



# COMMUNITY HEALTH WORKER (CHW) AGENCY POLICIES AND PROCEDURES CHECKLIST, GUIDE, AND TEMPLATES

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## POLICY GUIDE OVERVIEW

### OVERVIEW

This guide has been drafted by the Community Health Worker Collaborative of South Dakota (CHWSD) to assist Community Health Worker (CHW) Agencies (including Community Health Representative Programs) in organizing and/or drafting policies and procedures necessary to submit to South Dakota Medicaid as part of the enrollment process to receive Medicaid reimbursement for CHW services provided.

*A special thank you to the Wagner IHS Behavioral Health Program and the Sturgis Ambulance Service for their work in assisting in drafting the sample policies.*

### REQUIRED POLICIES CHECKLIST

The following policies are required to be submitted to SD Medicaid as part of the provider enrollment process.

**Policies should be submitted to SD Medicaid for review in the following order as one PDF document with clearly labeled headers for each policy.**

- ☐ Abuse and Neglect Reporting Policy
- ☐ Staffing Policy
- ☐ Scope of Services
- ☐ Staff Training Policy
- ☐ Intake/Admission Policy
- ☐ Discharge Policy
- ☐ Eligible Recipient Confidentiality Policy
- ☐ Recipient Rights and Responsibilities Policy
- ☐ Documentation Policy and Procedures
- ☐ Incident Reporting Policy
- ☐ Emergency Response Policy
- ☐ Health and Safety Including Universal Precautions Policy
- ☐ Quality Assurance Policy
- ☐ Eligible Recipient Grievances Policy
- ☐ Gifting Policy

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#### POLICY SUMMARY

- The policy must conform to any applicable mandatory reporting laws.

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#### SAMPLE POLICY

##### *Policy: Abuse and Neglect Reporting Policy*

*The <organization> employees will follow the SDCL as stated below:*

*22-46-9. Mandatory reporting of abuse, neglect, or exploitation—Violation as misdemeanor.*

*Any:*

*(1) Physician, dentist, doctor of osteopathy, chiropractor, optometrist, podiatrist, religious healing practitioner, hospital intern or resident, nurse, paramedic, emergency medical technician, social worker, or any health care professional;*

*(2) Psychologist, licensed mental health professional, or counselor engaged in professional counseling;*

*(3) State, county, or municipal criminal justice employee or law enforcement officer who knows, or has reasonable cause to suspect, that an elder or adult with a disability has been or is being abused, neglected, or exploited, shall, within twenty-four hours, report such knowledge or suspicion orally or in writing to the state's attorney of the county in which the elder or adult with a disability resides or is present, to the Department of Human Services, or to a law enforcement officer. Any person who knowingly fails to make the required report is guilty of a Class 1 misdemeanor. A person described in this section is not required to report the abuse, neglect, or exploitation of an elder or adult with a disability if the person knows that another person has already reported to a proper agency the same abuse, neglect, or exploitation that would have been the basis of the person's own report.*

*SDCL 26-8A-8. Oral report of abuse or neglect—To whom made—Response report.*

*The reports required by § 26-8A-3, 26-8A-6, and 26-8A-7 and by other sections of this chapter shall be made orally and immediately by telephone or otherwise to the state's attorney of the county in which the child resides or is present, to the Department of Social Services, or to law enforcement officers. The mandatory reporter who witnessed the disclosure or evidence of the abuse or neglect must be available to answer questions when the initial report is made pursuant to this section. The state's attorney or law enforcement officers, upon receiving a report, shall immediately notify the Department of Social Services. Any person receiving a report of suspected child abuse or child neglect shall keep the report confidential as provided in § 26-8A-13, except as otherwise provided in chapter 26-7A or this chapter.*

*The person receiving a report alleging child abuse or neglect shall ask whether or not the reporting party desires a response report. If requested by the reporting person, the Department of Social Services or the concerned law enforcement officer shall issue within thirty days, a written acknowledgement of receipt of the report and a response stating whether or not the report will be investigated.*

*A report made to the appropriate department shall include:*

- *Date of the report*
- *Name*
- *Date of birth of the child / elder*
- *Name and address of the child's guardian or the elder's residence*
- *Suspected or proven instances of abuse or neglect*
- *Signature of the reporting party with contact information*

