



**NATIONAL
SEATING &
MOBILITY**

Policies & Procedures

February 2019

All National Seating & Mobility policies and procedures contained in this manual, and those posted on all other company communications, apply to all owners, directors, officers, and employees equally unless otherwise indicated.

TABLE OF CONTENTS

Introduction – Policies & Procedures	6
SECTION 01 – CLIENT CARE	7
Services Offered by NSM	7
Service Criteria/Referrals Policy	8
Assignment of Employees	9
The Referral, Evaluation, Delivery and Billing Process	10
The Equipment and Service Delivery Process	10
Initial Assessment for NSM Equipment or Services.....	13
Development, Review & Revision of Plan of Care, Treatment and Services	14
Documentation that Makes Up the Plan of Care	14
Revision/Update of the Plan of Care.....	15
Information Provided to Client at Delivery.....	16
Shipping Equipment	17
Client Participation	18
Discontinuing Equipment	19
Non-English Speaking Clients and Special Communication – LEP	20
Transfer of Service.....	20
If the Client Does Not Meet Equipment & Service Delivery Criteria	20
Financial Hardship Reduction or Waiver	20
SECTION 02 - CLIENT RIGHTS, RESPONSIBILITIES.....	21
Client Rights and Responsibilities.....	21
Complaint and Incident Resolution	23
Consequences of Refusing care.....	26
Written consent for release of information	26
Client Confidentiality.....	27
Section 3 - Code of Ethics and Resolving Ethical Issues	28
Code of Ethics	28

Resolving Ethical Issues 29

Clinical Decision Making is Protected from Financial Decisions 29

Fraud and Abuse 30

Convicted/Ineligible/Excluded Individuals 30

Conflicts with Values / Beliefs 31

SECTION 04 - SAFETY MANAGEMENT 32

 Safety Training 32

 National Patient Safety Goals 32

 On-Going Education of Client, Family Members and Staff 34

 Basic Home Safety 34

 Client Education & Re-Education 34

 Client Injuries/Sentinel Events 35

 Root Cause Analysis of Sentinel Events 35

 Identifying Victims of Abuse or Neglect 36

 Identifying Abuse 36

 Nutritional Assessment 37

 Work Related Injuries 37

 Emergency Operations 38

 Fire Protection and Safety 44

 Pet and Animal policy 45

 Electrical Grounding Procedure 45

 Vehicle Safety 46

 General Vehicle Safety 46

 Vehicle Inspections 46

 Use of Portable Ramps in Vehicles 46

 Safety Data Sheets (SDS) 47

 Semi-Annual Safety Inspection of Workplace 48

 Employee Security 48

SECTION 05 - INFECTION CONTROL 49

Infection Control - Exposure	49
Exposure To Blood and Body Fluids/Blood Borne Diseases	49
Exposure to Airborne Infectious Diseases	49
Jobs With Risk of Exposure and Vaccinations.....	50
Jobs With Risk of Exposure.....	50
Hepatitis B Vaccination	50
Influenza Vaccination	50
Tuberculosis Testing.....	51
Infection Control Training.....	51
Precautions for Protecting Employees From Infections	52
Protective Equipment and Supplies	52
Precautions in Vehicles	52
Additional Precautions	52
UNIVERSAL PRECAUTIONS	53
“AT Risk” Employees.....	53
Notice of Client Infectious Disease.....	54
Infection Control During Client Contact	55
Hand Hygiene	56
Equipment Infection Control	57
Picking Up or Exchanging Equipment.....	57
Designated Areas for Equipment Storage	58
Cleaning & Disinfecting Equipment.....	59
Tags	59
Delivery Vehicles	60
Pre-Delivery Inspection	60
On-going Cleaning Of Equipment by Client / Caregiver	60
Evaluating Employee and Client Infections	61
Employee Infections.....	61
Client Infections	61

Post-exposure Monitoring..... 62

Managing an Influx of Potentially Infectious Clients 63

SECTION 06- MANAGEMENT OF INFORMATION 64

 The Client Record 64

 Authority to Access and Update Client Files 65

 Record Retention Policy 65

 Confidentiality & Release of Information from the Client's Record 65

SECTION 07- PERFORMANCE IMPROVEMENT (PI)..... 66

 National Seating & Mobility Performance Improvement Plan..... 66

 Purpose 66

 Integration with Mission, Vision and Goals..... 66

 Objectives..... 66

 Scope and Organization 67

 Collection and Continuous Monitoring Of Data - Client Satisfaction and Safety 69

 Aggregation and Analysis of Data 70

 Performance Improvement Initiatives 70

 Client Safety Program..... 70

 Confidentiality 70

SECTION 08 - LEADERSHIP and MANAGEMENT OF HUMAN RESOURCES 71

 Mission 71

 Conflict of Interest..... 71

 Policy Development and Responsibility 71

 Pre-Employment Selection 72

 Employee Orientation and Competency/Proficiency 72

 Employee Training..... 72

 Evaluation of Employees..... 74

 Verification of Licensure 74

 Verification of Driver Licensure..... 74

 Verification of Professional Licensure 74

Continuing Education / In-services 75

SECTION 09 – EQUIPMENT MANAGEMENT 76

Equipment Selection & Delivery 76

Repairs 76

Equipment Set Up & Delivery 76

 Demonstration Only / No Transfers 76

 Basic Environmental Safety 77

 Electrical Connections 77

 Client Education 78

Clinic Deliveries 78

Routine and/or Disposable Supplies 79

Equipment Tracking 79

Recalls 79

Legend Item Distribution – CA locations 80

 Licensing 80

 Distribution 80

Equipment Function Checks 81

SECTION 10 – APPENDIX 82

 Exhibit A – Infectious Disease Transmission 82

 Exhibit B – Work Restrictions for Personnel Exposed to Infectious Diseases 83

 Exhibit C – Complaint Resolution Form Instructions 85

 Exhibit D – Emergency Operations Worksheet and Post-Event Review 89

Section 11 - Forms 103

Section 12 – Revision History 103

INTRODUCTION – POLICIES & PROCEDURES

This manual has been prepared to explain National Seating & Mobility's general policies and procedures. The information in this manual may be changed as business, legislation, and economic conditions dictate. If and when policies and procedures are changed, you will be given notice of these changes and updates will appear on WNSM.

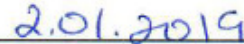
The manual is reviewed continually and revised and updated as needed. Revisions are noted with the date the changes were made at the end of the updated content.

The manual is presented and maintained in electronic format to ensure that the most current, updated version is always available. Printing paper copies is not recommended unless they are to be used for training or review purposes.

The President, CEO or COO of National Seating & Mobility verifies that the policies contained herein are current and in force by annually signing below.



Signature



Date

SERVICES OFFERED BY NSM

NSM provides Complex Rehab Technology services and equipment.

Services include but are not limited to:

- Seating Systems
- Power Wheelchairs
- Manual Wheelchairs
- Assistive Technology
- Other Durable Medical Equipment
- Repairs
- Modifications

Evaluations, fittings, repairs and deliveries are scheduled Monday through Friday during normal business hours, which may vary by location.

National Seating & Mobility does not provide any products or services which would be considered life support by nature. As a result, we do not offer 24-hour, 7-days per week services to clients.

National Seating & Mobility does not and will not be involved with experimental therapy or treatments.

No “hands-on” care or treatment is provided by National Seating & Mobility. This includes, but is not limited to, performing or assisting in transferring clients in and/or out of their wheelchair or other equipment.

Direct billing to insurance and other payers is done on assigned claims. The client is informed of their coverage and any financial responsibility they may have for equipment or services received from NSM. The client is responsible for notifying NSM of any changes in their insurance status.

Office hours vary by branch and office needs and requirements. All NSM locations will inform clients of office hours and post office hours prominently on the front of the building.

All NSM locations will provide a private, clean, and safe room for fittings and evaluations. If no separate room is available, privacy will be provided by the use of an approved screen.

Because we serve a medically fragile population, animals other than service animals are not allowed in NSM locations.

SERVICE CRITERIA/REFERRALS POLICY

Services are available to all clients who meet the service criteria regardless of age, race, color, religion, gender, disability, national origin or sexual orientation, in accordance with the Civil Rights Act of 1964.

Acceptance of clients requesting services is based upon a reasonable expectation that the clients' medical equipment needs can be safely and adequately met in a timely manner in the clients' place of care.

There must be adequate and suitable personnel and resources to provide the services requested.

For products requiring a doctor's prescription for billing purposes, the following criteria are applied:

- The client is under the care of a physician who may supervise the continuing care of the client.
- Client has medically necessary health care needs requiring prescribed NSM products and services.
- Client's home place of care has adequate physical facilities for rendering proper and safe use of equipment (this may not be able to be determined until time of evaluation).
- The availability and/or attitudes of family members or other care providers demonstrates an ability and willingness to participate in the client's care, if necessary.
- Client meets the criteria established for the specific equipment ordered by his/her physician.
- NSM can comply with the physician's orders.
- The client resides within the geographic area serviced by NSM.

Clients are provided equipment and services upon the orders of their physicians, when an order is required.

Clients are accepted for service under a financial/payment plan developed in advance in conjunction with the client, third party payer and/or other financial resources.

NSM will, as appropriate, assist the referring individual or organization and the client in identifying additional and/or alternative services, if possible, when NSM is unable to provide the requested services.

NSM may provide rehab technology services and equipment without a doctor's prescription if one is not required by the client's payer. In any case, NSM will work to ensure that the client is properly fitted with safe and functional equipment.

