impair the individual's judgment in carrying out the responsibilities delegated by WDVA, or (2) may gain a personal benefit from the knowledge of information confidential to WDVA. See: [HR-301](#) WDVA Employee Ethics Policy for specific questions or concerns.

Gifts or Payment

Employees are not permitted to solicit gifts from Members, families, vendors, or business associates. Kickbacks, payments, bribery, etc., in cash, credit, or any other form of payment is prohibited. See: [HR-301](#) WDVA Employee Ethics Policy for specific questions or concerns.

Gifts and Hospitality

Personnel may not accept gifts and hospitality from Members, families, vendors or contractors doing business with the Veterans Homes if doing so would create an appearance that the gift or hospitality is being provided to induce personnel to act in his or her own benefit. If the employee has any question or concern whether the acceptance of an offer of a gift or hospitality may be improper, the employee shall immediately raise the concern with his or her supervisor.

See: WDVA Employee Ethics Policy [HR-301](#) for specific questions or concerns.

Contractors and Other Providers

All persons and entities with which the Veterans Homes contract will receive a copy of the Veterans Homes' Compliance Policy and will be asked to cooperate with the facility's Compliance Program. This includes individual physicians, physician groups, vendors, contractors, and other healthcare providers. These other parties will also be encouraged to adopt their own Compliance Programs where appropriate.

Other Policies and Procedures

In addition to the Code of Conduct and Compliance Procedures set forth in this policy, the Veterans Homes have topic or department specific policies and procedures. These additional policies and procedures are an integral part of the Compliance Program and are designed to complement the procedures and standards set forth in this policy.

Compliance Monitoring

Individual Veterans Home Compliance Committee

A committee comprised of the Compliance Officer, members of senior management and certain department heads will meet at least annually to review the implementation and progress of the Compliance Program. As necessary, the committee will meet more frequently to address any specific compliance-related concerns or issues which may arise. The Compliance Officer/committee/designee will investigate immediately and design and implement a plan of corrective action following all applicable state and federal laws.

Compliance Assurance Monitoring

The Compliance Officer will be responsible for continued monitoring of compliance with this policy and all applicable Federal and Wisconsin State rules, laws, and regulations as part of his or her routine duties.

Ongoing Compliance

On a regular basis, the Compliance Officer will perform audits to be conducted, which may include, but will not be limited to, ensuring that:

- The documentation and coding for both inpatient and outpatient services being billed by the Veterans Homes are accurate and complete, including the documentation and coding of physician services, outpatient testing or procedures, clinic services, or other Veterans Home services;
- Computer systems do not automatically insert information that is not supported by the documentation. If patterns of claim denials exist, they are detected, evaluated to determine the cause, and appropriately corrected;
- Third party audits are reviewed to determine if those results reflect any systemic deficiency or problem in the Veterans Homes' compliance with Wisconsin State or Federal rules, regulations, or laws. Credit balances are tracked and refunded to appropriate payers;
- Employees conform to appropriate policies concerning marketing and the giving or receiving of gifts and bequests;
- The Veterans Home's competitive bidding policies are appropriately followed;
- The Veterans Homes' business practices are in compliance with applicable laws, rules and regulations.

Such audits might include a review of the Veterans Homes' credit balance, its practice of waiving co-payments or providing professional courtesy, and the fair market value of leases, equipment rental agreements, or personal service contracts with other providers.

Exclusion Reviews

On an annual basis, the Compliance Officer or a designee will review the Office of Inspector General's (OIG's) and Government Service Administrator's (GSA's) exclusion databases to ensure the Veterans Homes do not employ or contract with anyone who has been excluded from participating in federal healthcare programs. These databases will also be reviewed upon hiring of new employees/contracting with new individuals or entities.

Reporting and Complaint Procedures

It is the responsibility of all employees to report to his or her supervisor, Human Resources Department, or the Compliance Officer; any suspected violations of the Code of Conduct, applicable laws and/or regulations, which may include fraud, waste, or abuse. There will be no reprisals against anyone, who in good faith, reports compliance issue concerns. A failure to report such suspected or known violations can result in disciplinary actions including termination per [WDVA AD-106](#).