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**POLICY SUMMARY**

- The items below must be acknowledged and maintained in the CHW Agency's employee records:
  - The CHW Agency process will include the process utilized to hire individuals qualified to act as a CHW following certification that the individuals have completed the Indian Health Service Community Health Representative basic training, a CHW program approved by the South Dakota Board of Technical Education or the South Dakota Board of Regents, or a CHW training program approved by the State.
  - The CHW Agency will check the Office of the Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) at <https://exclusions.oig.hhs.gov/> and the System for Award Management (SAM) at <https://www.sam.gov/SAM/> prior to hire and routinely for current employees to ensure the individual has not been excluded from being eligible to receive federal funds. Excluded individuals are not eligible to be a CHW.
  - The CHW Agency must conduct a fingerprint-based criminal background check or other State approved background check to screen for abuse, neglect, and exploitation for all employees hired to work in homes of eligible recipients prior to entering an eligible recipient's home.
  - The CHW Agency will not hire an individual meeting any of the following criteria unless a request is made to DSS to have the findings reviewed further to determine if an exception should be allowed:
    - a) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
    - b) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state;
    - c) Within the preceding five years, a conviction for any other felony;
    - d) Misdemeanor convictions related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;
    - e) Any convictions, including any form of suspended sentence, for perjury or fraud related charges;
    - f) Conviction related to obstruction of a criminal investigation.
  - The CHW Agency must identify how they will oversee staff including CHW staff who are relatives/legal guardians of the eligible recipient in the completion of their assigned tasks.

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**SAMPLE POLICY****Policy: Staffing Policy**

*The <organization> program will include the process utilized to hire individuals qualified to act as a CHW following certification approved by Indian Health Service Community Health Representative basic training, a CHW program approved by the South Dakota Board of Technical Education or the South Dakota Board of Regents, or a CHW training program approved by the State.*

*The <organization> will check the Office of the Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) at <https://exclusions.oig.hhs.gov/> and the System for Award Management (SAM) at <https://www.sam.gov/SAM/> prior to hire and routinely look for current employees to ensure the individual has not been excluded from being eligible to receive federal funds. Excluded individuals are not eligible to be a CHW Worker.*

*The <organization> will conduct a fingerprint-based criminal background check or other State-approved background check to screen for abuse, neglect, and exploitation for all employees hired to work in homes of eligible recipients prior to entering an eligible recipient's home.*

*The <organization> will not hire an individual meeting any of the following criteria unless a request is made to South Dakota Department of Social Services to have the findings reviewed further to determine if an exception should be allowed:*

- *a) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;*
- *b) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state;*
- *c) Within the preceding five years, a conviction for any other felony;*
- *d) Misdemeanor convictions related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;*
- *e) Any convictions, including any form of suspended sentence, for perjury or fraud related charges;*
- *f) Conviction related to obstruction of a criminal investigation.*

*CHW staff will be overseen by the supervisors of the <organization>. CHW staff will be <able or unable> to care for relatives or legal guardians of the eligible recipient in the completion of their assigned tasks.*

### POLICY SUMMARY

- The CHW Agency must have a written policy regarding the scope of services a CHW may provide. Refer to the CHW Manual for allowable covered services.
- The policy must prohibit CHW from providing services that require a license.

### SAMPLE POLICY

#### Policy: Scope of Services

*CHWs are prohibited from providing services that require a license (i.e., psychotherapy, psychiatric medication management); however, if patient requires a 911 emergency response warranting an ambulance, if certified, the CHW can act as an emergency service provider until an ambulance is on-scene to take over patient care.*

*CHW services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, or dentist. The service must be ordered or referred by the recipient's primary care provider or health home if applicable.*

*CHW services must be related to a medical intervention outlined in the individual's care plan. Service must be provided face-to-face (including via telemedicine) with the recipient. Services are only allowed to be provided in a home or community setting except as allowable by SD Medicaid, or for a CHW attending a medical appointment with a recipient, and group services that take place in a meeting room of a medical setting. The care plan must be finalized prior to the CHW services being rendered.*

*SD Medicaid covered services include\*:*

- *Health System Navigation and Resource Coordination includes: Helping a recipient find providers to receive a covered service, helping a recipient make an appointment for a covered service, arranging transportation to a medical appointment, attending an appointment with the recipient for a covered medical service, and helping a recipient find other relevant community resources, such as a support group.*
- *Health Promotion and Coaching includes: Providing information or education to recipients that makes positive contributions to their health status, such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, and pregnancy and infant care, including prevention of fetal alcohol syndrome.*
- *Health Education to Teach or Promote Methods and Measures That Have Been Proven Effective in Avoiding Illness and/or Lessening its Effects, Such As: Immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards. Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit of the recipient, in accordance with the recipient's needs and care plan objectives, and for the purpose of addressing the diagnosis identified in the care plan.*

*Services may be provided to an individual recipient or a group of recipients. The group may consist of Medicaid recipients and non-Medicaid recipients. The group may not be larger than eight individuals.*

*\*The scope of services provided by a CHW Agency may be broader than what is covered by SD Medicaid.*

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### POLICY SUMMARY

- Staff Training process should entail the following:
  - The staff training policy should identify the processes and timelines for new staff orientation and annual staff training.
  - The CHW Agency must provide a new Employee Orientation to each new employee before the employee enters an eligible recipient's home unsupervised.
  - Each CHW must receive a minimum of 6 hours of training annually. At least three of these hours must be in the area of public health, chronic disease self-management, cultural competency, or disease prevention.
  - The CHW Agency must maintain a training record for each CHW including the date, length, and topic of each training completed.
  - The CHW Agency must provide training on mandatory reporting laws to staff on at least an annual basis.
  - The CHW Agency training must provide CHW and other staff training on the eligible recipient rights and responsibility policy on an annual basis.
  - The CHW Agency must educate employees on the scope of services policy annually.