ASSIGNMENT OF EMPLOYEES

Appropriate qualified employees that possess the skills, knowledge base and experience to perform the assessment of the client's needs are notified of requests for NSM services. The training and qualification process is documented in the orientation and competency / proficiency reviews.

The Rehabilitation Technology Supplier (RTS) is responsible for working with the physician, physical therapist or occupational therapist, as applicable, and the client, family and/or care providers to develop equipment specifications, measurements and documentation. The RTS assists, as appropriate, with the physical evaluation and performs the technology assessment.

Technicians with the appropriate skills are responsible for evaluating client equipment for repairs and adjustments. They may also work with the client, family and/or care givers to provide additional instruction on the proper and safe use and maintenance of equipment, as needed.

The Branch Manager is responsible for making certain that all employees adhere to all policies and procedures. In the event of the Branch Manager's absence, the chain of command detailed in each branch's Organizational Chart will be followed. If the absence is short-term in nature, no notification is necessary. If the absence is considered long-term or if the Branch Manager is terminated and/or replaced, the branch's corporate support contact will notify any state or local agencies in adherence with state and local regulations.

THE REFERRAL, EVALUATION, DELIVERY AND BILLING PROCESS

THE EQUIPMENT AND SERVICE DELIVERY PROCESS

NOTE: Not all steps will apply to all types of equipment & service delivery processes.

Requests or referrals are received from referral sources or clients to evaluate a client for new equipment, modifications to existing equipment or repairs to equipment.

When a request for service is made:

1. The appropriate NSM employee obtains intake information regarding the client, their payer and the equipment evaluation or repair requested. The initial information should include:
 - a. Complete address information, street/mailling/permanent address as well as all primary and secondary insurance information. Information not available at initial intake will be obtained prior to providing services.
 - b. Emergency contact/next of kin information will be obtained at the time of referral, or if the information is not available at the initial referral, the Customer Service Representative (CSR) should communicate with the RTS or technician to obtain this information at the time of first client contact.
2. The CSR, technician, or RTS ensures that the services and equipment that are requested for the client are available and are within the scope of services provided by NSM.
3. The RTS or technician, if appropriate, reviews the client's general needs and possible products or services that will meet those needs.
4. The RTS, technician, or their designee schedules an appointment for evaluation. NSM's goal is to complete the initial evaluation in as few as 30 days.
5. The RTS or technician prepares for the evaluation. If appropriate, literature on options is gathered, manufacturers are contacted, and access to necessary evaluation / loaner equipment is obtained.
6. The RTS or technician meets with the client, and as appropriate, with family, referral sources and/or care providers. The RTS or technician supplies the client with the Client Rights & Responsibilities, Medicare Supplier Standards, if applicable, Notice of Privacy Practices and any other appropriate documents.
7. The RTS or technician, preferably along with members of an interdisciplinary medical team, will evaluate the client to determine the equipment needs. Short-term and long-term factors are considered. Specific measurements are taken.
8. Various equipment and service options are reviewed. Choices of models, construction, materials and components are evaluated. Special accommodations, which may be required to meet the medical and functional goals of the client, such as contoured seating or heavy-duty construction, are noted. Avoidance of serious and costly medical intervention from such possibilities as pressure sores is

considered. Transportation and accessibility issues are addressed. If further research is needed, the RTS or tech makes notes and schedules the next meeting.

9. In some cases, multiple evaluations may be performed involving equipment trials and visits to the home and to other locations as needed. As a part of the seating and mobility assessment, and in certain other situations, equipment may be provided for trial use and to simulate options being considered.
10. Various demo equipment items may be provided from the NSM inventory or from manufacturers' demo stock. Sophisticated evaluation equipment, such as seating system simulators, may be utilized as appropriate to evaluate and assess the needs of the individual and determine the most appropriate recommendations.
11. Additional research is performed as needed. Manufacturers, funding sources, etc. are contacted, as needed. The results are communicated and reviewed with the appropriate parties.
12. Recommendations are finalized and specific equipment to be provided is agreed upon.
13. The RTS or technician prepares a work order detailing all equipment and components to be ordered. Specific manufacturers, part numbers and prices are indicated. If appropriate, complete wheelchair and seating system purchase order forms are completed. The RTS obtains client/family/therapist/physician approval.
14. The client / family / caregiver must be informed of their expenses (co-pay or COD amount) for NSM services at the time of the initial commitment to have NSM provide equipment.
15. The funding process and related coverage/medical necessity criteria are reviewed. NSM coordinates the preparation of any required documentation of medical necessity with the therapist and/or physician. When appropriate, prior approvals are obtained.
16. Information including order forms, product detail, documentation of medical necessity, evaluation notes and any other applicable information is entered into the electronic work order. A paper copy of signed documents is retained in a client file, as required by the payer.
17. As part of the funding approval process, requests for additional information are responded to by NSM personnel, who will also follow-up and attempt to resolve denials.
18. Funding approval is obtained by NSM personnel. If required, information is prepared and a package including documents required by the payer(s) is submitted for prior approval. The approval packet is submitted and tracked as required.
19. Once funding approval is received per NSM Credit Policy, purchase orders are issued for all manufacturers. Components may be received from a number of different manufacturers.
20. As equipment is received, it is stored in a holding area until all items for the order have arrived.
21. Once all items have arrived, the client order is assembled in accordance with evaluation measurements as noted.
22. Required custom components are fabricated and/or modified as outlined in the evaluation notes. Equipment is assembled and inspected in accordance with manufacturer's specifications.
23. Assembled equipment is inspected and any potential problems are noted for follow-up. In the case of repairs, the equipment is inspected to be certain it has been restored to new or like new condition, according to manufacturers' guidelines and specifications. (April 2012)

24. The client and/or therapist are contacted to arrange for delivery or first fitting. For complex cases, this first fitting may be an opportunity to assess the original evaluation and review any additional modifications required. On site evaluations may be performed to examine accessibility concerns and options at the home or other location.
25. If a fitting is done prior to final delivery, NSM employees will document any modifications needed and return the equipment to the shop for completion of modifications. Any additional modifications are performed as noted and final delivery is scheduled.
26. Equipment is delivered as scheduled. The delivery area is determined to be clear of obstacles with adequate lighting. (March 2008) Fitting and adjustments are performed.
27. Operating instructions and maintenance requirements are reviewed. The client is advised of their Rights and Responsibilities and the safe and appropriate operation and care of their equipment. Operating instructions and maintenance requirements are reviewed. The Delivery Checklist is completed.
28. The client signs the Delivery Ticket and Delivery Checklist, confirming their acceptance of the equipment and their understanding of safe and proper care and usage.
29. If personnel at a facility are performing the final delivery, NSM will verify that the facility accepts responsibility that the above conditions are fulfilled when the facility's professional employees are delivering the equipment. NSM will ensure that the facility personnel are trained on the process for delivering the equipment and will make certain that the client receives proper education regarding use of the equipment and safety considerations. The facility personnel must agree that the Client Rights and Responsibilities and Equipment Safety Considerations will be provided to the client and that the Delivery Checklist will be completed.
30. Completed paperwork is processed and filed and an electronic record is completed.
31. A claim is submitted for billing.
32. For unassigned claims, NSM may submit billing on the client's behalf as a courtesy, per NSM Credit Policy.
33. For seating, positioning and/or specialty assistive technology orders, a follow up phone call or email is made to the client, caregiver or therapist to confirm that the equipment meets the client's needs and that it can be used in all areas of the home the client needs to access. The phone call or email contact may be made by any qualified employee and is documented by a note in the client's order. The follow up contact will be made within 15 days of the final delivery. (November 2012)
34. Any subsequent requests from the client or therapist for adjustments or operational concerns are responded to appropriately and are noted in the client file.
35. Outstanding invoices are followed-up on through final collection.

INITIAL ASSESSMENT FOR NSM EQUIPMENT OR SERVICES

During the initial evaluation, the following information and/or documents will be presented to the client, family or care providers:

- NSM's hours of operation
- Street address of NSM branch office
- Contact phone number(s)
- Client Rights and Responsibilities, with a verbal explanation by NSM representative of NSM's complaint procedure and our interest in soliciting client feedback.
- HIPAA Privacy Information/Privacy Practices
- ABN if the RTS or technician is aware that the intake information indicates a possibility that Medicare may deny payment on this supply or equipment (if the client is a Medicare beneficiary)

Rehabilitation Technology Suppliers (RTSs) are the individuals who are qualified to perform the initial assessment for new equipment and subsequent re-assessments. NSM technicians are qualified to perform repair and modification evaluations. The required skills, experience, knowledge base and other qualifications for these positions are outlined in the Human Resources manual, along with job descriptions, orientation, and competency / proficiencies.

In evaluations for new equipment or modifications, RTSs will gather information about the client's environment(s) and will recommend equipment that is safe to use and appropriate for the various places where it will be used. The RTS will also document equipment already in use by the client with an entry into the note field of the client demographics, including the provider of other equipment when relevant. (October 17, 2016)

The RTS may also assess, as it directly relates to the provision by NSM of products and services, the client / family or care providers':

- ability to manage self care
- ability to operate all equipment
- sight, hearing, speech limitations
- knowledge/ memory impairment
- mobility impairment
- primary language for communicating
- comprehension of reason equipment may be ordered for them
- troubleshooting of the equipment
- infection control / cleaning of the equipment
- need for extra instruction
- anxiety with equipment / services
- confusion with equipment / services
- support system (lives alone, proximity of able and willing caregivers)
- how the client performs his/her Activities of Daily Living

The home environment and client assessment, and any relevant problems observed, will be noted as applicable.

