

PCA TRAINING MANUAL

The purpose of this manual is to provide you with the basic information necessary to complete person care skills as required by Department of Human Services Minnesota Rule 9505.0335 (Personal Care Assistant).

Upon completion of this training, the participant will have an understanding of the basic principles of caring for clients in their home. These include:

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Personal Care Assistant Resources – learning will be accomplished by reading through this self-learning manual, taking and successfully passing the DHS PCA certification test.

Acknowledgements: The publication of this training is taken directly from the on-line Individualized PCA training user guide on the DHS website. PCA test and VAMR test for certification is also located on the DHS website at:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_151238

MODULE #1 – OVERVIEW OF THE PCA PROGRAM AND PEOPLE

PCA Process - Services begin with the person. People who may receive PCA services include children, adults and elders. An assessor completes an assessment of the person's strengths and needs to identify what supports are needed. The assessor works with the person or responsible party to develop a service plan for the different supports the person may need.

A responsible party provides guidance when a person is not able to direct personal needs. The responsible party signs timesheets and assists with any decision-making on a daily basis. All persons under age 18 must have a responsible party. The assessor determines if a responsible party is needed at the time of the assessment.

Selecting an Agency - The person or responsible party chooses the agency that will provide the PCA services after the service plan is complete. A Personal Care Provider Organization (PCPO) is an agency that will assign a PCA to the person. A PCA Choice Agency gives the person or responsible party the option to hire and train the PCA. The PCA then becomes an employee of the PCA Choice Agency.

The agency provides training to the PCA on billing and agency rules. The PCA must follow the agency rules, policies and procedures.

Care Plan - The agency has a qualified professional (QP) oversee the care plan of each person. The qualified professional works with the person or responsible party to develop a care plan that details each service that will be provided including:

- How the services will be delivered.
- When the services will be delivered.
- Where the services will be delivered.
- Who will deliver the services.

There are many people who are part of the team. Besides the assessor who provides the assessment, the PCA agency and a qualified professional (QP), have specific roles to play. The person may also have help from family and friends. Other services providers include:

- Home care nurses
- Physical or speech therapists
- Providers of medical equipment
- Transportation providers

Most often, PCAs provide support to an individual in the person's home. PCAs may also provide services at the person's place of work or other places the person might go to be involved in community life.

Roles and Responsibilities - A PCA is a person who performs and assists with routine tasks of daily living for persons with disabilities and special health needs. These are tasks the person would perform if able. In general, you rule as the PCA, is to assist a person to be as independent as possible. PCA duties fall within four categories of services.

1. Activities of daily living (ADLs).
2. Health related procedures and tasks.
3. Observation and redirection of behaviors.
4. Instrumental activities of daily living (IADLs) for people 18 years and older.

1. Activities of daily living (ADLs) include the following:

- Bathing
- Dressing
- Eating
- Grooming
- Mobility

- Positioning
- Toileting
- Transfers

2. **Health related procedures and tasks** - Licensed health care professionals may assign PCAs to complete certain health related tasks for people under state law. The qualified professionals must be a registered nurse (RN) when the PCA is doing health-related procedures and tasks.
3. **Observation and redirection of behaviors** - PCAs may be required to observe and monitor the behavior of people. PCA may do verbal redirection.
4. **Instrumental activities of daily living (IADLs) for people 18 years and older** - PCA services may be used for assistance with IADLs if the person has been assigned help with ADLs in the care plan. IADLs include:
 - Accompany to medical appointments
 - Accompany to participate in the community
 - Assist with paying bills
 - Communicate by telephone and other media
 - Complete household tasks integral to the PCA services.
 - Plan and prepare meals
 - Shop for food, clothing and other essential items.

A **PCA** may accompany a person to a community activity if the activity is included in the care plan. Accompany means to "ride along" if the person uses public transportation and will need help upon reaching the location. PCA agencies must approve any other transportation prior to the event. There is no PCA reimbursement for mileage for transportation.

PCA Provider Agency offers personal care assistance (PCA) services to people. These agencies hire the PCAs and qualified professionals (QP). They also bill for the services provided. All agencies are enrolled as MN Health Care Programs (MHCP) providers and include:

- Personal Care Provider Organization (PCPO)
- Personal Care assistance choice agency (PCA Choice)
- Class A licensed nursing agency
- Medicare-certified home health agency

Personal Care Assistant (PCA) is a person who works for a PCA Agency. A PCA does tasks of daily living for persons with disabilities and/or special health related needs.

Role of the Qualified Professional (QP) - PCA Agencies employ qualified professionals (QP) to supervise the delivery of PCA services. The agency matches a person's needs to a qualified professional who has experience in that area. For example, the qualified professional might be a nurse, social worker or a person trained to work with people who have developmental disabilities.

The qualified professional works with the person or responsible party to detail the tasks of the PCA. The PCA should assist only when the person requests or needs help to perform the task. The person should do as many tasks personally as possible.

The qualified professional answers PCA questions about the care plan and offers methods for completing tasks. The qualified professional also helps the PCA to work with others who provide services and supports for the person. Additional responsibilities of the qualified professional include:

- Communication with doctors, assessors and the PCA Agency
- Observation and supervision of the PCA
- Providing additional training and guidance to the PCA when needed
- Monitoring of the person's care plan and determining if changes are needed.

Qualified Professional (QP) is a skilled person who provides oversight of PCA services and PCAs. The QP supervises the PCA in the delivery of these services based on the care plan.

Role of family members and friends - Family and friends may play important roles in the care of a person you are supporting. PCA can expect to work cooperatively with family and friends when this type of "circle of support" exists.

The PCA is a family member - If you are providing PCA services to a family member, you may realize that it is difficult to tell where one role starts and the other role stops. Other family members may also be confused about these dual roles.

Talk the situation over with the person you are assisting. Work together to establish clear boundaries for when you are working as a PCA and when you are "off duty" and are responsible for your role as a family member.

Being clear about the expectations for each role will save on confusion, frustration and even conflict. When problems occur, talk through and resolve the issues. Ignoring problems and hoping for improvement causes more problems in the long run.

Responsible Party (RP) is a person who is able to make choices for a person getting PCA services. The RP is the decision-maker when the person is unable to direct his or her own care. An RP helps a person to live in the community rather than a facility.

Importance of choice and independence - Individual choice and independence is critical to the health and well-being of each of us. Each person you work with should be encouraged to do daily tasks as much as each person can. Personal choices include:

- How personal cares are done
- How time is spent each day
- When personal cares are done

Independence helps an individual to:

- Be in charge of daily life
- Feel good about daily accomplishments
- Stay active both mentally and physically

Do not assume the person needs your help. Practice patience. Many times a task will take longer if the person does it alone. Offer your assistance when necessary, but allow the person to make the decision to accept your help. Using the word "assistance" instead of "help" encourages independence and a sense of accomplishment when the task is completed.