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### SAMPLE POLICY

#### *Policy: Staff Training Policy*

*The CHW Agency will provide:*

- *New Employee Orientation (before offering CHW services to patients) is required to be completed within 30 days of start date*
- *A minimum of 6 hours of training annually*
  - *At least 3 of these hours must be in the area of public health, chronic disease self-management, cultural competency, or disease prevention*
- *A file of training records for each CHW including date, length, and topic of each training completed*
- *Training on mandatory reporting laws to staff on at least an annual basis*
- *Must provide staff training on eligible recipient rights and responsibility policy annually*
- *Education to employees on the scope of services policy annually*

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### POLICY SUMMARY

- The intake/admission process must include the provider's process for reviewing and accepting referrals from ordering providers as well as the process to ensure CHW Services will begin in a timely manner.
- The CHW Agency is expected to consider all referrals but may turn down a referral due to safety concerns, unavailability of staff, or inability to serve the eligible recipient's need.

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### SAMPLE POLICY

#### *Policy: Intake/Admission Policy*

- *Ordering provider will write an order that will be sent to the <organization>*
- *Ordering provider (MD, DO, PA, NP, CNP, or dentist) or qualified health-care professional supervised by the ordering provider will create a care plan for patient referral. The plan must meet the following requirements:*
  - *List the specific services required in meeting the written objectives*
  - *Include the frequency and duration of CHW services (not to exceed the provider's order)*
  - *The provider's order must not exceed a duration of one year*
  - *Specify the condition and/or barrier that the service is being ordered for*
  - *Include a list of other healthcare professionals providing treatment for the condition(s) or barrier(s)*
  - *Contain written objectives which specifically address the recipient's condition(s) or barrier(s) affecting their health*
- *CHW will reach out to patient referral within a timely manner, if accepted*
- *CHW Agency will consider ALL referrals but does have the right to turn down a referral due to safety concerns, unavailability of staff, or inability to serve the eligible recipient's need*



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### POLICY SUMMARY

- When the CHW Agency determines services to an eligible recipient must be discontinued by their agency the CHW Agency must provide 30 days advance written notice prior to the discharge date, unless the eligible recipient's home constitutes an unsafe environment for provider staff and/or the eligible recipient. The policy will include the discharge reasons.
- Any discharge reason must specify the reason for discharge

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### SAMPLE POLICY

#### *Discharge Policy*

*When the CHW Agency determines services to an eligible recipient must be discontinued by their agency, the CHW Agency must provide 30 days advance written notice prior to the discharge date, unless the eligible recipient's home constitutes an unsafe environment for provider staff and/or the eligible recipient.*

*Clients could be discharged from the Program for the following reasons (this is not an all-inclusive list):*

- *The client successfully completes the care plan goals and objectives*
- *The ordering provider determines if progress is being made toward the written objective and whether services are still medically necessary. If there is significant change in recipients' condition, providers will amend or discharge from the care plan*
- *The client or guardian asks for services to end*
- *The client or guardian refuses to participate in their treatment*
- *The client makes a serious infraction such as carrying a firearm on the premises or assaulting a staff member*
- *The client is determined to be a chronic and imminent risk to harm others when in the program*
- *The patient is unable to be contacted following a "no show" to an appointment. Program staff are to attempt to contact patients by phone following a "no show" to an appointment and to mail letters to patients if staff is unable to contact patient by phone*
- *The patient is a "no show" for three appointments*
- *The patient is non-responsive to reach out attempts, and unable to get into contact with the patient*

*This is not an all-inclusive list. Additional reasons for discharge could be referenced.*

### POLICY SUMMARY

- The confidentiality policy must include specifics on maintenance of recipient records, transmission of personal recipient information and confidentiality practices by staff.