DOCUMENTATION THAT MAKES UP THE PLAN OF CARE

Information that documents the client's need for the equipment requested, along with any supporting documentation required by NSM to complete the order, or by the payer to approve the order, is included in the Plan of Care. The Plan of Care is also referred to as the Work Order in Rehab Advisor.

The information and referral form, physician's prescription/order, client evaluation, work sheets, the clinician's letter of medical necessity, notations of client needs from clinic or other visits, and any other documents needed to provide care and equipment, are all possible components of the Plan of Care in the client's work order.

This information may include, as appropriate:

- The level of independence in appropriate environments (work, school, home) in eating, toileting, transferring, walking, shopping, cleaning, doing laundry, bathing, dressing, and preparing food.
- Mobility status
- Problems with continence, if any
- The ability to operate and maintain equipment
- Communication skills
- Memory
- Cognitive level
- Orientation
- Emotional response to current health status
- Cultural or religious preferences which may affect the provision / use of equipment or services

This should be included in the evaluation documentation.

Additional information documented in the client's file or electronic record will, as appropriate, include the following:

- Client's name, address and phone number
- Email address, if applicable
- Diagnosis (primary, and if known and applicable, secondary or tertiary)
- Client's prescribed equipment
- Emergency contact
- Referral name and contact
- Note of all products and services in use / possession of the client, as applicable
- Serial number for serialized items
- Delivery Checklist that confirms that the client or their representative (post-delivery):
 - received instruction in the safe and appropriate use of the equipment
 - was provided with any electrical requirements specific to the equipment provided
 - was instructed in equipment maintenance

Updates and revisions may require additional documentation in the client's file, including:

- a change in the client's condition relative to the functional assessment
- change or deterioration of neuromuscular abilities
- a change in the physician's orders
- problems regarding client/caregiver use, troubleshooting or maintenance of the equipment
- equipment abuse or destruction
- notes pertaining to keeping the client, family, or care providers informed about progress or problems with reimbursement, which may affect the projected date of delivery.
- communication with clients, physicians, or family either on the phone or at in-person visits

Updates may be reported from any source including the client, family, caregiver or referring clinician, or by direct observation.

INFORMATION PROVIDED TO CLIENT AT DELIVERY

The following will occur during the delivery process (as appropriate to the equipment provided):

- NSM's hours of operation and phone number will be communicated to the client
- Emergency procedures will be discussed. The client will be instructed to call 911 in the event of an emergency
- Equipment safety checks and troubleshooting will be discussed with the client
- The client/caregiver understanding of equipment use, safety, troubleshooting, maintenance responsibilities (as appropriate to the equipment and as outlined in the owner's manual) may be assessed by the NSM representative
- As appropriate to the equipment, the caregiver or client may be asked to re-demonstrate the use and troubleshooting of the equipment to verify client / caregiver comprehension of the instruction. This education process will be documented by the NSM representative.
- When equipment is delivered to the client's home, the NSM representative will:
 - Perform a home safety assessment with environmental recommendations;
 - Review electrical requirements, i.e., power chair battery charging, etc.
 - Verify that the equipment being delivered appears to be safe to use in the home environment; and that it appears to be appropriate to the client's needs.
 - Document this safety assessment on the delivery checklist.
- When equipment is not delivered at the client's home, home safety, electrical requirements, and safe use will be discussed and documented.
- The Delivery Checklist will be completed and signed by client or, if the client is unable to sign, by a family member, caregiver or other individual with the client's best interests in mind, with indication of the signatory's relationship to the clients and the reason that the client cannot sign indicated.
- The Delivery ticket that specifies the equipment being delivered will be signed by the client or, if the client is unable to sign, by a family member, care provider or other individual with the client's best interests in mind, with indication of the signatory's relationship to the clients and the reason that the client cannot sign indicated.

If professional personnel at a facility are performing the final delivery, NSM will verify that the facility accepts responsibility that the above conditions are fulfilled at delivery. NSM will ensure that the facility personnel are trained on the process for delivering the equipment. NSM will make sure that that the client receives proper education regarding use of the equipment and safety considerations. The facility personnel must agree that the Client Rights and Responsibilities and Equipment Safety Considerations will be provided to the client and the Delivery Checklist will be completed.

SHIPPING EQUIPMENT

On occasion, branches will ship equipment to a client or have it drop shipped from the manufacturer. Equipment that is shipped to a client should not be complex or require critical adjustments/fitting. Based on Medicare Supplier Guidelines and NSM's goal of ensuring proper education to the client, the equipment should be shipped with the manufacturer's documentation on use and safety. Additionally, NSM should include in the package the Equipment Safety Considerations, Client Rights and Responsibilities, and a document indicating the branch address, phone number and hours of operation. An Assignment of Benefits document should be on file prior to shipping the equipment.

Within a week of shipping the product or when confirmation of the delivery is obtained, an NSM employee should contact the client to 1) ensure the shipment arrived and 2) see if the client has questions regarding the use of the equipment, safety considerations, or Client Rights and Responsibilities. If the client cannot be reached on the telephone, a message should be left indicating the reason for the call and providing a number for the client to call if the client has questions or requires additional information. If the client has questions, the NSM employee should provide the answer or have a qualified employee call the client back.

If a product is being shipped directly to a client from a manufacturer, the Equipment Safety Considerations, Client Rights and Responsibilities, and a document indicating the branch address, phone number and hours of operation should be mailed to the client and a follow up call made.

The shipping of the Client Rights & Responsibilities, Equipment Safety Considerations and branch information should be noted in the work order notes field. The follow-up phone call and the results of the call should be noted in the work order notes.

CLIENT PARTICIPATION

The client has the right to make informed decisions regarding his/her plan of service including the type of equipment and accessories provided by NSM.

The client is encouraged to be actively involved through education and explanations about their equipment, and the way their behavior, compliance or home environment may impact the goals which the equipment is supposed to help them obtain.

For example, the client, family or care providers should be active participants in choosing equipment and components; arranging for time and date of evaluation, fittings and deliveries; where the equipment will be used, or stored; and performing their role in maintaining the equipment so that it continues to be effective.

When possible, the NSM representative is expected to consider the client's request regarding alternatives and to make educated decisions, which may ensure that the use of equipment is safe and effective while honoring the client's desires.

Discussions, instructions, and requests are to be documented in the client's file or electronic record.

The referring physician or other clinician, as appropriate, should be notified of the client's input and any alternative(s) chosen.

DISCONTINUING EQUIPMENT

A "pick-up" is the retrieval of equipment from a client's possession due to a cessation or completion of service.

A pick-up order may be generated for a number of reasons including but not limited to the following:

- Client no longer medically requires the equipment as per physician's orders
- Client's death
- Client's refusal to accept equipment (the physician and/or referral sources would be notified)
- Non-payment of charges due to NSM
- Client transfer to another provider
- Demo or Loaner equipment is no longer needed
- Pick-up of equipment after delivery

Upon receipt of a pick-up request from the client, caregiver, family member, physician or referral source the appropriate NSM employee will:

- Obtain all necessary information from the client or caregiver to determine the reason for the pick-up transaction
- In a situation involving rental, loaner or demonstration equipment, NSM employees will review the client's chart to acquire a complete list of what NSM equipment the client has in their possession. If there is a discrepancy, it will be reviewed with the client to determine the accuracy of what must be picked up
- Review the client's records to ensure the client has maintained a current A/R balance and is not past due in any payments
- Document the stated reason for the pick-up request in the work order
- Contact the client to schedule pick-up day and time
- Following the pick-up, the appropriate NSM employee will record serial number(s) of equipment picked up and clean equipment according to Infection Control policies.

The file or electronic record of the client must have all documentation complete within three years of the pick-up or sale of equipment, unless there is continued activity between NSM and the payer and/or client regarding the order that exceeds that limit.

NON-ENGLISH SPEAKING CLIENTS AND SPECIAL COMMUNICATION – LEP

Communication between the NSM employee and client, family and care providers is important for consistent client care and education. National Seating & Mobility will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services. Should the client and/or care provider not be fluent in English, arrangements should be made by the client or caregiver to ensure that the communication of their rights and responsibilities, and the instructions on the proper use and operation of all equipment and/or supplies delivered to the client, are understood.

These arrangements may include making use of any available multilingual NSM employees or working with an interpreter (professional, volunteer or family member). If a client does not understand English and is not able to obtain an interpreter, NSM will, as possible, assist in meeting translation needs through the use of multilingual employees or professional interpreters.

TRANSFER OF SERVICE

If the client relocates to an area not serviced by NSM or switches to another homecare provider, the receiving company will, at the client's request, be made aware of the client's current status. Other information pertinent to the Plan of Care or Work Order developed while under the care of NSM may be shared at the client's request. Services will be coordinated, to the extent possible, with the receiving provider as clients transfer. The client will be involved with the process of changing providers, as well as planning for the pick-up and discontinuance of NSM owned equipment.

IF THE CLIENT DOES NOT MEET EQUIPMENT & SERVICE DELIVERY CRITERIA

If NSM cannot supply the equipment needed by the client, or if the personnel with appropriate skills, knowledge, or experience to meet the client's needs is unavailable, the referral must be declined, and the referral source notified. Suggested alternative sources for the required services may be offered to the client, if available.

FINANCIAL HARDSHIP REDUCTION OR WAIVER

Most patients' health benefits are covered by private health insurance, state or federal health care programs. These programs may place an out-of-pocket expense obligation on their patients, usually called a coinsurance or deductible. The waiver of a copayment or deductible amount is generally prohibited by federal and state Anti-Kickback statues and the False Claims Act; federal enforcement efforts for violations may include the infliction of civil monetary penalties, as well as exclusion from participation in federal programs and possible civil and criminal liability.