Consumer Role - A consumer is a person who needs and uses PCA services.

Recipient is a person who uses the products, goods or services.

Assessor Role - Once these are identified for the person, we are able to provide or develop needed supports and services. The Assessor is a skilled person from the lead agency who has the training to assess a person's need for services, such as PCA. The assessor identifies:

- A person's strengths, preferences, functional skills and need for support and services.
- The extent to which natural supports and informal providers are able to meet the person's need for support and services.
- The extent to which human services agencies and providers are able to provide or develop needed support or services.

Communications - Communication is one of the most basic skills we learn in our lifetime. However, learning to communicate effectively takes a bit of time and effort. Communicating well gives you an opening to learn about a person and build trust. You gain knowledge of the person's personality, needs, likes and dislikes.

To communicate well, you need these skills:

- Listening
- Asking good questions
- Observing non-verbal communication
- Speaking openly and honestly to solve problems
- Accepting feedback

Listening - You may be hearing what the other person is saying, but are you really listening? Listening involves not only hearing, but doing your best to understand what the person means. You can practice being a good listener by using these techniques:

- Ask questions to clarify
- Be patient and avoid interrupting the speaker
- Focus on the speaker with your full attention
- Pay attention to non-verbal communication
- Show that you are listening by nodding in agreement, asking questions and repeating key ideas

Asking good questions - Some questions you ask seeking a quick response such as "Shall I shut the door?". This type of question gets you a yes or no, but does not encourage communication. When you want to learn more about a person's needs, you ask open-ended questions. Questions such as "How do you like to get ready in the morning?" are important so you learn the person's preferences and needs rather than doing things as you would in your own home.

Observing non-verbal communication - You use non-verbal communication whenever you smile at someone, wave your hand or use your finger to point at something. We also communicate non-verbally by choices in our clothing; how we open and shut the door; or by slumped shoulders or a raised eyebrow. Often we do not realize we may be sending a message to another person.

Look for non-verbal cues in others, especially the people for whom you provide PCA services. Be aware of the person's facial expressions and body language. Watching expressions and body language is vital if the person is reserved or speech problems exist.

Misreading body language is easy so be sure to ask questions to clarify. For example, if a person looks in pain, ask "Is something hurting you? Where does it hurt?" Be clear about your own body language. Use words as well as facial expressions to communicate feelings and emotions if you feel someone is misunderstanding you.

Speaking openly and honestly to solve problems - The easiest way to manage conflict is to avoid creating misunderstandings in the first place. Think ahead to possible issues that may cause difficulties and address those issues before problems occur.

Discuss routines and schedules. Communicate your own needs and expectations. Learn the person's preferences. For example, agree on how much notice you should give for time off so others can cover the time you would otherwise be available.

If you are uncomfortable about a situation, let the person know in an open and non-confrontational manner. For example, the person asks you to perform a task that is not part of the care plan. Explain why you are unable to do the task in a factual and calm way.

Accepting feedback - Misunderstandings and conflict can happen between two people. Having different ideas about how to solve a problem or what to do in a situation is part of what makes each of us unique as a person. Those differences may create conflict.

When a conflict arises, talk it over with the individual. You may both learn and grow from working together to resolve a conflict. You may be able to improve your relationship and gain increased respect and trust for one another. How you choose to talk with the other person can make a big difference. Here are some tips:

1. Choose an appropriate time for the discussion - When you are in the middle of an emotional situation may not be the best time. Choose a time when both of you are calm and not under stress. Complete tasks that need immediate attention and talk afterwards.
2. Be clear about what you want to accomplish - Do you need to make a request, express feelings and clear up a misunderstanding or find out why the person reacted a certain way to something you did? Explain what you want early in the discussion to keep the other person from having to guess about the purpose. Mistaken assumptions can make the situation worse.
3. Use "I" statements when talking about feelings - Own up to your feelings. Rather than saying "You made me upset when you forgot to leave the key out for me," say "I got upset when you forgot to leave the key out." Speaking in a manner that takes ownership for your own feelings is a more neutral way to point out a problem. Accepting ownership also offers more opportunity to resolve a situation rather than placing blame on the other person.
4. Begin with something positive to show your goodwill toward the person - If you say "I really enjoy working with you, and I'm sure we can clear up this problem if we talk it over," you set a positive tone for the rest of the conversation. Be honest – try to find something positive that you can say honestly and from your heart. An insincere compliment may make the situation worse.
5. Speak to the other person with respect - Do not speak in a tone that sounds like you feel superior. Be clear that you are expressing an opinion rather than telling the person what and how to think.

If you find that you are unable to resolve a conflict with the person on your own, you may need to get some help with the situation. You can ask for assistance from the qualified professional assigned to work with you and the individual.

Professional Conduct:

Introduction - The people you serve are relying on you for basic needs to function in everyday life. Responsible work habits are a requirement of the job which means working the hours you are scheduled and being on time for your work. You must give notice as soon as possible if you are unable to work due to an unplanned problem such as illness.

Do you often have emergencies or crisis situations you need to deal with in your personal life? Think carefully when answering this question. If the answer is "yes," is there a way to organize your time or commitments to lessen the impact on your ability to do the work you have promised to do?

Code of Ethics - The National Alliance for Direct Support Workers has written a Code of Ethics for professional behavior. This guide may help you learn more about ethical behavior. Behaviors important for a PCA include:

- Honesty in what you say and how you behave.
- Pride in your work. If a job is worth doing then it is worth doing it correctly to the best of your ability.
- Respect for other people including the people you assist, your agency, supervisor or qualified professional, and co-workers as well as those whose religions and cultures are different from you.

Do's and Don't's

- Do dress and behave according to professional standards.
- Do show patience: Allow a person to take extra time to complete a task independently.
- Don't make promises or commitments you know you cannot keep.

Home Care Bill of Rights - All PCAs should be aware of specific rights set out in law for people who receive home care services. These rights are contained in a document call the Home Care Bill of Rights.

Your role as a PCA is to meet the requirements of the law by upholding these rights. If a person feels rights have been violated:

- Know your agency's grievance policy and assist the person in the steps of the grievance process.
- Assist the person in contacting the local Ombudsman by telephone.
- Assist the person in contacting the Ombudsman by mail.

Ombudsman Services - The State of Minnesota's Office of the Ombudsman for Long-Term Care is a resource available to people receiving PCA services. An ombudsman is an independent person advocate who:

- Identifies problems and advocates for changes to address problems at no charge to the person.
- Investigates complaints concerning the health, safety, welfare and rights of persons in long-term care.
- Works to resolve personal concerns.

Contact an Ombudsman by telephone using this toll-free number: 1-800-657-3591

For TDD/TTY please call 711

Office of Ombudsman for Long-Term Care

P.O. Box 64971

St. Paul, MN 55164-0971

MODULE #2 - EMERGENCIES: BE PREPARED!