### SAMPLE POLICY

#### *Policy: Eligible Recipient Confidentiality*

*The <organization> CHW staff must undertake appropriate administrative, technical, and physical safeguards to the extent reasonably practicable, to preclude PHI from intentional or unintentional use or disclosure in violation of HIPAA or Privacy regulations.*

*<Organization> program policies are in effect whether the workforce member is working off-site or in a <organization> facility and include the following requirements:*

#### *During your involvement with the CHW programming, you have the following rights:*

- *The right to be informed regarding the nature of the treatment planned to include benefits expected, risks involved, and participation in the development of the treatment plan*
- *The right to refuse treatment*
- *The right to reserve confidentiality*
- *The right to be treated with full recognition of your personal dignity, individuality, and need for privacy*
- *The right to receive services in adequate facilities*
- *The right to know the qualifications of the staff providing you services*
- *If you are found ineligible for services, the right to receive a written explanation, stating your rights for appeal, if any*

#### *General Rules of Confidentiality with the <organization> Program:*

- *Care should be taken that no devices and documents are left behind when going through airport security or on airplanes, subways, taxis, trains, or other locations*
- *The printing of confidential information from home computers should be kept to a minimum and only as needed in accordance with the <organization> program policies*
- *All media containing PHI or ePHI must be disposed of appropriately and must never be placed in regular trash. This includes printed information, faxes, hard drives, diskettes, and CDs*
- *PHI, whether on-site or off-site, must be locked at all times except during use by authorized personnel*
- *<Organization> program materials must be put away when not being used and kept in a secure location that is not accessible to others, including children, spouse, and visitors*
- *Passwords must not be shared or accessible to family members or others*
- *Any confidential information or ePHI sent from workstations, laptops, PDAs, and other mobile devices must be encrypted*
- *Antivirus software must be installed on all laptop, home computers, and mobile devices used for <organization> program business, and they must be password protected*
- *Limit the number of keys given to employees. Provide keys to areas and locked cabinets to only those employees whose job responsibilities require or necessitate access to the areas or cabinets where PHI is stored or located*
- *Limit access to filing areas and off-site storage facilities where records or items containing PHI are located to only those employees whose job responsibilities require access to such areas*

#### *Maintenance of Recipient Records:*

- *<Organization> program subscribes to the notion that professional service is not complete until it has been documented*
- *The <organization> program utilizes the \_\_\_\_\_ medical record system for documenting all patient contacts and services*
- *All CHW services provided to patients are documented in the \_\_\_\_\_ medical record. This is to provide continuity of care, so all members of the medical team can be aware of the work with the patient. Each staff member can access the record so they can provide continuity of services if the primary provider is not available.*

- Documenting patient contact within time limit (\_\_\_ hours) is required by each provider and is included in their Annual Performance evaluation

#### **Physical Security:**

- All persons (patients, visitors, vendors, and others) who are not authorized to have access to PHI should be supervised, escorted, or observed when visiting or walking through an area where PHI may be easily viewed or accessed
- Utilize a system of controlling the distribution of keys. Require all employees to return all keys upon the effective date of termination of their employment with <organization>, or when the job responsibilities of the employee no longer require access to the areas or cabinets accessed by the key or keys
- Doors should be locked at night unless authorized personnel need access to the rooms or areas after hours
- Access to areas containing PHI should be monitored and controlled to the extent possible

#### **Conversations:**

- Conversations with a patient and other conversations in which PHI is being discussed, over the phone or in person, should be made, to the extent possible, in a manner or in a location (or both) where persons who are not intended to be a part of the conversation or who are not authorized to receive the PHI (does not have a need to know), cannot easily overhear the conversation
- When having a conversation in a public area with a patient, the patient's family members, or other conversations in which PHI is discussed, conduct the conversation in a lowered voice, to the extent possible, so that those without a "need to know" cannot easily overhear the conversation
- Avoid using patients' names or the names of patients' family members or other patient identifiers in public hallways and elevators when persons who are not authorized to receive the information are present
- In an emergency situation, where a patient is hearing impaired or in other situations where the ability to discuss PHI quietly and in private may not be practicable, take reasonable precautions to preclude the disclosure of PHI to the extent possible.
- If needed, utilize white noise machines, acoustic tile, furniture arrangements and other means to make it more difficult for others to overhear conversations in areas such as waiting rooms or multipatient rooms

#### **Dictation:**

- Be aware of your surroundings and only dictate patient information where it cannot be overheard by others.

#### **Paging:**

- Overhead paging of patients and patients' family members should be kept to a minimum. Only request the page if it is urgent and you are unable to locate the patient or family by other means.
- Only the minimum amount of information should be used when paging. For example, "Mr. John Jones, please return to the clinic nurse's station."

#### **Sign-in Sheets:**

- Information on patient sign-in sheets should only include the patient's name and appointment date and time. Do not include unnecessary information such as patient complaint, date of birth, or other information that is not necessary for the sign-in sheet. Use of peel-off labels for patients to sign, which are then transferred to a sign-in sheet kept outside the view of other patients, is preferable to a sign-in sheet in view of other patients

#### **Voicemail / Answering Machine Messages:**

- When leaving a voice mail or answering machine message for a patient, always limit the amount of information disclosed to the minimum necessary, such as the provider's name and telephone number, or other information necessary to confirm an appointment, or to ask the individual to call back. For example, when confirming an appointment, the information should be limited to appointment date and time, the doctor's name, and a contact name and telephone number
- Do not leave messages that include laboratory and test results, or any other information that links a patient's name to a particular medical condition or the type of clinic or specialist the patient is seeing. (For example, "I am calling to remind Mrs. Brown of her chemotherapy treatment tomorrow at 10:00," is not an appropriate message)