NSM has a policy that defines how and when a client might qualify for a financial hardship reduction or waiver of their financial obligation. Please refer to the Compliance Policy titled Financial Hardship on the NSM Intranet.

SECTION 02 - CLIENT RIGHTS, RESPONSIBILITIES

CLIENT RIGHTS AND RESPONSIBILITIES

All clients will be presented their rights and responsibilities at or prior to delivery and the process to communicate issues and complaints will be explained. The Rights and Responsibilities ideally will be presented at evaluation and reviewed at delivery as further education for clients. This information will be discussed so the client and/or their family members or care providers clearly understand their rights and responsibilities relating to equipment and services provided by NSM. The client will sign a Delivery Checklist at delivery of the equipment which also indicates that they have received the Rights and Responsibilities.

The Rights & Responsibilities document is also reviewed by all National Seating & Mobility personnel as part of their orientation to the company so that they incorporate these ideals into their interaction with clients on a daily basis. NSM employees are prohibited from any action that would violate the rights of our clients.

1. At the time of equipment evaluation or delivery, the CLIENT RIGHTS AND RESPONSIBILITIES (found on WNSM) will be reviewed with the client and/or their family or care providers. Those rights and responsibilities are as follows:

Clients have the right to:

- refuse care, treatment, and services in accordance with law and regulation
- receive a clear and concise explanation about the function of the products and services provided
- be fully informed on the use, and care of all equipment in your home provided to you by National Seating and Mobility.
- have National Seating & Mobility employees communicate in a manner that is understandable. If a client does not understand English, NSM will, if possible, assist in meeting translation needs.
- expect that all information will be kept in strictest confidence.
- have your personal privacy respected
- expect all equipment to be clean and in good repair.
- have your property respected during visits
- have any questions answered promptly, correctly and courteously.
- have personal, cultural, and ethnic preferences considered.
- participate in planning how service will be provided to you
- expect a resolution to any problem or complaint.
- understand that each patient has the right to self-determination regarding life-sustaining equipment and resuscitative services, while being aware that if he/she is found unresponsive, National Seating & Mobility's policy is for employees to call 911 for emergency medical intervention and/or decision making in that regard.
- express dissatisfaction and suggest changes without coercion, discrimination, reprisal, or unreasonable interruption in service.
- contact the Office of Quality Monitoring of the Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission) if you have any concerns about patient care and safety that National Seating & Mobility has not addressed. The Joint Commission can be reached by calling 1-800-994-6610 or emailing complaint@jointcommission.org. (Matters concerning billing, insurance and payment disputes are not within the authority of the Joint Commission)

Clients have a responsibility to:

- be aware that, while National Seating & Mobility will make every attempt to modify it to meet your needs, medical equipment cannot be returned.
 - understand that if you refuse delivery of the equipment, you may be responsible for paying a restocking fee.
 - give accurate and complete health information concerning your past use of equipment and any change in address, doctor, insurance carrier, prescription.
 - ensure that someone is present at the time of evaluation, delivery, or repair who can understand English and can translate the information to you if you do not speak, understand or read English. If possible, NSM will assist in meeting translation needs.
 - assist in developing and maintaining a safe environment
 - follow instruction in care and use of all equipment.
 - request further information concerning anything you do not understand
 - treat National Seating & Mobility associates with respect, courtesy, and consideration
 - have someone present that can transfer the client, if necessary at the time delivery or repair of equipment is scheduled.
 - promptly pay all invoices that are due not covered by their insurance including any collection or attorney fees associated with collections on your account
 - accept the consequences of any refusal or choice of noncompliance, including changes in reimbursement eligibility
2. Employees performing the evaluation and/or delivery must verbalize the client's right to complain or offer suggestions.
 3. All employees must review the Client's Rights & Responsibilities form, and document this review on the Personnel Orientation Form within their personnel file.

Note:

- No law or regulation requires consent for provision of services provided by National Seating & Mobility.
- The assignment of benefits / release of information language on the delivery ticket is utilized to allow NSM to bill third-party payers, where applicable, on the client's behalf.

Complaint Resolution and Incident Reporting

Policy

Every client has the right to voice grievances and recommend changes in policies and services without coercion, discrimination, reprisal or unreasonable interruption of services.

Each client is to be informed of their right to complain and of the complaint resolution process at the time of evaluation or delivery, verbally and/or through the Client Rights and Responsibilities form.

When a client or other source brings an issue to the attention of NSM, it will be documented and will include the client's name, address, phone, HICN and payer, date of the receipt of the information, the person who contacted NSM regarding the issue and any other pertinent information. The issue will be categorized as a concern, a complaint or an issue, depending on the nature of the issue. A log of concerns, complaints and incidents will be maintained at the corporate level.

When informed of an issue, NSM will make every effort to resolve it as quickly as possible. Resolution will depend on the nature of the issue but every issue will receive at least an initial response within 5 days. Issues that are classified as a complaint will receive a written response within 14 days, outlining the investigation and any response. If the issue has not been resolved within 14 days, another written response updating the progress will be sent within 14 days until the issue is resolved, per CMS guidelines.

Definitions

Incident – An incident is any occurrence that may involve issues of general or product liability, or be the cause of legal action. Any occurrence that caused or may have caused injury to our client or to others is considered an incident. *(Examples: An RTS in the field is told by a therapist that Johnny fell out of his wheelchair and hit his head when the front caster of his wheelchair collapsed; a package delivery driver walks into an NSM branch and slips and falls after stepping on a wet spot on the floor.)*

Complaint – A complaint is communication from a client, family member, care provider, referral source, payer, etc. regarding actions that may impact relationships with local, state or federal authorities and/or relationships with payers. A complaint involves any violation of supplier standards, laws or regulations. *(Examples: A client calls an NSM representative and says we charged for equipment she never received; a therapist tells an RTS that a client says she was verbally abused by an NSM technician, a client states they were coerced into purchasing equipment that they did not want or need.)*

Concern – A concern is a field initiated communication by a client, family member, care provider, referral source, payer, etc. that is outside the normal daily business discussion or communication, in which dissatisfaction with some part of the process is expressed. There is a difference between a request for help in resolving a perceived problem and an actual complaint. *(Examples: Susie's mom calls the office and says she's left numerous messages asking for the status of her order but hasn't been called back at all; a client sends an email saying she shouldn't have to bring her chair in for service and that a week is too long to wait for an appointment in her home. If, for example, a client complains during an evaluation that it's terrible that it takes 90 days or more to get equipment, that would not be considered a concern or a complaint since it's occurring during normal clinical and business discussions.)*

There will undoubtedly be gray areas in determining under what category a communication or occurrence should fall. Assistance with the final category determination may be obtained from the Director of Compliance.

Why do we have this policy?

It is NSM's goal to help all of our clients achieve optimal outcomes. Occasionally, based on fact, perception or opinion, clients will feel that we've fallen short of that goal and they'll let us know in the form of a concern or a complaint. There may also be times when we're made aware of a more serious situation involving the potential for harm or of a violation of policy, statute or other situation. To continue to provide the safe, quality care our clients deserve, it's important that we respond quickly to any issues brought to our attention by our clients or from any other source.

We welcome this input as it provides valuable feedback on the products and services NSM provides. It gives us the opportunity to review policies and procedures, to assess product quality, to better understand the impact of funding source rules and regulations, and to evaluate customer service practices. While the process of addressing client issues can be uncomfortable, the end result is worth the effort.

Procedures

Overview:

Most client issues can be addressed simply and informally. What is most important is that NSM is made aware of a client's concern as soon as possible, that NSM registers the client's issue politely and with empathy, and that we make every effort to understand the client's concern and to reach a solution as quickly as possible. Even minor problems that are not communicated or ignored may grow into complaints or larger problems.

Whether an issue is raised by phone or in writing, as a formal complaint or as a suggestion for improvement, it should be addressed at the proper level. In most cases, issues are best addressed at the level where they occurred. If a client feels that NSM's initial response is not satisfactory, NSM invites the client to take their issue to a higher level for further review and resolution.

Procedure:

When contact regarding an issue is received by any NSM employee, from a client, family member, caregiver, therapist, other referral source, payer or any other source:

- The person receiving the complaint should listen, allow the person to "vent" or explain their issue, but be non-committal. The major points should be repeated back to the contact to be sure their issue is understood.
- If the issue involves personal injury or the potential for injury, the NSM employee records the details on the Complaint Resolution form in the client's record, being careful to record information exactly as provided. Entry of the incident into the Complaint Resolution form automatically generates a notice to the Compliance Department. The Compliance Department will contact General Counsel, if appropriate, and will assist in determining next steps. If the incident involves equipment failure, the Compliance Department will notify the appropriate manufacturer.
- If the issue can be resolved immediately, it should be, and the resolution should be explained to the contact. If the issue cannot be immediately resolved, the person receiving the information should advise the contact that they will investigate the issue and will contact them with a resolution or further information within 24 hours.
- The person receiving the information then enters the information onto the Complaint Resolution form in the client's record in Rehab Advisor, either in the client database or within the work order. If the issue has been resolved, that should be noted on the form. The issue will then be considered closed.