The Basics - Emergencies are usually sudden and call for action rights away. An example of an emergency is an injury that occurs in a fall or a severe weather event. Your agency is required to have safety policies and procedures in place and offer any training they provide on emergency measures before you being work.

Discuss emergency preparedness with the person receiving PCA services or the responsible party and the qualified professional (QP). The discussion makes sure everyone knows the general chain of events and what to expect during an emergency. Knowing what to expect may keep you and others calm and focused during the crisis. After all, you will know how to handle a situation and what to do!

In the event of an emergency, the PCA care plan will contain much of the information you need, such as:

- Person's name, location and phone number.
- Emergency contact information.
- Specific plan that addresses identified safety and vulnerability issues.
- Back-up staffing plan that should be followed if you are unavailable due to a weather emergency or situation beyond your control.

Not all emergencies require you to call 911. For a situation that is non-life threatening, the QP or PCA agency is your first call for help. The responsible party or a person whose care is self-directed may choose to call the doctor's office for advice first rather than calling 911. You must report any emergency to the QP, PCA agency and responsible party. The order of contact depends on the type of emergency.

During any situation, you should always adhere to the agency specific policies and/or the person's plan of care.

911 Procedure - You determine you have an emergency and need to call 911. You know time is critical. Your heart is beating fast! You are scared! The emergency operator will ask you lots of questions! Take a deep breath and calm down. Be prepared and expect the questions. Get the help you need.

Follow these steps:

1. Place the 911 call.
2. Stay calm.
3. Provide the information needed by the operator which can include:

- Location of the emergency.
- Phone number from where you are calling.
- Address.
- Your name.
- What happened.
- Number of people injured and their condition.
- What you have already done to provide help.

4. Respond to any additional questions the operator asks. Be sure to respond calmly.

5. **DO NOT HANG UP** – You may be given additional information and instructions on how to proceed until

Medical Emergencies:

Make Chart - Some emergencies are obvious and some emergencies are not. How do you know when to call 911? Call if you think the emergency is life-threatening. You can ask yourself the following questions to help make a decision:

1. Is the brain being affected? These are some things to look for: Sudden problems with vision loss, weakness, confusion, severe headache, loss of consciousness, seizure, numbness, difficulty speaking. These may be signs of a serious problem in the brain such as a stroke or aneurysm.
2. Are there problems with breathing? Severe limitation of breathing is a sign of a breathing emergency. Examples include an allergic reaction, a choking episode where the person became unconscious.
3. Are there problems with the heart? These are some things to look for: Sudden shortness of breath along with pain in the chest and being unable to relieve the pain. These may be signs of a serious problem with the heart such as a heart attack.
4. Is there bleeding that cannot be controlled? Bleeding that cannot be stopped with pressure alone is a sign that follow-up is needed.

Basic first aid may be the best response to some medical emergencies. Knowing first aid will help you respond effectively in an emergency.

When you call 911, the operator can:

- Dispatch emergency vehicles and staff.
- Assist with first aid instructions until help arrives.
- Provide you with reassurance during an emergency.

You should also know how to respond effectively in an emergency. Learning basic first aid is one way to be prepared. Knowing what to do when the person for whom you are providing PCA services has one or more of the following symptoms:

- Bleeding
- Broken bones
- Burns
- Chest pain
- Choking
- Falls
- General weakness or loss of coordination
- Heart attacks and strokes
- Problems with vision
- Seizures
- Shock
- Trouble breathing

Bleeding - Bleeding may be internal or external. If you suspect internal bleeding, call 911 right away. Signs of internal bleeding may include:

- Bleeding from the ear, nose or other places.
- Bruising on neck, chest, abdomen or side between the ribs and hip.
- Coughing or vomiting up blood.
- Shock with signs of weakness, anxiety, thirst or skin that is cool to the touch.
- Wounds that penetrate the skull, chest or abdomen.

An injury that causes severe bleeding from some type of a wound can be frightening. However, these are steps to follow to help control blood loss while waiting for the ambulance to arrive:

1. Have the injured person lie down and cover the person to prevent the loss of body heat.
2. Put pressure directly on the bleeding area until the bleeding stops.
3. Call 911 if the bleeding is severe.
4. Leave the bandage in place until help comes. If the bleeding leaks through the gauze or other material used to apply pressure, do not remove the gauze or bandage. Instead, place more gauze/material on top of the original material or gauze covering the bleeding area.

Shock - Shock can result from severe trauma, bleeding, heatstroke, allergic reactions, poisoning and other causes. Shock occurs when there is a decrease in blood flow to the brain or other major organs.

If left untreated, shock can be fatal. When a person is in shock, the skin is cool, clammy and appears pale or gray. The eyes may seem to stare and the person may be conscious or unconscious.

When working with a shock victim:

1. Dial 911 and stay on the line with the 911 operator, following the 911 operator's instructions until help arrive.
2. Have the person lie down on their back with their feet higher than the head unless raising the legs will cause pain or more injury.
3. Check for signs of circulation, breathing, coughing or movement.
4. Keep the person warm and comfortable. Loosen clothing. Cover the person with a blanket.
5. Do not give the person anything to eat or drink even if the person complains of thirst.
6. Turn the person on their side to prevent choking if they begin to throw up or bleed from the mouth.
7. If the shock is caused by bleeding, put pressure on the wound to stop the bleeding. Follow the bleeding instructions in the previous section.

Choking - Choking occurs when air flow is being blocked, which will cut off the flow of oxygen to the brain. In adults, food is usually the cause of choking. In children, swallowing a small object is often the cause. Because choking cuts off oxygen to the brain, begin first aid as quickly as possible.

The universal sign for choking is hands gripped around the neck. Other signs may include:

- Difficulty breathing or noisy breathing.
- Loss of consciousness.
- Skin, lips and nails turn blue.
- Unable to cough forcefully.
- Unable to talk.

To help a person choking, a few different methods and techniques may be used. You should use the technique that you learned through your agency.

One method that you could use is the Heimlich maneuver to dislodge the object that is causing the choking. The Heimlich maneuver is a combination of back blows and abdominal thrusts. The techniques are different depending on many factors such as:

- Whether the person is an adult or child.
- Consciousness.
- Pregnancy.
- Obesity.

Burns - Burns may be simple like that resulting from touching a stove or more serious if someone's clothes catch on fire. The amount of damage to body tissues determines a simple or minor burn from a serious or major burn. There are three classifications of burns:

- First degree burn
- Second degree burn
- Third degree burn

For minor burns:

1. Run the area under cool water.
2. Do not use ice.
3. Do not apply butter or ointments to the burn.
4. Do not break the blisters.

For major burns:

1. Check for signs of circulation (breathing, coughing or movement).
2. Loosely cover the area of the burn.
3. Do not remove burnt clothing.
4. Do not immerse large severe burns in cold water or use ice.

