

## IDOA & Agency Specific Policies

### New Hire Preservice Training (if applicable)

I have had previous documented and supervised training within the past 2 years prior to this employment, equivalent to 24 hours of homecare aide pre-service training by an approved DOA/DHA provider within the State of Illinois; or successfully completed CNA training and has been employed in the field within the past 2 years; or has been employed as a CCP homecare aide within the past year. I have been informed of the minimum qualifications and training necessary for employment as a Home Care Aide and based on the above statement I may be exempt from the 24 hour preservice training. Thereafter, a minimum of 12 hours per calendar year of interactive, (face-to-face, audiovisual presentations, computer-based instruction, etc.) in-service training approved by the provider agency shall be mandatory for all homecare aides. Pre-service training shall fulfill the first 3 hours of in-service training required for new employees, except for homecare aides exempted under subsection (b)(3)(B).

### Do Not Drive Transportation Policy:

To ensure client and employee safety and to prevent injuries that may result from automobile accident while transporting clients in personal vehicles. Home Care Aide is not allowed nor responsible for a client's family and/or friend with transportation involving use of their personal vehicle during work hours. Employees are strictly prohibited from transporting a client during work hours. Home Care Aide may run errands in their vehicle independent of the client. Should the client require assistance with transportation outside their home the Home Care Aide may accompany the client on errands and appointments by way of public transportation such as PACE, Metra, CTA or other private transportation. The policy is in force anytime during work hours. Violation of the policy is grounds for immediate termination.

### Hepatitis B Vaccine Declaration

I understand that due to my occupational exposure to blood or potentially infectious materials may be at risk of acquiring Hepatitis B (HBV) infection. I have been informed that I should consult my own personal physician or clinic to be vaccinated.

### Subject: Confidentiality Statement

I understand and agree that in the performance of my duties for Nett-Hands Home Care, Inc. which I must hold medical information in confidence. I have been told the violation of this confidence is grounds from immediate termination of employment and such case that I would not be rehired. I further understand that criminal penalties may apply

### Reporting Child, Elderly and Dependent Adult Abuse (800-252-8966)

Illinois law requires the reporting of incidents of child, elderly and dependent adult abuse that come to your attention in your professional capacity. Section 15630 of the Welfare and Institutions code: Any elder or dependent adult care custodian, health practitioner or employee of a county adult protective services agency or a local law enforcement, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repletion of the injury, clearly indicates that behavior constituting physical, verbal abuse or financial exploitation shall report the known or suspected instance of abuse.

### Cell Phone Policy, Guidelines and Disciplinary Action

In general, cell phones should not be used when they could pose a security or safety risk, or when they could pose a security or safety risk, or when they distract from work tasks. Use of cell phones at inappropriate times or in ways that distract from work may lead to termination of employment. Cell phone usage for illegal or dangerous activity, for purposes of harassment, or in ways that violate the company confidentiality policy may result in employee termination.

### Dress Code Policy

You must adhere to the following standards in dress and appearance: When working a shift always wear a neat, clean uniform; stains such as bleach or food should not be worn to work. Wear jewelry sparingly. Keep fingernails trim and clean. Exposed explicit tattoos are strictly prohibited. No head gear of any type, such as hats or scarves, should be worn. Open toe footwear is strictly prohibited for your personal safety. You must adhere to the dress code policy or **NOT WORK**. Your ID badge is part of the dress code. Additionally, as with any dress code, a reasonable accommodation for an employee's disability or sincerely held religious beliefs and practices will be permitted.

### Acknowledgement and Consent for Drug Screening of Blood and/or Urine and Authorization for Release of Information to Agency

Nett-Hands Home Care, Inc. may request a drug screening of my urine and/or blood. I acknowledge that: I freely and voluntarily consent to the drug screening of my urine and/or blood. I authorize the release of the results of my drug screen to the agency.

(FHCA, Marketing& Recruiting Activities, Influenza Policies see Attached)

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_