- *Generally, when leaving a message with a family member or friend answering the patient's phone, the message should be limited to a request for the patient to return your call; and you may leave your name, telephone number, and the fact that you work at the <organization>. A patient's verbal permission or written authorization is NOT needed in these circumstances when leaving a message for the patient as directed by this policy and procedure*

**E-mail:**

- *E-mail sent must be encrypted before sending*
- *Non-<organization> approved email services such as Yahoo, Gmail, or similar services must never be used to transmit ePHI*
- *Secure Data Transfer is encrypted and can be used to send PHI*

**Social Networking:**

- *Electronic public displays of patient information without patient authorization are prohibited. This includes the posting of photographs, video or any information about <organization> patients through electronic means, including, but not limited to, social networking sites, such as Facebook, Twitter, Instagram, blogs, and similar services.*

**Faxing:**

- *For documents containing PHI that are faxed internally or outside the <organization>, all PHI will be handled with confidentiality. Faxes will be received at the front office only that remains locked when not occupied.*

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### POLICY SUMMARY

- Recipient rights and responsibilities

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### SAMPLE POLICY

#### *Patient Rights*

- *During your involvement with the CHW programming you have the following rights:*
  - *The right to be informed regarding the nature of the treatment planned, including benefits expected, risks involved, and participation in the development of the treatment plan*
  - *The right to refuse treatment*
  - *The right to reserve confidentiality*
  - *The right to be treated with full recognition of your personal dignity, individuality, and need for privacy*
  - *The right to receive services in adequate facilities*
  - *The right to know the qualifications of the staff providing you services*
  - *If you are found ineligible for services, the right to receive a written explanation, stating your rights for appeal, if any.*

*You have the right to rescind your consent. The consent will remain fully effective until it is revoked in writing, by you, the patient, or guardian. You have the right at any time to discontinue services.*

#### *Patient Responsibilities*

- *In order for your care plan to have positive and beneficial outcome, it is important that you attend scheduled sessions, make a genuine and sincere effort to work on the identified issues, and follow through with the recommendations*
- *A client and his/her guardian shall have certain responsibilities while receiving CHW services. These responsibilities include, but are not limited to:*
  - *Attending scheduled appointments or calling to cancel and reschedule as needed*
  - *Accompanying a minor to scheduled appointments or having the minor accompanied by a responsible adult*
  - *Treating staff with dignity and respect, and providing truthful and accurate information*
  - *Asking questions about anything you do not understand or are concerned about*
  - *Complying with medical advice and completing treatment*
  - *If for some reason you cannot attend a scheduled session, it is your responsibility to cancel and reschedule appointments. Giving a provider notice of a canceled appointment frees your provider to see other patients or make use of the extra time. Repeated failures to attend sessions or to provide adequate rescheduling notice will result in case closure and a new referral will be required to re-initiate services*

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### POLICY SUMMARY

- The documentation policy must outline how CHWs document each interaction with an eligible recipient.
- Documentation must be kept for each eligible recipient.
- Documentation can be kept in written or electronic form and must be easily accessible upon request.
- Documentation must include, at a minimum, the type of service performed including whether it was an individual or group service; a summary of services provided including the objectives in the care plan the service is related to; the eligible recipient receiving the service; the number of group members if a group service was provided; the date of the service; the location of service delivery; the time the service begins and ends; the name of the individual providing the service; and the signature of the individual providing the service.

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### SAMPLE POLICY AND PROCEDURES

#### *Policy and Procedures: Documentation*

- *CHWs will document each interaction with an eligible recipient*
- *CHW documentation will include:*
  - *Date of service*
  - *Eligible recipient's demographics receiving the service*
  - *Location of service*
  - *Service performed:*
    - *Individual or group*
      - *Number in the group*
  - *The time the service begins and ends*
  - *Name of individual providing service*
  - *Summary of services provided including the objectives in the care plan the service is related to*
  - *Signature of individual providing the service*
- *Documentation will be kept for each eligible recipient*
- *Documentation will be kept in electronic form and must be easily accessible upon request*

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### POLICY SUMMARY

- Process for reporting incidents and occurrences, including possible exploitation, serious injury, missing person, restraint, seclusion, and death.
- Process for doing periodic analysis of reported incidents and the development of a plan to monitor incidents and prevent future incidents.