Call 911 for more severe burns, if skin is missing or if the burn covers a large area of the body.

Burns can be very painful and cause much damage if not treated properly. Damage from burns may include:

- Dehydration
- Destruction of skin tissue
- Infection
- Loss of bodily heat

Ointments, sprays and over the counter pain medications can be used to help treat the pain. However, the decision to use these products is NOT a PCA level of care decision. The person or responsible party can make these decisions. The person or responsible party should contact the doctor if the burn is serious or if there are questions. The PCA needs to contact the QP or PCA agency.

Call 911 right away if the burn causes:

- Difficulty breathing
- Dizziness
- Fever
- Weakness

Falls - When a person falls, it can be an alarming event. Stay calm and act wisely. The first thing to do is make sure the person is safe.

Remove any items that may have fallen on the person. Ask if the person has any pain. If the person is willing and able, move to a comfortable location. If there is severe pain or possible broken bones, call 911.

Broken Bones - A broken bone is a fracture and always requires medical attention. If you suspect a bone is broken:

1. Assist the person by stabilizing the body part you suspect is broken. Try to keep it immobile and do not try to move it or straighten it.
2. Ice on the extremity every 20 minutes. This could help with swelling while you wait for assistance.
3. Contact the QP, PCA agency and responsible party to report the injury.
4. Take steps so a medical provider can evaluate the injury further.
5. Call 911 if the injured body part is cold and turns blue.

Heart Attacks and Strokes - Heart attacks and strokes can come on suddenly or slowly. There are common signs for either and a fast response time is critical. Typical signs of heart attack include:

- Chest discomfort or pain in other areas of the upper body (examples?)
- Cold sweats.
- Light headedness
- Nausea
- Shortness of breath

Common stroke signs involve:

- Loss of coordination
- Numbness in the face or extremities
- Sudden headache
- Sudden inability to speak or think clearly
- Trouble with vision

Stroke signs tend to appear more suddenly. Heart attack signs are usually more gradual although signs may be sudden as well. In either case, call 911 right away. Keep the person as comfortable as possible until help arrives.

Emergencies are never easy to handle. To get through any medical emergency:

- Remain calm
- Know and follow first aid techniques
- Follow your agency's policies and procedures

Non-Medical Emergencies - Non-medical emergencies deal with emergencies such as fire or weather-related events. The person should have a plan for what to do when the PCA is present as well as what to do if the PCA is not working. The qualified professional (QP) and person should be able to plan for both types of events.

Fire Safety - A good fire safety plan should note where the smoke alarms are in the home where you will be providing PCA services. The plan should also say if there are fire extinguishers in the home. Check these items for working order.

The QP should meet with the person or responsible party and the PCA, to work out the best plan. Items that need to be covered in the plan include:

- Time needed to remove the person from the home.
- Special equipment needed to remove the person from the home.
- Number of people needed to remove the person from the home.

The fire safety plan becomes the steps the PCA will follow if there is a fire in the home. The primary concern should always be for the safety of the person and the PCA.

The acronym **RACE** will help you remember the steps to take when there is a fire:

R – RESCUE. Follow the plan to remove the person from danger.

A – ALARM/ALERT. Call 911 to report the fire.

C – CONTAIN. Take what steps are possible to contain the fire without risking yourself or the person.

E – EXTINGUISH OR EVACUATE. Put the fire out if it is safe to do so, or **EVACUATE** and wait for the fire department to arrive.

If a fire extinguisher is available and the fire is small, use the **PASS** method to put out the fire:

P – PULL the pin on the extinguisher.

A – AIM the nozzle at the base of the fire.

S – SQUEEZE the trigger to allow the water or carbon dioxide out of the extinguisher. (Remember, fire extinguishers can be noisy!)

S – SWEEP from side to side until the flames are extinguished.

Do not turn your back on a fire because it can flare up. Always have the fire department check the area to make sure the fire is completely out. Most importantly, be aware that smoke is more dangerous than the flames. Always play it safe with your security and the safety of the person receiving PCA services.

Weather Related Events - You cannot control the weather. However, you can control how to react when there is a weather emergency.

We think of a tornado or blizzard as the main type of weather emergency in Minnesota. The loss of power or heat due to a thunderstorm, ice storm or flooding may also create a weather emergency for a person with special health needs.

Everyone should have a plan for emergencies. Visit the Minnesota State Council on Disability website to learn how to plan for emergencies.

- How to create a home plan.
- A plan for each type of emergency.
- Checklists.
- Determining if evacuation is possible and deciding on a location.
- Supply kit.
- Transportation needs.
- Who will be notified and how.

A checklist can guide you through an emergency. Items to include are:

- Names and telephone numbers of emergency contacts.
- Location of a supply kit, radio and first aid kit.

A supply kit should contain the following:

- An extra set of eye glasses.
- Blanket or sleeping bag.
- Change of clothing.
- Copy of pertinent medical records.
- One week's worth of medication and medical supplies.
- Some water and non-perishable food items.

MODULE #3 - INFECTION CONTROL AND STANDARD PRECAUTIONS

Infection Control - Germs are tiny living organisms that live in our world. Some germs are good but some cause infections or disease. There are six links in the chain of infection:

1. An infection-causing germ must be present.
2. The germ finds a way to survive (usually in a living being).
3. The germ finds a way to the surface such as in a sneeze or through a tear in the skin.
4. The germ has a method of travel to reach a new individual; for example, shaking hands with a person who has not washed the hand that contained a sneeze.
5. The germs finds a way to enter another person who becomes a new carrier. For example, eating a piece of candy after shaking hands that caught the sneeze.
6. The new person must be receptive so that the germs can multiply. Generally speaking, the person's body is not able to fight off the infection.

Infections from germs can be spread in many ways:

- Direct contact through touching.
- Eating or drinking infected food or water.
- Indirect contact by touching infected surfaces.
- Receiving a bit from an animal, insect or human.
- Through body fluids such as blood, mucus, puss, saliva, urine or vomit.
- Through the air.

When a person has an infection, the person may feel any or all of the following:

- Chills or fever (hot or cold)
- Nauseated, sometimes to the point of vomiting.
- Pain in the infected area.
- Very tired.

Control the Spread of Infection - Follow safety techniques and good hygiene habits to stop the spread of germs and infections. Guidelines to prevent the spread of infection and disease include:

- Do not touch another person's body fluids.
- Maintain a safe and clean work environment.
- Put waste in the correct place.
- Use standard precautions and protective equipment to prevent spreading blood-borne pathogens (germs spread from blood are called blood-borne pathogens).
- Wash hands frequently and correctly.
- Wear gloves, apron or mask as needed.

Take care of yourself to prevent the spread of infections - Self-care is important to prevent the spread of infections. You can practice prevention by taking care of your own health:

- Eat right.
- Get enough sleep.
- Keep your immunizations current.
- Manage stress so that you are less susceptible to germs that come your way.