- If the person receiving the information is unable to resolve the issue, or if they believe that a manager or someone else needs to handle the issue, the receiver enters the information onto the Complaint Resolution form and contacts their immediate supervisor or the appropriate person to let them know about the issue. This can be most easily accomplished by emailing the note that will appear in the work order notes section. If immediate assistance is needed, phone contact should also be made to the appropriate person.
- Upon receipt of the information, the manager/appropriate person will contact the client or other person raising the issue. The initial response should occur within 24 hours, if possible. This contact should be documented by placing notes in the Complaint Resolution form.
- If the manager/appropriate person cannot resolve the issue, the information should be emailed to ComplaintResolution@nsm-seating.com, along with an explanation of the assistance requested.
- If the client or other person who raised the issue is not reached directly and a message is left, it remains the responsibility of the NSM employee who took the initial information to attempt again to contact the complainant.
- After contacting the client, the NSM employee develops and documents a plan to resolve the issue and a time frame for completion. This, and any other actions taken to resolve the issue, is documented in the notes in the Client Concern form.
- When the issue is resolved to the client's satisfaction, the NSM employee who completed the ultimate resolution will document the resolution in the Complaint Resolution form and indicate that it has been resolved.
- If the complaint cannot be resolved to the client's satisfaction, this outcome is documented and a letter is sent to the complainant and all involved parties by the Director of Compliance. The process will then be considered closed.
- In any case, if the issue is determined to be a complaint rather than a concern, per CMS Quality Standards, written communication outlining the result of our investigation and any response will be provided to the complainant within 14 days. The final written communication will be sent by the Director of Compliance.

All information gathered in the process of complaint resolution or incident reporting is the proprietary property of the company. All employees will assure that confidentiality of this information is strictly maintained.

(Refer to Appendix Exhibit C for instructions for using the Complaint Resolution tool in Rehab Advisor.)

CONSEQUENCES OF REFUSING CARE

Should a client refuse delivery of or stop the use of equipment owned by NSM that has been prescribed by a physician, the following procedure is to be implemented.

The Branch Manager or designee will make a final contact with the client to establish that there is no recourse but to either not deliver the equipment or to pick up the equipment, as appropriate to the situation.

The prescribing physician or referral source is then notified of the situation and our necessary action.

If the equipment is removed from the client's residence, the appropriate NSM employee should note that the client refused or is returning the equipment. A signed pick-up ticket is to be placed in the client's file. If the client refuses to sign a pick up ticket, a notation will be made in the client file.

WRITTEN CONSENT FOR RELEASE OF INFORMATION

HIPAA regulations do not require written permission to use a client's Protected Health Information (PHI) when the information is used in activities related to treatment, payment and health care operations (TPO) or when a regulatory exception applies (e.g. public health reporting). If, however, PHI is to be used outside TPO, a written consent must be obtained. For example, if an attorney requests medical records, a release must be completed and signed. Clients must, however, be provided with a copy of our Notice of Privacy Practices, which outlines how their PHI will be used.

No law or regulation requires consent for provision of services provided by National Seating & Mobility.

The assignment of benefits language on the delivery ticket is utilized to allow NSM to bill third-party payers, where applicable, on the client's behalf. The delivery checklist contains confirmation that the client has received a copy of the Client Rights and Responsibilities and a copy of our Privacy Practices, which outlines how their PHI will be used and how they can restrict the release.

CLIENT CONFIDENTIALITY

NSM has an obligation to protect our clients' rights to privacy, and to protect the clients' records from loss, alteration, unauthorized use or damage.

All employees will maintain the confidentiality of our clients' records and will control the release of any client information. HIPAA guidelines will be followed at all times. To be certain that all employees understand and can follow the guidelines, annual training on HIPAA is required for all employees.

All personnel must respect the privacy of our clients and restrict conversation or other exchanges to those individuals and to that information necessary for the maintenance of the quality care and well-being of our clients.

The original client records should remain filed in an NSM office, and they are not to be made available to the general public.

Original, complete client records may not be removed from the company's jurisdiction and safekeeping except in accordance with a court order, subpoena, or local law and regulation. In any other case, the client record is NOT authorized to be removed from the premises of National Seating & Mobility. Copies of records from previous clinic visits and service notes may be taken off site as reference for subsequent clinic visits or service calls.

NSM employees are to avoid placing records in unattended areas accessible to unauthorized individuals. Employees are to maintain client confidentiality after normal business hours by not discussing client issues in public areas. When non-employees (such as cleaning or repair personnel) have access to the premises, employees are to be conscientious about keeping papers with client identification put away or turned over.

Only certain portions of the Client's record may be photocopied or transmitted by facsimile. Examples of what may be copied include the plan of care, wheelchair repair forms, evaluations, delivery forms verifying disputed billing issues; or portions for internal auditing. Any other paperwork that is copied must be either altered to protect the client's identity or must have a release from NSM's Director of Compliance or Corporate Counsel in response to a subpoena or court order. Any copies will be destroyed per normal company policy.

To protect the ability to retrieve baseline data if original records are destroyed, a back-up of all records is maintained electronically, and secured appropriately.

Any breach of confidentiality must be reported to the Privacy Officer, as outlined in the Health Information Privacy and Security Program posted on WNSM.

SECTION 3 - CODE OF ETHICS AND RESOLVING ETHICAL ISSUES

CODE OF ETHICS

The purpose of the Code of Ethics is to set and improve standards within the company's practice of providing equipment and services, and to provide a framework for maintaining the ethical conduct and integrity of National Seating & Mobility.

The basic Code of Ethics is as follows:

1. To render the highest level of care promptly and competently taking into account the health and safety of the client.
2. To serve all clients regardless of race, creed, religion, age, gender, sexual orientation, national origin or reason of illness.
3. To provide quality products and services, which are appropriate for the client's need.
4. To instruct the clients and/or caregivers in the proper use of the equipment.
5. To explain fully and accurately to clients and/or caregivers client's rights and obligations regarding the rental, sale and service of National Seating & Mobility products.
6. To respect the confidential nature of the client's records and not to disclose such information without proper authorization, except as required by law.
7. To continue to expand and improve professional knowledge and skills so as to provide clients with equipment and services, which are continually updated.
8. To abide by both Federal and local laws and regulations, which govern the rehab industry.
9. To act in good faith; to be honest, truthful and fair to all concerned.

As implied in the general items listed in the Code of Ethics, specifically regarding abiding by applicable laws and regulations, NSM employees are expected to abide by institutional, payer, local, state and federal guidelines regarding the prohibition of gift giving or financial coercion. NSM is prohibited from giving monetary or any other type of gifts to employees of governmental agencies, their family members, potential clients and their family members and healthcare providers, as outlined in any applicable contracts and regulations. Also in accordance with the appropriate laws and regulations, NSM and their employees will not engage in untruthful or misleading advertising or marketing. Accordingly, uninvited solicitation of potential clients who may be vulnerable to undue influence, manipulation or coercion is prohibited by NSM employees, again as directed by the laws and regulations which govern the rehab industry.

All employees are expected to make reasonable efforts to avoid bias in any kind of professional evaluation. Also, nepotism during the conducting, directing, reviewing, or other managerial activity of an investigation into an allegation of abuse and neglect, is not allowed. Friends and relatives of an alleged perpetrator are prohibited from engaging in these managerial activities. (07/26/2018)

In addition to expanding and improving professional knowledge and skills, NSM employees are expected to accurately present their professional qualifications and to be responsible and accountable for their personal competence in providing equipment and services. (08/23/2012)

NSM will abide by the requirements set forth in 55 PA Code Chapter 52.

RESOLVING ETHICAL ISSUES

If an employee becomes aware of a fellow employee's awareness of or involvement in what appears to be a compromising situation, they are to bring it to the attention of their manager. Every employee of NSM has the right to voice ethical concerns or dilemmas, to file grievances, recommend changes in policies and services, report actual or suspected abuse or neglect of a client, report violations of NSM policies and procedures, and to report violation of local, state and federal laws, including specific agencies' policies and procedures, without fear of recrimination of any kind. All managers are to treat this information confidentially. NSM's confidential hotline may be contacted by phone at 1-855-252-7606, or via the internet at www.hotline-services.com.

The issue will be investigated by the appropriate members of management and will exclude any friends or relatives of the alleged perpetrator, to ensure impartiality. (08/23/2012)

If the problem is a manager's perceived unethical behavior, the employee is to by-pass that manager and is to bring the issue to the attention of the next level of management.

For more information on reporting issues, please refer to the Compliance Manual and Code of Conduct on WNSM.

CLINICAL DECISION MAKING IS PROTECTED FROM FINANCIAL DECISIONS

National Seating & Mobility will protect the integrity of decision making about what equipment or service a client needs.

Decisions about what equipment is provided to a client are based solely upon the client's health care needs regardless of how employees are compensated or what commission the National Seating & Mobility representative will receive for selling/renting the equipment.

If clients and their families, therapists, physicians and other non-NSM personnel request information on financial incentives for sales, National Seating & Mobility will acknowledge basic information regarding any such arrangement.

FRAUD AND ABUSE

As implied in the general items listed in the Code of Ethics, specifically regarding abiding by applicable laws and regulations, NSM employees are expected to abide by institutional, payer, local, state and federal guidelines regarding documentation. Signed documentation must not be altered.

In general, fraud is defined as making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person's own benefit or for the benefit of some other party. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of material facts.

Included in the definition of fraud are allegations of misrepresentation and violations of Medicare requirements applicable to persons or entities that bill for Medicare-covered items and services.

The most frequent type of fraud arises from a false statement or misrepresentation, which is material to entitlement or payment under the Medicare program. Supplier claim forms which have been altered to obtain a higher payment amount (i.e., falsifying a beneficiary's address to a Medicare jurisdiction with higher fee schedule amounts; or using a beneficiary's home address when in fact the beneficiary is in a nursing home) are an example.