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### SAMPLE POLICY

#### Policy: Incident Reporting

- *Any employee health or safety issue must be addressed on the \_\_\_\_\_ reporting system within \_\_ hours of the incident. The employee's immediate supervisor(s) should be notified as soon as possible*
- *Program requires quarterly reviews of the clinical records and periodic reviews of clinical records policies*
- *Infection control considerations: the policy and procedure must be followed if the incident involves an infection control issue*
- *An incident that occurs in and/or on the facility grounds must be reported using the \_\_\_\_\_ reporting system on the computer and/or to the supervisor(s) of the program*
- *Examples of Incidents and Occurrences including, but not limited to:*
  - *Assaults*
  - *Bomb threats/bombing*
  - *Breach of confidential information*
  - *Burglary*
  - *Civil disturbances, both external and internal*
  - *Disorderly patients*
  - *Gang activity*
  - *Homicides*
  - *Impostors*
  - *Infant/child abduction*
  - *Kidnapping*
  - *Human trafficking*
  - *Loss of information*
  - *Loss of emergency communications*
  - *Pilfering, tampering, or theft of medication*
  - *Robbery, armed/unarmed*
  - *Strikes, both internal and external*
  - *Terrorism*
  - *Theft, including patient, visitor, staff, or facility property*
  - *Vandalism*
  - *Workplace violence between patients, visitors, or staff*
- *Routing will occur as follows:*
  - *Originator of report; the person discovering the incident that has occurred*
  - *Attending medical provider (if applicable) for medical concerns*
  - *<insert administrators and personnel to include in reporting>*
  - *for maintaining and routing of appropriate forms*
- *The <insert administrator/personnel here> will determine if further action is necessary and route to appropriate personnel*
- *The <insert administrator/personnel here> will initiate discussion on appropriate reports*

### POLICY SUMMARY

- Identify CHW Agency policy for handling emergency situations.

### SAMPLE POLICY

#### Policy: Emergency Response

- *Providers will use an appropriate risk assessment to determine level of response needed for the individual receiving CHW services and follow protocol to meet safety standards*
- *The following procedures apply when there is an individual or individuals whose behavior is threatening, combative, belligerent, disruptive, verbally abusive, potentially violent, or completely irrational and there is no weapon involved. If CHW patient has a history of violence or risk, CHW will take a team approach and meet with patient together for safety precautions*
- *The person who observes or is the recipient of any of the behaviors above and in his or her judgment acknowledges the activity cannot be resolved without intervention will activate "Code Man," by pushing the "page" button and announcing, "Code Man" and location. This will be repeated three (3) times*
  - *Immediately after activating "Code Man", the individual will dial 911 to notify law enforcement to be dispatched to the facility. This individual will then remain on-site to brief the arriving law enforcement officers*
  - *All available staff members, upon hearing "Code Man" will move rapidly to the location of the "Code Man" as a show of force to help defuse the situation*
- *The following steps will be taken to protect staff, visitors, and patients and minimize potential damage to property, and confidentiality breaches, when a situation has escalated or appears to be escalating:*
  - *If they have not already gotten out of the way of harm, move all patients and visitors away from the point of the altercation to protect them from possible injury, and to protect confidentiality of the client*
  - *Move property away from the point of the altercation to protect it from damage*
  - *Let the person in charge of the facility know what is occurring*
  - *Take the patient to the closest, safest area away from other patients to adhere to safety and patient confidentiality*
  - *Activate the internal disaster plan, if necessary*
  - *If a physical altercation or heated verbal disturbance is occurring when law enforcement arrives and they observe it, they will take charge and arrest one or more of the participants and file the necessary charges against the perpetrators*
  - *An employee who visually observes the altercation will write a statement attesting to what they have observed, after informing their immediate supervisor or director*
  - *The Safety Officer or other person appointed by the director will investigate and complete an incident report on the incident. The report will be discussed at the Safety Committee for necessary follow-up action, if needed*
  - *Clinical judgement and incident context will be used to determine the appropriateness of contacting the client through designated platform of phone call to wait with client until emergency services arrive*
  - *Providers will document incident, emergency response, and any additional related contact. The provider will create an incident report and notify supervisor*

*Following the incident, a clinical debrief will be provided the designated supervisor(s). This process will also be used to evaluate the reporting process. This information will be added to qualitative data related to the process of reporting to enhance treatment protocols for CHW providers and provide clients with best possible care.*



### POLICY SUMMARY

- The policy must include detail on the use of universal precautions.