If you have a cut, scrape or cracked skin that creates a pathway for germs to enter your body, use a bandage and gloves for the area.

Protect others from your germs by covering coughs and sneezes. Use a disposable tissue. Use the wastebasket to dispose of the tissue and prevent touching by others. Sneeze into the crook of your elbow rather than into your hand. Wash your hands after coughing or sneezing.

DO NOT COME TO WORK IF YOU ARE ILL.

Hand Washing - Frequent hand washing is an easy way to avoid getting sick and spreading illnesses. Know when to wash your hands and how to wash them. While you can never keep your hands germ free, you can limit the transfer of bacteria, viruses and other germs.

Wash your hands before:

- Eating
- Preparing food
- Providing personal care

Wash your hands after:

- Blowing you nose, coughing or sneezing into your hands.
- Cleaning and disinfecting surfaces.
- Contact with any body fluid (changing incontinent pads, using the bathroom).
- Direct contact with person for personal cares.
- Handling garbage or contaminated clothing.
- Preparing food.
- Removing gloves and other personal protective equipment.
- Touching an animal, animal toys and leashes.
- Treating wounds.

Hand Washing Techniques - Complete the following steps for thorough hand washing:

1. Standing back from the sink, turn the faucet on with a cloth or dry paper towel.
2. Wet your hands with running water and point fingertips down.
3. Apply soap and lather well.
4. Rub your hands vigorously for at least 30 seconds. Remember to scrub your fingers, wrists, between fingers, under fingernails and the back of your hands.
5. Rinse your hands under running water for 30 seconds. (Sing "Happy Birthday" twice.)
6. Dry your hands with clean paper towel or use clean cloth towel and launder after use. You may use clean, dry washcloths to cut down on laundry.
7. If possible, use your towel to turn the faucet off. Throw away paper towel in garbage.

Other Tips for Hand Hygiene - Fingernails and jewelry are places that germs commonly hide. To prevent carrying germs, do not wear artificial fingernails. Keep your nails neatly trimmed.

Wear simple jewelry. Wash your hands after removing jewelry. Wash the jewelry. Dry both hands and jewelry before putting the jewelry back on.

Use alcohol based hand rubs if hand washing is not possible. Be aware that hands rubs are not effective against all germs so wash hands with soap and water as soon as possible. The procedure for using hand rubs is as follows:

1. Put one squirt of rub into your palm.
2. Rub hands together covering all surfaces of hands and fingers until dry (10 seconds or more).
3. Let completely dry before donning gloves or opening doors.
4. Do not use an alcohol-based rub if hands are visibly soiled.

Maintain a Safe and Clean Environment - Given the fact that germs are everywhere, keeping a safe and clean home is very important. You will win the fight against germs if you:

- Follow food safety rules.
- Follow standard precautions.
- Keep work areas clean.
- Know how to disinfect.

Food Safety - Wash your hands and utensils with soap and water right away after touching raw meat. Always wash the surface of raw vegetables and fruits with soap and vinegar water.

Wash cutting boards and utensils after using on any type of raw food. Use different utensils for serving food.

Disinfectants - Use disinfectants to clean and prevent odors in bathrooms and on kitchen surfaces.

Be careful with disinfectants as they can be poisonous in large or concentrated amounts. Do not ever mix cleaning products!

Standard Precautions - Standard precautions are measures you should follow no matter the situation. Whenever you may be in contact with body fluids or blood-borne pathogens, be sure to use standard precautions. Never assume a person is not infectious. Use the precautions for everyone to whom you are providing direct care.

Protective Equipment - Use protective equipment when you are in a setting that may expose you to blood-borne pathogens. Protective equipment includes:

- Aprons
- Containers for "sharps" which are items such as needles and razor blades.
- Double bags for waste.
- Gloves
- Masks

Appropriate use of gloves - Use gloves if you are likely to touch contaminated items. Some situations include when you:

- Change bandages or dressings.
- Clean areas where body fluids have spilled.
- Collect or touch urine or stool samples.
- Press down on a wound to stop bleeding.
- Touch dirty items used in personal care.

You may receive instructions to use gloves to help a person to bathe or complete dental hygiene care. Gloves should be used during toileting or catheter care.

Gloves are required when a person has:

- Compromised immune system.
- Diagnosed infection.
- Diarrhea.
- Open sores.

Medical Assistance will pay for disposable gloves in some conditions. If you have questions regarding gloves, discuss them with your QP when reviewing the care plan. You may also use washable rubber gloves. Never use latex gloves because many people are allergic to latex.

Using, Cleaning and Disposing of Gloves - There are specific techniques for putting gloves on and taking them off.

To put gloves on:

- Wash and dry your hands.
- Check gloves for tears or holes.
- Pull gloves on when ready to work with the person.

Removing gloves:

1. If you are using washable gloves, wash your gloved hands before removing the gloves.

2. Remove gloves without touching your bare skin to the wet surface of the gloves.
 - a. Using your right gloved hand, peel off the left glove from the wrist, turning the glove inside out in the process.
 - b. Ball up the left glove in your (still gloved) right hand, leaving it inside out.
 - c. Put two fingers of your left hand inside your right glove and peel off the glove from the wrist, inside out.
 - d. At this point, the left glove will be inside the right glove.
3. Do not touch the gloves again until dry if using washable gloves. Throw away disposable gloves in a proper container.
4. Wash your hands after removing the gloves.
5. Do not wash and re-use disposable gloves.

Contaminated Laundry - Wear gloves and an apron if needed. Treat all linen and clothing soiled with blood or body fluid as if it is infectious, as a standard precaution. Keep these items in a secured plastic bag inside a separate secured bag until washed. Double-bagging means using two bags in this manner. Wash items soiled with blood or body fluid apart from other laundry in hot water at 160° F for 25 minutes.

Contaminated Surface Areas - Use a throw-away wipe or sponge to get rid of any matter such as blood. Wash the area thoroughly with soap and water. Clean the area using the proper disinfectant.

Use gloves when handling waste items such as throw-away wipes or sponges used for catching or cleaning body fluids. Double bag the waste items for proper disposal.

Examples of items to be handled this way include:

- Disposable gloves used for handling body fluids when indicated by the care plan.
- Paper towels used to clean up spilled body fluids or stool.
- Tissues with sputum or nasal fluids.

There are specific techniques that must be used when handling contaminated items.

Aprons and Masks - Protect your clothing by using an apron when:

- Bathing the person.
- Changing dirty or contaminated bed linen.
- Washing contaminated linen or clothes.

Wash used aprons in the same way as other contaminated laundry.

Use a mask any time you or the person is coughing and sneezing to protect you both. Masks can be throw-away or re-usable. Ask your supervisor or the QP what type of mask to use.

Accidental Exposure - Your PCA Agency has policies and procedures for reporting contact with body fluids or infections. Learn and follow your agency's rules for reporting such thing to your supervisor. Contact your doctor as needed.