Civil monetary penalties (CMPs) may be imposed for a variety of misconduct, and different amounts of penalties and assessments may be authorized based on the type of violation at issue. Penalties range from up to \$10,000 to \$50,000 per violation. CMPs can also include an assessment of up to three times the amount claimed for each item or service, or up to three times the amount of remuneration offered, paid, solicited, or received. Examples of CMP violations include:

- Presenting a claim that the person knows or should know is for an item or service that was not provided as claimed or is false and fraudulent,
- Presenting a claim that the person knows or should know is for an item or service for which payment may not be made, and
- Violating the Anti-Kickback Statute

Administrative remedies for abuse include revocation of assignment privileges, withholding of payments, recovery of overpayments, educational contacts and/or warnings, as well as exclusion from the Medicare program.

[For additional information regarding Fraud and Abuse, please refer to NSM's Compliance Manual on WNSM.](#)

CONVICTED/INELIGIBLE/EXCLUDED INDIVIDUALS

National Seating & Mobility does not conduct business with or hire any person who has been convicted of a criminal offense related to health care, or who is listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs.

It is NSM policy that appropriate checks be performed for applicable individuals in accordance with state and federal laws relating to exclusion from government healthcare programs and licensure status. The Human Resources Department is responsible for initial screening of prospective employees and maintaining a record of this information. The Compliance Department is responsible for monthly exclusions checks against HHS-LEIE, GSA-SAM/EPLS, OFAC SDN, OFAC SDN Alt Names, and all available State Exclusions Databases.

All NSM employees are required to report to their supervisor or to Human Resources if they become excluded, debarred or otherwise ineligible to participate in Federal healthcare programs.

It is NSM's intent to assure that no government healthcare program payment is sought for any items or services provided or directed by an ineligible person.

CONFLICTS WITH VALUES / BELIEFS

National Seating & Mobility employees have the right to not participate in aspects of care or treatment that are in conflict with cultural values or religious beliefs. When a conflict does exist, management will accommodate, when possible, these values or beliefs through re-scheduling or re-assignment to tasks where a conflict does not exist.

Management will make every attempt to accommodate an employee's values or beliefs, without repercussions to that employee's work evaluations.

Management will ensure that client care will not be compromised by accommodating the employee's values or beliefs.

SECTION 04 - SAFETY MANAGEMENT

NSM is concerned with the safety of our clients and of our employees. This section reviews basic safety information. Should you encounter a situation regarding safety that you feel is not adequately addressed, you may report the safety concern to the Joint Commission at 1-800-994-6610 or by email at complaint@jointcommission.org.

SAFETY TRAINING

All employees with client care responsibilities, during orientation to a position that includes client care and annually thereafter, are taught and/or will review training regarding blood-borne pathogens and employee right-to-know information, including hazardous labeling & SDSs. All employees will receive annual training on general and fire safety.

NATIONAL PATIENT SAFETY GOALS

National Seating & Mobility will constantly strive to improve the safe use of equipment and provision of services that support safety in the home. Applicable Joint Commission National Patient Safety Goals (NPSGs) will be implemented. To date, the National Patient Safety Goals that apply to NSM include the following:

- NPSG 01.01.01 – Use at least two patient identifiers when providing care, treatment or services
 - EP 1 – *Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.* In our case, we need to be sure we're providing equipment to the right client by checking two pieces of information, such as face recognition, date of birth, address, etc.
- NPSG 07.01.01 – Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. (NSM follows the CDC guidelines.)
 - EP 1 – *Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.* (NSM's program includes education, training and follow up surveys to determine compliance.)
 - EP 2 – *Set goals for improving compliance with hand hygiene guidelines.* NSM's goal is 95% compliance by the end of 2018.
 - EP 3 – *Improve compliance with hand hygiene guidelines based on established goals.* NSM provides posters and education on hand hygiene. Understanding and compliance are measured via survey of employees with direct client contact.
- NPSG 09.02.01 - Reduce the risk of falls
 - EP 1 – *Assess the patient's risk for falls.* We accomplish this by observing the client's environment for safety risks.
 - EP 2 – *Implement interventions to reduce falls based on the patient's assessed risk.* This is done by suggesting corrections for any observed safety risks.

- EP 3 – *Educate staff on the fall reduction program in time frames determined by the organization. All employees who deliver equipment are educated on the use of the delivery checklist to document that safety was reviewed.*
- EP 4 – *Educate the patient and, as needed, the family on any individualized fall reduction strategies. Any suggested corrections are documented on the delivery checklist.*

BASIC HOME SAFETY

In an effort to improve care and decrease the risk of any accidents in the home, National Seating & Mobility employees will encourage the active involvement of clients and their families in the client's care as a client safety strategy. The Client Rights and Responsibilities form encourages the clients and their families to report concerns about safety.

Basic Safety will be reviewed with the client and family members. The National Seating & Mobility representative will discuss general home safety and direct the client's attention to areas of potential hazards.

Procedure: NSM employee(s) will recommend to client, family and care providers that any identified hazards be corrected.

Discussions may include:

- Bathroom safety
- Environmental safety: such as use of throw rugs, stair climbing and furniture layout.
- Tripping or fall hazards
- Electrical safety, such as proper use of extension cords and plugs, space heaters, and special electrical requirements for equipment such as hospital beds
- Fire response, such as exit procedures, use of a smoke detector, hazards of smoking in bed
- Precautions to prevent and/or control infections

CLIENT EDUCATION & RE-EDUCATION

A complete review of the use, maintenance, troubleshooting, and (if applicable) warranty of the equipment will occur at the time the client receives equipment. Ideally, the client should be able to independently re-demonstrate use of the equipment after the review.

To ensure thorough, accurate and consistent client instructions on equipment, Equipment Safety Considerations and Delivery Checklists are utilized when the equipment is delivered.

In the course of subsequent contact with the client (for repairs, adjustments, etc.), it may become apparent that review of information in the manufacturer's manual or client information sheets is needed. The process may be documented on the delivery ticket by entering a brief note that re-assessment identified learning needs, and that re-education took place.

CLIENT INJURIES/SENTINEL EVENTS

A Sentinel Event is defined as an unexpected occurrence involving death or life-threatening physical injury. Incident/Sentinel events include:

- Mishaps due to misuse of equipment
- Mishaps due to faulty equipment
- Infections from equipment or services provided
- Mishaps due to NSM employee negligence or error

Any serious client or family injury incident may be reviewed for consideration as a sentinel event.

In the event of an incident that involves injury, the NSM employee records the details on the Complaint Resolution form in the client's record, being careful to record all of the information received. Entry of the incident into the Complaint Resolution form automatically generates a notice to the Compliance Department. The Compliance Department will contact General Counsel, if appropriate, and will assist in determining next steps. The Compliance Department will coordinate submitting a written report to the manufacturer in the event that any equipment malfunction is involved. In addition to reporting to the manufacturer, information will be submitted to any payer or agency, when appropriate. The event will also be reported to any state agency as required by that state within their proscribed time frame. (11/21/2007)

ROOT CAUSE ANALYSIS OF SENTINEL EVENTS

In the case of a Sentinel Event, the Director of Compliance will work with General Counsel and the Compliance Committee to respond to the Sentinel Event and to conduct a root cause analysis. The event will be reported to the manufacturer and/or payers or agencies, as applicable.

A root cause analysis and improvement plan will include:

1. Determination of the human and other factors most directly associated with the sentinel event, and the process(es) and systems related to its occurrence.
2. Analysis of the underlying systems and processes through a series of "Why?" questions to determine where redesign might reduce risk.
3. Identification of risk points and their potential contributions to this type of event.
4. Determination of potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future, or a determination, after analysis, that no such improvement opportunities exist.
5. Establishment of a plan to address identified opportunities for improvement or formulation of a rationale for not undertaking such changes.
6. Where improvement actions are planned, identification of who is responsible for implementation, when the actions will be implemented, and how the effectiveness of the actions will be evaluated.

To be credible, the root cause analysis must

1. Include participation by the leadership of the organization and by the individuals most closely involved in the processes and systems under review.
2. Be internally consistent, and
3. Include consideration of any relevant literature.

Upon completion of the root cause analysis, information is submitted to the Joint Commission and to any and all appropriate state or local agencies in the format utilized by that agency.

IDENTIFYING ABUSE

All employees are to report to their Manager any client/home/caregiver situations where alleged or suspected abuse or neglect is observed. Definitions and Indicators of possible abuse include:

- **Physical Abuse:** The use of physical force that may result in bodily injury, physical pain, or impairment. Indicators include: bruises, welts, lacerations, black eyes, broken bones, open wounds, dislocations and untreated injuries in various stages of healing.
- **Sexual Assault:** Non-consensual sexual contact of any kind, including sexual contact with individuals incapable of giving consent. Indicators include: bruises around breasts, genital area or thighs, unexplained venereal diseases or infections, unexplained vaginal or anal bleeding.
- **Neglect:** The refusal or failure to provide life necessities such as food, water, clothing, shelter, personal hygiene, medication, comfort/pain management and personal safety or supervision. Neglect can be intentional or unintentional. Indicators include: dehydration, malnutrition, untreated wounds, poor personal hygiene, untreated health problems, hazardous living environment, and unsanitary living conditions.
- **Exploitation:** Improper use/taking advantage of another person for one's own profit or benefit. Usually involves taking money/belongings

If in the course of performing your duties you encounter a situation in which you feel a person is at risk of harm through neglect, abuse, or exploitation, notify your manager immediately. Any manager who is made aware of a possible victim of abuse will discuss the situation with the Director of Compliance. Together they will decide what actions to take such as:

- Discussing the situation with the client's physician.
- Discussing the situation with the client's home health agency or VNA
- Making a referral to an appropriate abuse agency or hot line.