### SAMPLE POLICY

#### *Policy: Health and Safety Including Universal Precautions*

*The CHW Agency falls under the <organization> Service Health and Safety Universal Precautions: Provide guidance for interactions between patients and healthcare providers to prevent the transmission of infectious agents associated with healthcare delivery.*

#### *Policy*

- *Standard Precautions are required for care of all patients in facilities, regardless of diagnosis or presumed infection status, to reduce the risk of transmission from both recognized and unrecognized sources of infection*
- *Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all patients regardless of their diagnosis or suspected infection status and includes:*
  - *Blood*
  - *All body fluids, secretions and excretions, except sweat, whether or not they contain visible blood*
  - *Nonintact skin*
  - *Mucous membranes*
- *Standard Precautions include:*
  - *Hand Hygiene*
  - *Personal Protective Equipment (PPE) is used to protect personnel from contact with infectious agents, and to prevent personnel from carrying these infectious agents from patient to patient:*
    - *Gloves:*
      - *To be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and other contaminated items, i.e., equipment. Gloves do NOT take the place of hand hygiene*
      - *Gloves should be changed between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms*
    - *Gowns:*
      - *To be worn during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated to prevent soiling or contamination of clothing and to protect skin. Gowns are to be removed before leaving the patient's environment*
    - *Mouth, Nose, Eye Protection:*
      - *Masks, goggles, face shields, and combinations of each, according to the need anticipated by the task performed, to protect the mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions*
  - *Respiratory Hygiene/Cough Etiquette:*
    - *Healthcare personnel shall be educated on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (i.e., influenza, RSV, adenovirus, parainfluenza virus) in communities*
    - *The following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a healthcare setting (i.e., triage, reception and waiting areas, outpatient clinics, and physician offices) shall be implemented:*
      - *Signs shall be posted at entrances and in strategic places (i.e., elevators, cafeterias) within ambulatory and inpatient settings, with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and*

- dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions
  - Tissues shall be provided, as well as no-touch receptacles for disposal of said tissues
  - Resources and instructions shall be provided for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings, conveniently located dispensers of alcohol-based hand rubs, and, where sinks are available, supplies for hand washing shall also be provided
  - Face masks shall be offered to coughing patients and other symptomatic persons (i.e., persons who accompany ill patients) upon entry into the facility or medical office
- **Personnel Safety:**
  - Federal and state requirements for protection of healthcare personnel from exposure to blood borne pathogens shall be adhered to
  - Patient resuscitation:
    - Use mouthpiece, resuscitation bag, and other ventilation devices to prevent contact with mouth and oral secretions
- **Patient Placement:**
  - The potential for transmission of infectious agents shall be considered in patient placement decisions. Place patients who pose a risk for transmission to others (i.e., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) shall be placed in a single-patient room when available
  - Patient placement shall be determined based on the following principles:
    - Route(s) of transmission of the known or suspected infectious agent
    - Risk factors for transmission in the infected patient
    - Risk factors for adverse outcomes resulting from an HAI in other patients in the area or room being considered for patient placement
    - Availability of single-patient rooms
- **Patient-Care Equipment and Instrument/Devices:**
  - Established policies and procedures for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids shall be followed
  - Organic material from critical and semi-critical instrument/devices shall be removed using recommended cleaning agents
  - PPE (i.e., gloves, gown) shall be worn and selected according to the level of anticipated contamination, when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids
- **Care of the Environment:**
  - Established policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling shall be followed
  - Surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (i.e., bed rails, over bed tables) and frequently touched surfaces in the patient care environment (i.e., doorknobs, surfaces in and surrounding toilets in patients' rooms) shall be cleaned and disinfected on a more frequent schedule compared to that for other surfaces (i.e., horizontal surfaces in waiting rooms)
  - EPA-registered disinfectants that have microbicidal activity against the pathogens most likely to contaminate the patient-care environment shall be used in accordance with manufacturer's instructions  
Note: When there is evidence of continuing transmission of an infectious agent (i.e., rotavirus, *C. difficile*, norovirus) that may indicate resistance to the in-use disinfectant, the efficacy of the in-use disinfectant shall be reviewed and if indicated, a change may be made to a more effective disinfectant.
  - Established policies and procedures shall be followed for cleaning and disinfecting toys at regular intervals.
  - Multi-use electronic equipment, including those items that are used by patients, items used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently shall be cleaned and disinfected after each patient use.
  - Barrier (Chux or Paper towels) - Will be placed between patient care environment (e.g.: bed tables, bed, counter tops, etc.) before placing instruments or equipment.

### POLICY SUMMARY

- The written quality assurance and improvement plan must detail all activities conducted by the CHW Agency to ensure quality service provision.
- The CHW Agency must also specify how the CHW Agency will discover, fix, and report problems.

### SAMPLE POLICY

#### Policy: Quality Assurance Policy

The <organization> will fall under the <organization> \_\_\_\_\_ program. The \_\_\_\_\_ program is developed under the director of the <organization>.