MODULE #4 - BODY MECHANICS

Body Mechanics - When lifting or transferring keep the following in mind:

- Always straighten out at the knees and hips when standing up to lift.
- Keep the person's feet shoulder width apart. Doing so will support both the person being lifted and those that are doing the lifting.

- Keep your back in good alignment and make sure that your feet are shoulder width apart.
- Know where you are going and how to get there. If you have someone assisting with the lift, talk the plan through.
- Remember to always bend at the knees and hips. Bending at the waist can cause injury to the back.
- Remember to never twist the back but instead pivot your feet as you turn.
- Wear non-slip shoes that have low heels to help maintain balance.

There may be times when you lose your balance or grip. The person you are lifting or transferring may be fearful, not ready or moving. If there is danger that a person may fall, ease the person down onto the nearest surface. Remember to bend at the knees and hips. Use this technique if you ever experience pain while lifting or transferring.

When lifting or transferring are a part of a person's daily habits, assistive devices may be on hand for PCAs to use. These mechanical devices can make things easier on the person as well as the PCA staff if used properly. Examples of assistive devices that may be used are:

- Canes
- Hoyer lifts
- Shower and lift chairs
- Transfer belts
- Walkers
- Wheelchairs

The care plan will specify the use of mechanical devices. You will receive training on the proper use of these devices. PCAs should demonstrate their skill to the QP before using the devices with the person. PCAs should use these assistive devices when possible after training.

Use proper lifting and transferring methods to prevent back injuries at work. Tell your agency if you have had a back injury. Report lifting limits before working with a person. If you have problems with lifting the person, you need to notify the QP or agency. You must also call the QP or agency if the person needs more help lifting than usual.

Transfer Belt - A transfer or gait belt is a device used to help transfer people from one position to another or from one place to another. For example, you would use a transfer belt to move a person from a standing position to a wheelchair.

The transfer or gait belt is usually cotton webbing with a sturdy metal buckle on one end. The person wears a gait belt around the waist to provide a secure handhold for the caregiver. This puts less strain on the back of the caregiver and provides support for the person.

Hoyer Lifts - Lifts allow persons of care to transfer between a bed and a chair or other similar resting places. Lifts usually use hydraulic power. Examples of lifts include:

- Hoyer lift (brand name)
- Hydraulic lift
- Patient hoist
- Patient lift
- Sling lift

Shower and Lift Chairs - A shower chair is a chair that is made of material safe for use in the water. Persons with disabilities use a shower chair for support while taking a shower. Shower chairs may or may not have wheels.

A lift chair is a chair that contains an internal mechanism to help a patient stand.

Canes - A cane (or walking stick) is a simple crutch to help balance movement. Canes help an injured or disabled person walk.

Walkers - A walker or walking frame is a tool for those who need extra support for balance or steadiness while walking.

Wheelchairs - A wheelchair is a wheeled mobility device in which the user sits. The device moves either by turning the wheels by hand or by an electric motor. People with problems walking or those unable to walk, use wheelchairs to get around.

MODULE #5 - UNDERSTANDING BEHAVIORS

Understanding Challenging Behaviors - What causes a behavior may be different from one person to the next. One type of behavior may have a different function depending on with whom you are working. You are most likely to see behaviors when a person wants something or wants to avoid something.

Pulling hair, for example, could act as a different function depending on the person. One person may pull your hair because of anger directed towards you. Another person may pull your hair to get attention. There also could be another person who pulls your hair because of liking the way it looks or feels. Keeping this in mind, techniques for handling the behavior will be different from person to person.

The PCA should:

- Know what may trigger behaviors.
- Understand the causes of behaviors.

Never think you know the root behind the behavior because you have worked with similar behavior in the past. Always look for the meaning behind the behavior.

Think about the following questions. If you know the answer you may know how to respond to the behavior. If not, you may want to problem solve with your Qualified Professional (QP):

- Are there medical reasons for the behavior?
- Are there cultural aspects to the behavior?
- Are there communication barriers that cause the behavior?

Case Study: Medical Reasons

Mike is a non-verbal individual who has a history of urinary tract infections. From time to time, he has difficulty communicating his wants and needs. His head-banging behavior is often triggered when he experiences discomfort from his infections.

When staff witness head-banging behaviors, they should consider that there might be a medical reason behind the behavior.

Case Study: Cultural Barriers

Susie grew up eating her mother's traditional Scandinavian food. She is not used to eating spicy cuisine, and will shriek when she is served food that is too spicy for her.

When Susie begins shrieking, staff should consider that the food she is being served may be too spicy.

Case Study: Communication Barriers

Pat is an individual who stutters when speaking. When he is unable to get his words out, he gets upset and his stutter worsens. This only frustrates him more, and he begins to punch walls and other surfaces. When this behavior arises, staff should consider that he is having trouble communicating his wants and needs.

Use observation and redirection as ways to respond to the behavior. Look for common places, times or people that may trigger the behavior. An example might be that a person always starts crying whenever going to the grocery store. A response can be prepared or a situation avoided if a pattern is recognized.

Another question to ask is what maintains the behavior? For example, if a person kicks someone to get attention and gets a reaction, the behavior will go on. The behavior may stop if there is no reaction to the behavior.

A PCA should also try and seek out alternatives for the behavior. Is there something you would offer to support a positive or reinforcing result? For example, complimenting the person when they stop the inappropriate behavior.

PCAs should also see if redirection is an option to challenging behaviors. For example, the person is always frustrated when asked about a brother. The PCA should change the topic or avoid the behavior.

Never make guesses about people and the behaviors shown. PCAs should look at the history of the behavior and see out the QP for training to work with the person. Each person is unique and acts in a unique manner when displaying behaviors. You can manage challenging behaviors if you learn about the person and react in the proper manner.

MODULE #6 - PROFESSIONAL BOUNDARIES, CHILD AND VULNERABLE ADULT MALTREATMENT

Professional Boundaries

PCA Boundaries - If you are a PCA, boundaries are important. These guidelines are for your safety as well as the safety of the person.

You may not:

- Accept gifts or money from the person receiving services or from family members.
- Borrow money, cars, equipment or anything else from the person receiving services or from family members.
- Buy any possessions from the person receiving services or from their family members.
- Have a romantic or sexual relationship with the person receiving services or with immediate family members.
- Loan money to the person receiving services or their family members.
- Sell items of any kind to the person receiving services or to family members.
- Sexually harass the person receiving services or family members.
- Verbally, physically, financially or sexually abuse the person receiving services or their family members.

Signs of boundary issues in the working relationship include:

- Offers of gifts.
- Person receiving services makes unreasonable requests.
- Speaking negatively about other workers.

If you feel there are boundary issues with the person, talk to your Qualified Professional (QP). Addressing these issues early can help stop boundary violations.