These organizations may include:

- Local Emergency Services – 911
- Childhelp® USA National **Child Abuse Hotline** 1-800-422-4453
- National Center on Elder Abuse - Eldercare Locator number (1-800-677-1116)
- Domestic Violence Hotline – 1-800-799-7233
- State Specific Department of Human Services, Adult Protective Services, as required per state
- State Specific Department of Health, as required per state

Each location will keep a list of local agencies to facilitate appropriate referrals. A copy of each list will be kept on file at the home office and at the local branch and will be posted as required by state or local guidelines.

Additionally, all NSM employees are prohibited from engaging in any activity that could be considered abuse to clients, including abuse as listed above, neglect, exploitation and mistreatment of any kind. Any employee should report suspected abuse by NSM employees just as they would for any other kind of abuse. If the employee believes the manager is participating in unethical or abusive behavior, the employee should bring the issue to the attention of the next level of management. (08/23/2012)

NUTRITIONAL ASSESSMENT

The intent of this policy is NOT to make National Seating & Mobility employees into Dieticians. Employees should simply be aware of cues that the client may share with them so that any information that may be cause for concern may be shared with the client's medical team. If the client lives alone, it is important to ask or look around to see whether it seems to be a problem for this individual to acquire food or to eat regular meals.

Cues that may help identify clients who are at moderate to high-risk nutritional status are statements such as:

"I have an illness or condition that made me change the kind and/or amount of food I eat."

"I eat fewer than 2 meals per day."

"I have 3 or more alcoholic drinks per day."

"I have tooth or mouth problems that made it hard for me to eat."

"I don't always have enough money to buy food that I need."

"I eat alone most of the time."

"I take 3 or more different prescribed or over the counter drugs a day."

"I have involuntarily lost 10 or more pounds in the last 6 months."

"I am not always physically able to shop, cook and / or feed myself."

National Seating & Mobility employees are not required to ask these questions. They are simply expected to pick up on these cues that the client may be at nutritional or other risk.

If the client or caregiver indicates that the client is having trouble maintaining a healthy weight, and that the client's medical team may not be aware of the nutritional problem, it is National Seating & Mobility's responsibility to relay this fact to the referring clinician.

WORK RELATED INJURIES

In the event of any work related injury to an employee, no matter how minor it may seem, the employee should immediately contact Human Resources in accordance with NSM Policy found on WNSM in the Human Resources Manual.

OSHA requires that an OSHA 300 form be posted from Feb. 1 to April 30 of each year. Any employee illness or injury that requires medical intervention (i.e. seen by a nurse or MD) must be recorded on the supplemental form (either the Workman's Compensation Form or the OSHA 301 form) and the summary transferred to the OSHA 300 form. This is done by the Human Resources Department.

Each location is required to post a copy of the OSHA 300 form, which is provided by HR.

Preparation, Mitigation, Response and Recovery

Introduction:

Tornadoes, earthquakes, floods, oil spills, terrorist acts, blizzards – the list of disasters is long and continues to grow. The disruption to life and to productivity can be devastating but the impact can be lessened if we make the effort to develop and test plans to respond to emergencies. Emergency Operations/Business Continuity planning is the process of preparing for, mitigating, responding to and recovering from an emergency. It is a dynamic process and planning, although critical, is only one component of the recovery from a condition imposed upon the organization from outside. Training, testing and coordinating activities within the organization are also important to ensure that NSM continues to provide quality care to our clients, even in extreme circumstances.

By reviewing the following materials and using the planning worksheet, each NSM location will develop their own unique, location specific Emergency Operations/Business Continuity Plan. Situations that the location might realistically face will be addressed and prioritized so that each location has a plan that actually applies to their area. The plan can then be shared and discussed so that every employee knows how to respond if faced with an emergency.

Once the plan is developed and discussed, a copy must be sent to the home office to be kept on file. Each year, an Emergency Operations drill will be conducted by the Branch Manager or their representative. This drill will require that every employee be aware of and be able to communicate his or her role in the response to an emergency. Portions of the plan, when feasible, will be put into real-time action and a review of the location's response will be performed. These drills will demonstrate how well the plans work and if there are any areas that need improvement. The drill must be for an event that stresses the Plan as far as possible; actual responses must be tested. For example, a tornado drill in which everyone moved to the safe place until the storm passed without damage does not sufficiently stress the Plan. A tornado drill where the building was destroyed in part or completely and assistance was needed in recovery does stress the plan. If a drill is deemed insufficient by the Compliance Department, it will be returned to the location with instructions for an improved drill.

To develop your location's unique plan, use the information below, complete the worksheet and contact the Compliance Department if you need assistance. Involve all employees in creating the plan. When your plan is complete, share it with all employees at a location meeting, including providing each with a copy, complete an In-service form and submit that to the Compliance Department, along with a copy of the completed plan.

Being prepared will help NSM continue to provide safe, quality care to our clients, even in the event of an emergency.

POTENTIAL EMERGENCIES AND DISASTERS

An emergency is an unexpected or sudden event that significantly disrupts NSM's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for our services. Emergencies can be either man-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens NSM's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

The most common types of emergencies or disasters are listed below. This list cannot be all-inclusive but will serve as a starting point for each location to determine the most probable types requiring attention. Each location should discuss which situations are likely to occur in their area. The most likely ones should then be checked on the planning worksheet and prioritized by the likelihood and potential severity.

- **Weather/Natural Disasters.** Extremes of weather pose the least predictable but most probable of the types of emergencies that locations will encounter. The likelihood and history of weather affecting a location of National Seating & Mobility is a known vulnerability. We are susceptible to heavy rains/flooding, ice storms/blizzards, hurricanes along the coasts and tornadoes in the central states, tsunamis and volcanoes in the islands, lightning strikes and high winds everywhere.
- **Hazardous Materials.** Hazardous Materials are part of the environment in any workplace. The accidental spilling or injury from mishandling or misuse is always possible in the course of operations conducted by the employees. Once an incident occurs, immediate action to mitigate the effects of the incident is required. Prior knowledge is the best preparation. Educating every employee in the use of Material Safety Data Sheets and the location of that information is not only required by law but also responsible behavior. National Seating & Mobility does not store large quantities of chemicals. However, neighboring businesses may, so each location should be aware of the types of activities nearby. A spill close to the location could have a direct effect on the branch's business activities.
- **Fire.** Regardless of the diligent application of prevention and policies, fire is always possible. However, the probability can be reduced through education and proper housekeeping methods such as:
 - proper storage of combustible materials at safe distances from flammables
 - removing packing materials immediately
 - maintaining an uncluttered warehouse and office
 - dumping waste cans when full or nightly
 - eliminating combustibles from the workplace or storing them in metal containers
 - maintaining unobstructed access to electrical boxes and breakers
 - limiting the use of extension cords with electrical equipment
 - using power bars with surge protection
 - maintaining fire extinguishers in operable condition, of the proper type, and in sufficient numbers to eliminate outbreaks of fire or to enable employees to exit safely

Prevention of fire is everyone's responsibility.

The development and dissemination of an evacuation plan for the premises and the training and testing of the employees in its implementation is the key factor to maintain the safety of the employees.

Planning for the recovery from a fire is a much more difficult proposition. Prevention of permanent loss of data concerning clients and operations has to be planned for in the form of backup systems and relocation and duplication of those backup systems. The majority of NSM's client relevant data is centrally located on our server, which is backed up on a regular schedule. The local NSM office must be responsible for safe storage of the paper documents, though, in the event of data loss of a widespread nature.

- **Data Loss.** Data loss due to a disaster or illegal intrusion (hacking) is a possibility. The data required to carry on day-to-day operations is maintained on a central system and automatically backed-up and stored in an industry-standard data back-up system. In case of irrecoverable, catastrophic data loss, the response would be to revert to a manual system of service delivery, with re-input of available data being accomplished at the earliest possible time. The maintenance of backup data is paramount to recovery. Timely scanning of manual records prevents complete loss of documentation. Manual records not scanned could not be replaced if destroyed at National Seating & Mobility. Data loss should not have long term consequences provided employees are aware of and are using the system for backing up files.
- **Electrical Power Outages.** Electrical power outages, whether regional, local, short or long term will adversely affect the conduct of service operations. This threat exists mostly as a result of weather, utility company vulnerability, client residence vulnerability, and equipment failure – most of which are not predictable nor in our control. Outages could be short-term or long-term and the plan should provide for both situations.
- **Local Area Disasters.** Local area disasters may include but are not limited to events which, while not predictable, are possible. These events may include earthquakes, flooding, chemical and fuel spills, ruptured gas mains, airplane crashes, terrorist attacks, riots, and other spontaneous events, which will disrupt, or hinder, normal operations.

While these events may or may not create widespread disruption of service, if the event occurs at or in the vicinity of National Seating & Mobility, it will likely present limitations on our ability to operate normally. Each event will have to be addressed in its own context. The dangers that each presents to the location, the employees, and/or our ability to access or egress the location must be entered onto the worksheet and discussed and planned for.

Events occurring in other communities may limit our ability to access clients beyond our ability to help. Remaining informed of the situation through local media and contact with local emergency services will enable us to determine if and where we may help our clients and those local services.

INFLUX OF POTENTIALLY INFECTIOUS CLIENTS

Aside from natural disasters, an influx of infectious clients can also pose a risk to normal operations. An influx of potentially infectious clients may result primarily from two causes:

- Naturally occurring epidemic or pandemic (H1N1, Avian Flu, SARS, etc.)
- Bioterrorism (Anthrax, Smallpox, plague, etc.)

NSM's response to an emergency of these types will be based on the severity of the outbreak and the risk to NSM employees, their families, and the need to avoid passing infections from client to client. All NSM employees in affected areas will be notified of the potential health risks to them and their families. Employees who are pregnant or have compromised cardiac, respiratory, or immune systems, or other conditions that may place them at additional risk from infection may choose, or may be directed to avoid client contact during these emergency situations.