All employees may and should raise any question they might have about potentially unethical or illegal conduct with the Compliance Officer.

**WDVA Compliance Officer and Contact Information:
Reid Aaron, (609)266-3436, Reid.Aaron@dva.wisconsin.gov**

No Retaliation for Reporting

Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited and is itself a serious violation of the Code of Conduct.

Pursuant to Wis.Stat. §§ 230.80 – 230.89, an employee may disclose information which he or she reasonably believes demonstrates: a violation of any state or federal law, rule or regulation; mismanagement or abuse of authority in state or local government; a substantial waste of public funds; or danger to public health and safety. An employee may also disclose information in pursuit of any award offered by any governmental unit for information to improve government administration or operation.

NOTE: For the purpose of this policy, an employee means any person employed by the WDVA whose immediate supervisor is not serving in an unclassified position assigned to an executive salary group under s.20.923, Wis. Stats. An employee may not disclose information if the disclosure of that information is expressly prohibited by state or federal law, rule or regulation or if the information is likely to result in the receipt of anything of value for the employee or that employee's immediate family.

Inquiry by the Compliance Officer

Upon receiving a report of possible unethical or illegal conduct, the Compliance Officer will conduct an inquiry, as appropriate, in consultation with counsel, if necessary.

Discipline

Corrective Action and Discipline

Violations of the Code of Conduct may warrant corrective action, including, but not limited to: refunding overpayments; additional training for personnel; personnel being disciplined, including discharge; suspension of billing for a particular provider or a particular service; modification or improvement of the Veterans Homes' business practices; and modification or improvement of the Compliance Program itself to better ensure continuing compliance with applicable federal and state laws and regulations.

Discipline

All employees and other associates are expected to adhere to this Code of Conduct and compliance standards. If the Compliance Officer concludes, after an appropriate investigation, that these standards have been violated, appropriate discipline, i.e., a warning, suspension and/or discharge may be imposed.

Reason(s) for Discipline

The imposition of discipline can be based on the person's:

- Unlawful or unethical actions,
- Condoning or failing to report unlawful actions by others,
- Retaliation against those who report suspected wrongdoing, or
- Other violation of the Code of Conduct, Work Rules and Compliance Standards.

Training

The Compliance Officer will:

- Ensure the Compliance Policy is distributed to all employees;
- Ensure all employees receive compliance and ethics training;
- Maintain a file containing each person's signed acknowledgment form;
- Ensure all newly hired personnel receive a copy of the Compliance Policy and submit a signed acknowledgment form to the Compliance Officer;
- Ensure an annual review occurs for all employees regarding the Compliance Policy and the requirements of the Compliance Program;
- Develop a schedule of occasional training on compliance issues, as necessary, for new and existing personnel;
- Maintain a record of all personnel who have attended such training;
- Assume responsibility for any remedial training required as part of the Compliance Program.

Code of Conduct Acknowledgement

I acknowledge that I have received a copy of the WDVA corporate compliance Code of Conduct. I agree to read the Code of Conduct myself in conformity with all of its contents.

All employees, including officers, and supervisors have the following responsibilities under the Compliance Program:

- Must know and follow the Federal and Wisconsin State laws, rules and regulations, professional standards and facility policies and procedures which apply to his or her job.
- Comply with the standards set forth in the Veterans Homes Code of Conduct and any applicable department compliance protocols.

- Recognize that any violation of these standards of conduct will result in disciplinary action. Department Heads, Supervisors and Managers must create and maintain a work environment in which ethical concerns may be raised and openly discussed. They must also ensure employees understand the importance of the Compliance Program, the Veterans Homes Code of Conduct, and that employees are aware of the reporting procedures for suspected unlawful activity.

Print Name: _____

Signature: _____

Job Title: _____

Date: _____

Facility: _____