Boundaries for Family Members and Friends - If you are a PCA, you must be careful to guard the person's privacy. You must have a professional manner while carrying out PCA services. If you are a family member or friend and the PCA, this could be more difficult and challenging.

For example, parents often tell stories about their children. "When Johnny was two, he would not go to bed without his stuffed blue dog."

This story may or may not cause Johnny (who is now 30) a bit of embarrassment, but his parents love to tell it. If you were a PCA to Johnny when he was two, you would not be able to share that tale if putting him to bed was a task you performed. Telling the story would be a violation of Johnny's privacy.

The tasks you do for a person as a PCA must remain between you, your agency and the person. You must also be cautious when talking about anyone else who provides PCA services.

As a family member or friend and PCA, it may be easy to talk about how the other PCAs are performing. Avoid this situation as much as possible. The qualified Professional (QP) or agency should be made aware if there are problems with another PCA.

Friends and family often do many small tasks for each other on a daily basis. As a PCA, you may count time only for activities that are in the care plan during scheduled PCA time.

For example, you are a friend of Johnny's and providing PCA services. Your task is to help Johnny bathe and dress. You notice that Johnny needs to have his laundry done. During your PCA scheduled time, you may NOT throw in a load of laundry. After you complete your PCA duties and time is noted, you may offer to begin the laundry for Johnny.

Maltreatment - As a PCA, you are a mandated reporter of any maltreatment of a child or vulnerable adult. Adults who receive PCA services are considered vulnerable adults. A mandated reporter is a person who MUST make a report if there is cause to believe that maltreatment of a child or vulnerable adult has occurred. The reporting rules vary some between children and vulnerable adults.

This section of the module covers very basic details on maltreatment and making a report. Your agency is required to provide you with detailed training.

The Department of Human Services Child Protection and Adult Protection units each have in-depth courses on the web.

Maltreatment is the neglect or abuse of a child or vulnerable adult.

Neglect is the failure to provide food, clothing, shelter, medical care and/or supervision. For children, abuse is defined in terms of physical or sexual.

For adults, abuse can be physical, emotional, sexual or financial. Financial exploitation includes:

- Misuse of the person's funds, assets or property.
- Failure to use the person's funds and resources to care for the person which may result in harm to the person.

Reporting Child Maltreatment - You must report any known or suspected neglect or abuse of a child that has happened within the past three years. You must make a report verbally within 24 hours of discovering or suspecting abuse or neglect. A written report must follow within 72 hours.

If you believe that a child is in current danger or an emergency exists, call law enforcement. They can remove the child instantly for safety without a court order.

If you suspect a parent or guardian of child neglect or abuse, call the local child welfare or law enforcement agency. If it is an emergency, call 911.

You will need the following information when you report neglect or abuse:

- Name of the offender (if known).
- Name of the alleged victim.
- Nature and extent of the maltreatment.
- Name and address of the mandated reporter.

As a mandated reporter for children:

- You are safe from civil or criminal liability as long as your report is made in good faith.
- Your identity is confidential and may not be given to anyone.

- You may request and receive a summary of the outcome of an investigation or family assessment unless the information would be damaging to the best interests of the child.
- You may be charged with a misdemeanor offense if you do not report the maltreatment of a child.

Reporting Maltreatment of a Vulnerable Adult - The Common Entry Point (CEP) is the local agency that takes call of suspected neglect or abuse of vulnerable adults. The CEP is available 24 hours a day, every day of the year. Call 911 if the vulnerable adult is in immediate danger.

A report starts with a telephone call to the CEP. Call the CEP if you believe that a vulnerable adult is being or has been neglected or abused. If a vulnerable adult has a physical injury and no sound reason for the injury, call the CEP. You should call the CEP as soon as possible and within 24 hours.

Information that will be helpful to have on hand when making a report includes:

- Name, age and address of the vulnerable adult.
- Your name and contact information (are you calling on behalf of a facility or personally making a complaint).
- Brief description of the situation and the vulnerable adult.
- Location of the incident and any other information that you believe might be helpful in investigating the suspected maltreatment.
- Current injuries, medical problems or behavior problems.
- Names of relatives or concerned parties in or outside the home.
- Name and address of alleged perpetrator.
- How you know about the situation, your relationship to the vulnerable adult.

As a mandated reporter for vulnerable adults:

- You are safe from civil or criminal liability as long as the report is made in good faith.
- Your identity is confidential and may not be shared with anyone other than the lead agency investigators and law enforcement.
- You may be liable for damages caused by not reporting suspected neglect or abuse.
- You may be prevented from providing direct contact services for failing to make a required report.

File a report with the proper agency or CEP anytime you think there may be neglect or abuse. Remember, it is not your job to decide if neglect or abuse is occurring. That decision is the job of the investigator. Your job is to report any situation or occurrence that is suspicious. The children and vulnerable adults in Minnesota are counting on you to help keep them safe.

MODULE #7 – TIMECARDS AND DOCUMENTATION

Timecards - You record the hours you work on a legal document called a timesheet. The timesheet is your official statement that you have actually worked these hours. Your agency will review the timesheet with you, explain how to complete it and answer your questions. Correctly recording your time and activities is vital. You must work hours before billing for those hours. Pay close attention to the steps below to make sure you fill out your timesheet correctly.

Many agencies use the Department of Human Services' (DHS) PCA Time and Activity Documentation form, commonly called the PCA timecard. An agency may use its own timecard. The card must have the same information as the PCA Time and Activity Documentation form.

TIMECARD

1. You will use a separate timecard for each person you provide PCA services for. Besides hours worked, the timecard has a list of activities to show what tasks you did for each day you worked. The timecard has spaces for seven sequential days. Enter the dates for each day of the week. Draw a line through any of the dates and times that you were not working for the person listed on the timecard.

2. Write your initials next to all of the activities you provided for each date you worked. Activities must be in the person's PCA Care Plan and done during your work schedule.
3. Enter the time you arrived and the time you left for each visit made on any one date. You must enter the hour and minute of arrival and departure and circle "AM" or "PM."
4. Document "Ratio Staff to Person." There are two lines above the entry boxes for time in and time out for each visit. If you provide services to only one person, circle the Staff to Person ration of "1:1." Leave the "Shared Care Location line blank.
5. Documenting Shared Services: You will only provide services to more than one person during any one visit if the people are using a "shared services" option. People must agree to shared services and have a written agreement with the agency about how to use shared services.
6. In the Ratio of Staff to Recipient boxes, circle the "1:2" ratio if you are providing services to two people during the hours you are reporting on this timecard. Circle "1:3" ratio if you are providing services to three people during the hours you are reporting. You will also need to note the location where you are providing services such as school, work, store or home if you are providing shared services.
7. You will learn more about the shared services option from your agency if you will be providing services to more than one person during visits. Each person's card plan will detail the services each person will receive.
8. After recording all in and out times, add the total minutes of service you provided during the day and fill in the "Daily Total Minutes" box.
9. On the final day of work for a seven day period, add the total minutes for each day. Enter the total in the "Total Minutes this Timecard" box.
10. The PCA and the person or the responsible party must sign the timecard after all details are complete.