*Purpose:* to provide guidelines for collecting, analyzing, and using data to identify, address, and monitor \_\_\_\_\_ to continually improve the quality of care provided by the <organization>

*Scope:* The \_\_\_\_\_ program addresses the care to all patients of the <organization> and is inclusive of all functions and processes carried out within the organization

*Responsibilities of the \_\_\_\_\_ Committee:*

- The \_\_\_\_\_ Committee will strive to meet monthly, but no less than quarterly
- Reporting significant findings and recommending actions to the <organization>, medical staff, clinic administration, and, when deemed necessary, all departments
- Developing, organizing, implementing, and monitoring the \_\_\_\_\_ program
- Members of the committee are required to attend at least \_\_\_\_% of the time during the reporting year
- The \_\_\_\_\_ Committee will provide a written report to the <organization>
- Members include, at a minimum, the following:
  - <Organization director or manager> - Chairperson
  - <List members>
  - Supervisors of <organization>

*Objectives:*

- To develop and implement data collection processes that support quality assurance and performance improvement
- To develop and implement data analysis processes that support quality assurance and performance improvement
- To develop and implement performance improvement activities that increase safety and quality. All quality assurance and performance improvement activities must be based on relevant data collected and analyzed
- Identified areas for improvement:
  - Improve patient experience
    - Patient Satisfaction
    - Access to Care
    - Continuity of Care
  - Improve patient access to health care services
  - Increase the knowledge base of organization leadership on quality improvement education

### POLICY SUMMARY

- The eligible recipient grievance policy must include how the eligible recipient is notified of the grievance policy, where grievances are reported and the process for addressing and resolving eligible recipient grievances and feedback.

### SAMPLE POLICY

#### *Policy: Eligible Recipient Grievances*

*The patient has the right to access an established patient appeals procedure. The patient, a relative, or representative of the patient has the right to take complaints on health services to either the \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, or other designated patient advocate.*

*The nature of the complaint should be specifically stated in regard to the time, date, place, and persons involved and should also be in writing.*

*The \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ should foster among other staff members an attitude of willingness to listen, to discuss, to try to understand, and to help resolve patient complaints. If complaints are found to be reasonable and justified, an effort should be made to prevent similar complaints in the future. Quality Improvement (QI) shall be implemented to enhance determination of appropriate actions to be implemented in order to prevent a re-occurrence.*

*The administration shall recognize that any and all data reviewed by them shall be held in strict confidence and adherence to the Privacy Act. Any breach of this confidence may result in disciplinary action.*

*Verbal complaints will be addressed at the lowest level possible. When CHW personnel are confronted with a verbal complaint, they should make every attempt to resolve the complaint on their own. If the complaint cannot be resolved, then forward the issue to their next level of management for further resolution. The <organization> Supervisor(s) will gather all pertinent information and place it in a written format.*

*Patients willing to complete a written complaint must include, at a minimum, the following information:*

- *The name of the patient involved*
- *The name of the CHW personnel involved*
- *The date, time, and place of the incident*
- *The exact nature of the complaint*
- *What steps have been attempted to resolve the issue*

*Patients should submit the documentation to the \_\_\_\_\_ or \_\_\_\_\_ within \_\_\_\_\_ (#) calendar days from the date of the occurrence.*

*The \_\_\_\_\_ will send a letter acknowledging receipt of the complaint to the patient within 24 hours of receipt. The \_\_\_\_\_ will forward the complaint to the \_\_\_\_\_, who will proceed with an investigation and will make every attempt to resolve the issue, within 30 working days from the receipt of the complaint. The patient has the responsibility to participate in the investigation if so required. Prior to the release of any information, the patient must submit to the \_\_\_\_\_ a signed statement authorizing the release of medical information (available at \_\_\_\_\_). Due to the Privacy Act, the patient can only be notified that we have responded to their grievance, and corrective action has been taken.*

*At the conclusion of the investigation, a written letter will be sent to the complainant of the corrective action that has been taken. Those complaints that require Governing Body / Human Resource action will be taken to the \_\_\_\_\_ for remedial action. The \_\_\_\_\_ will be notified, and the case reviewed immediately if any potential medical risk is involved. More complicated grievances may extend beyond 30 working days. In matters of medical or other professional judgment, the right of review by \_\_\_\_\_ is recognized.*

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### POLICY SUMMARY

- The gifting policy must detail the CHW Agency's expectations and prohibitions for staff accepting gifts from eligible recipients.
- Per ARSD 67:16:01:07 payment by South Dakota Medicaid is considered payment in full for CHW Services. No additional charges may be made to the eligible recipient, family, or friends for covered services.

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### SAMPLE POLICY

#### *Policy: Gifting Policy*

*Per ARSD 67:16:01:07 payment by South Dakota Medicaid is considered payment in full for CHW Services. No additional charges may be made to the eligible recipient, family, or friends for covered services.*

*There are challenges when accepting gifts from clients. It is important being culturally sound to recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, CHW care coordinators must take into account the working relationship, the monetary value of the gift, the client's motivation for giving the gift, and the CHW care coordinator's motivation for wanting to accept or decline the gift.*

*Under no circumstances should a gift be expected or rewarded. Any professional should be keenly aware of potential ethical entanglements involved in gifting, and it is up to the professional to determine whether gifting may risk or promote therapeutic growth. Where there is doubt, caution is always the wisest path.*