Notice the warning on the bottom of the timecard just above the signature boxes: You must be careful only to bill for hours you actually worked. You are making a promise that you have actually worked these hours.

You are breaking the law if you:

- Provide false information by claiming hours that you did not actually work.
- Sign the name of someone else such as the person receiving services.
- Complete and sign a timecard for another PCA.

MODULE #8 - FRAUD

Fraud - You are breaking federal law if you:

- Provide false information by claiming hours that you did not actually work.
- Sign the name of someone else such as the person receiving services.
- Complete and sign a timesheet for another PCA.

Some examples of fraud investigated by DHS include the following:

1. A person complained that she had not received services from her PCA agency for three months. However, the PCA agency received payment for more than 700 hours of service for those same three months. The individual stated that she signed blank timesheets on some occasions.

2. A mother had a child receiving PCA services. The mother admitted to the Surveillance and Integrity Review Section (SIRS) that she proposed an arrangement where she and the PCA shared the state's payment for services. The mother signed the timesheets even when the PCA did not provide services. DHS recovered over \$4,500 in fraudulent payments.
3. A PCA agency claimed hours for services to seven people on dates when all seven people were in the hospital. People receiving services are not eligible for PCA services during a hospital stay.

Under Minnesota law, theft of any amount of public funds is a felony. PCA service is paid with public funds through the state's Medical Assistance program.

You are breaking the law if you claim even one hour of PCA services on your timesheet that you did not provide. This means you must be accurate in the hours of service you report on your timesheet.

To avoid fraudulent behavior, only document hours of work:

- When you are present in your role as a PCA.
- When you engage in PCA work activity based on the care plan:

Do not:

- Accept money when you have not done the work.
- Add hours of PCA service after the person has signed the timesheet.
- Ask the person to sign a partially completed timesheet so the person is unable to verify the hours worked before the timesheet is submitted.
- Claim more hours of work with the understanding that the hours will be made up at a later date.
- Fill out a timesheet for days you do not provide any PCA services (for example, the person receiving services is in the hospital or a nursing home).

A PCA cannot claim hours for work if the person receiving services is at the PCA's home. If the person chooses to visit the PCA in the PCA's home, the visit must occur outside of the PCA's hours of work for that person. The PCA cannot claim hours worked if the PCA is in the person's home but taking care of the person's or PCA's children.

There are severe penalties for falsely claiming hours worked. You may be:

- Disqualified from working at a job that receives Medicare and Medicaid funding which includes Minnesota Medical Assistance for five (5) years.
- Fired by your employer.
- Prosecuted and convicted of fraud which may affect other jobs in the future.
- Required to repay the money.
- Sent to jail.
- Unable to apply for and receive low-income housing assistance.

The Minnesota Department of Human Services has an area responsible to look for and investigate suspected fraud. The Surveillance and Integrity Review Section (SIRS):

- Conducts post-payment review of claims to determine the accuracy of the payment.
- Investigates reports received on the SIRS Hotline.
- Measures performance and quality of services provided by DHS.

When you enroll as a PCA with DHS, you must sign a Provider Agreement for Individual Personal Care Assistant form. Your signature indicates you are agreeing to help the Medicaid Fraud Control Unit and to give details on payments claimed for services under the Medical Assistance program.

You should always report any suspected improper billing practices to the SIRS Hotline. SIRS does not share the names of callers.

SIRS contact information:

Telephone: 651-431-2650 or 1-800-657-3750

Fax: 651-431-7569

Email: DHS.SIRS@state.mn.us

MODULE 9 - STRESS, PERSONAL SELF-CARE AND SUPPORT FOR THE PCA ROLE

Understanding Stress

Stress is one response of the body to demands placed on the person due to danger, challenges or the need to adjust to change. Change may be good or bad.

Some causes of stress are predictable and you can plan for them, such as moving to a new house. Others are unpredictable, such as weather emergencies.

A few examples of changes that can cause stress are:

- Children/family responsibilities
- Death in the family
- Illness or injury
- Job change
- Move to a new house
- Retirement

In a stressful setting, the body makes adrenalin that triggers the "fight or flight" response. That response gets you through frightening or dangerous settings. Prolonged stress over time puts extra strain on your body.

Different things cause stress for different people. Often there is a sense of felling that there are too many demands on your time or too much coming at you at one time. This feeling may strain your ability to handle all the things that need your attention.

Too much stress may interfere with your job performance and job satisfaction.

Tips to manage stress

One way to stop the feeling of overload that causes stress is to become aware of what kinds of things cause stress for you. You can begin by identifying things that make you feel good about life. Become aware of the things that energize you and allow room for some of those things in your life.

- Avoid negative attitudes that add to stress at work.
- Practice good communication skills you heard about earlier.
- Take care of your well-being, both physical and emotional.

Tips for managing stress

When you feel stressed, you may become irritable and withdrawn which affects your work. If these signs continue, they may lead to bigger problems. Many health problems caused or worsened by stress include:

- Autoimmune diseases
- Depression
- Digestive problems
- Heart disease
- Obesity
- Pain of any kind

- Skin conditions
- Sleep problems

Self-care habits to help manage stress include:

- Avoid alcohol and other drugs
- Be involved in things outside of work that are meaningful to you.
- Eat healthy foods throughout the day.
- Get enough sleep.
- Get some exercise every day.
- Make and prioritize short lists so you get the most important things done.
- Stay in touch with friends.

MODULE #10 – DATA PRACTICES

This program recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy and access to their records.

A. Private Data:

1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and
 - f. Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
 - g. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services.
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

B. Providing Notice: At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

C. Obtaining Informed Consent or Authorization for Release of Information:

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
 - a. why the data is being collected;
 - b. how the agency intends to use the information;

- c. whether the individual may refuse or is legally required to furnish the information;
 - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information:
- a. be written in plain language;
 - b. be dated;
 - c. designate the particular agencies or person(s) who will get the information;
 - d. specify the information which will be released;
 - e. indicate the specific agencies or person who will release the information;
 - f. specify the purposes for which the information will be used immediately and in the future;
 - g. contain a reasonable expiration date of no more than one year; and
 - h. specify the consequences for the person by signing the consent form, including: "Consequences: I know that state and federal privacy laws protect my records. I know:
 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this program, it may no longer be protected by this authorization.
 - This consent will end one year from the date I sign it, unless the law allows for a longer period."
 - i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data: Individuals or their legal representatives have a right to access and review the individual record.

1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

- F. Case manager access to private data: A person's case manager has access to the records of person's served by the program.
- G. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
 - 1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
 - 2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
 - 3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
 - 4. Keep the document in the person's record.