The most significant level of infectious situation is indicated by a health related declared emergency, such as:

- a public health emergency declared by the governor with or without activation of the community's Emergency Management Plan
- a state of emergency in a specific region, county, city, town declared by the Governor, or other governmental official

NSM's response to these types of declared health related emergencies will be to follow all of our infectious disease protocols as well as those instituted as part of the public health emergency. Those could include enhanced personal protective equipment, such as disposable gowns, shoe covers, face shields, face masks, etc. In consultation with the Branch/RPC Manager, NSM senior management may decide to stop client contact and stop providing equipment and services until the emergency passes.

The Branch/RPC Manager, through broadcast and printed media as well as through postings on the internet, will monitor developing situations and communicate with all Branch/RPC employees as well as with NSM senior management. The website for the CDC should be monitored on a regular basis to maintain awareness of possible outbreaks.

RECOVERY OPERATIONS

Depending on the nature of the emergency, different steps must be taken to respond. However, in general, the following are steps that should be considered based on the impact of an event. The list is not all-inclusive. These and any other steps determined by the location should be entered on the planning worksheet.

- An Emergency Coordinator will be designated at each location. This person will typically be the Branch Manager or other local senior management and will be the lead person for all emergency and recovery operations.
- For all emergencies, the first step for the employee first experiencing the event is to contact the Branch Manager and/or Emergency Coordinator. The Coordinator is to contact their RAD to inform them of the situation and to obtain assistance in activating the Emergency Management plan. If the RAD is unavailable, the RVP should be contacted. The next step for the coordinator is to contact the local employees and provide direction in carrying out the plan.
- Employees should contact the Emergency Coordinator or stay alert for communication from the Coordinator, depending on the time, location and nature of the emergency. If an employee is unable to contact the Coordinator, they should contact their Regional Vice-President for direction. If the RAD is unavailable, the next contact would be the RVP.
- Each branch's contact name and numbers should be entered onto the worksheet to be included in the final plan. The RVP and the RAD contact information should be listed along with a phone roster for the location's employees.
- Employees' safety is of paramount importance. As such, employees should not report to work or engage in activities that put them in at-risk situations. If not all employees can report to work, employees may be asked to perform additional/different functions.
- When travel is safe, but the location will remain closed for any length of time, a sign should be posted on the door of the building providing a contact phone number for both clients and NSM employees to use for updated information.

Contact Information/Lists

A list of local contact numbers should be created and entered onto the worksheet. The list should include any local numbers that might need to be utilized including the location landlord or property management, the local Police, Poison Control, the National Response Center for Toxic Chemical and Oil Spills, utilities such as power, phone and gas providers, the local City Hall or County Government offices, and any other local agencies that might be of assistance in the event of an emergency.

Alternative service sources should be listed to be used in the event of an emergency that causes the location's services to be disrupted for a long period of time. In such a situation, clients may need to be referred to other providers for timely service. Alternative sources can include other NSM branches nearby or other companies who provide the same or similar services who were not affected by the emergency.

All of these lists should be provided to every location employee and should be posted in a common area that can be easily accessed.

Next Steps

- The RVP or APD or their representative will notify other NSM branches, RPCs, and other Home Office departments of the situation to assist them in answering any calls that they may receive from clients. If necessary, phone calls will be re-routed to either a cell phone if service is available, or to another branch or to the home office.
- If appointments need to be rescheduled, clients will be contacted either by cell phone or by remote employees, depending on the outage. If clients need service that NSM is currently unable to provide, they will be directed to the alternative service source.
- If local data is unavailable or compromised, Home Office personnel will assist Branch/RPC employees in accessing data that might be needed. Employees impacted by the emergency will be directed to move, as soon as reasonably possible, to a paper system for scheduling and client documentation.
- If the NSM location will not be functional for an extended period of time, the RVP and/or the RAD and the Branch/RPC Manager will explore options and secure alternative work sites, if necessary. An alternative work site could be another location nearby or another branch. If the building is damaged, the local manager and the RVP will alert the appropriate insurance companies and schedule inspections. If possible, the Emergency Coordinator should take pictures of the damage. The appropriate repair/cleaning services will be identified and notified as needed.
- If land-line base Internet service is down and if cellular service available, the RAD and/or RVP will coordinate having wireless internet cards sent to the Branch/RPC. Alternative internet services will be explored and secured if available. The RAD and/or RVP will work with Internet and phone and utility providers to facilitate/monitor service recovery.

For Employees providing equipment in the State of Florida, an additional component of the Emergency Operations Plan is required, as follows:

The State of Florida maintains a registry of residents with special needs who may need assistance in the event of an emergency evacuation. Each county emergency management agency maintains a list for their county. As a home medical equipment provider, National Seating & Mobility is required to provide assistance to local emergency management agencies in identifying such persons.

Each client residing in the State of Florida who receives services from National Seating & Mobility must be given registration information regarding the Special Needs Registry. If the client indicates that he or she is aware of the policy and has registered, no further information is required.

If the client indicates that he or she is unaware of the registry, in addition to explaining that each resident with special needs should register with their local Emergency Management agency in order to receive assistance in the event of an evacuation, the information provided to the client is to include the 'Special Needs Registration Form'. Assistance completing the form and submitting it to the appropriate county agency is to be offered, if needed.

In either case, a notation that this information was provided to the client must be made on the Delivery Checklist. (October 26, 2011)

See Exhibit D for the Emergency Operations Worksheet and Post-Event Review templates.

All work areas will have the following safety equipment available:

Fire Extinguishers

Each area of the building will have dry chemical fire extinguisher of the size appropriate for the area covered and capable of handling ABC class fires. One fire extinguisher for every 25 foot radius, or as required by local fire ordinance, should be available to employees. An extinguisher should be placed near the door in an appropriate mounting bracket. Fire extinguishers are to be readily mounted for easy access, conspicuously located and never obstructed from view. Fire extinguishers should be provided by a qualified company contracted by NSM that will, as part of the contract, check extinguishers annually and give maintenance as needed. A written tag will show the date, maintenance done or recharge. A monthly visual inspection should also take place by an NSM employee. The monthly inspection should be documented on the tag with the date and the inspecting employee's signature.

Employees will be educated regarding portable fire extinguisher use and also the hazards involved with incipient stage firefighting (i.e., types of fire extinguishers for different types of fires, stand 4 to 6 feet from fire and shoot contents of extinguisher at base of fire, etc.)

Exits – Clearly Marked

Exits will be clearly marked. Any room that has more than one doorway will be marked by a readily visible exit sign located above the door, which leads to an outside access. The "EXIT" sign will be clearly legible, in a sign type as required local ordinance. The exits and the way of approach and travel from exits will be maintained so that they are unobstructed and accessible at all times.

Building Evacuation Diagram

A diagram of the building will be posted in each room, with exit routes and locations of fire extinguishers marked on the diagram.

Employee and Client Accounting Following an Emergency Evacuation

In the event of an emergency, all employees and clients will move to the nearest safe exit. A common meeting place, typically the main entrance to the building, must be identified for employees to gather for a head-count to ensure that all employees have safely evacuated the building.

The senior manager at a location or his/her designee is responsible for knowing how many clients are on site, their whereabouts and for coordinating these clients safe evacuation from the building.

The senior manager at each location or his/her designee is responsible for verifying that all employees have exited the building, and for coordinating rescue and medical duties.

Storage – Boxes or Equipment

No boxes or equipment may be stored within 12 inches of the ceiling per fire code.

PET AND ANIMAL POLICY

NSM is committed to rendering the highest level of care promptly and competently taking into account the health and safety of the client, as stated in our Code of Ethics. Because we serve a medically fragile population whose health and safety could be compromised by exposure to or contact with animals or animal dander, it is NSM policy that no pets or other animals are allowed in our locations. Service animals are an allowed exception but written approval from the Director of Compliance is required.

ELECTRICAL GROUNDING PROCEDURE

When delivering equipment that requires an electrical connection, the NSM employee will review how to safely plug in the equipment to avoid damage or injury.

If an operable and safely grounded circuit is not near to the ideal location of the equipment, the client or caregiver may want to use an extension cord. The client or caregiver will be informed that, due to the possibility of electrical leakage from a substandard extension cord, medical equipment, including power wheelchair battery chargers, should only be used with high-grade, grounded extension cords.

If equipment requiring a 3-pronged plug is being considered or provided, the client should be made aware of that at evaluation. They should also be made aware when the manufacturer's warranty requires that the proper plug be used to remain valid. Clients will be advised that an electrician will need to install a proper plug and that it is their responsibility to have that done. NSM does not provide 3-pronged adapters.

Delivery Employees will, before installation of all AC powered equipment, be aware of the following:

- Breaker or fuse boxes for most homes are 15 amps, so no other large amp electrical equipment should be on the same circuit as the home medical equipment (i.e. refrigerators, floor heaters, freezers, etc.).
- The condition of the line serving the equipment must not be frayed, bare or have other unsafe conditions.
- Extension cords are to be discouraged, but if necessary, should be high grade / high amp load (heavy duty) only.

VEHICLE SAFETY

GENERAL VEHICLE SAFETY

Please refer to the vehicle policy on WNSM regarding vehicle safety.

Prohibited actions include:

- Failure to report an accident or injury within 24 hours of occurrence and/or falsifying information regarding an accident or injury.
- Failure to report any moving traffic citations received within 24 hours of occurrence.
- Leaving the scene of an accident involving a company vehicle.
- Operating a company vehicle while under the influence of alcohol, an amphetamine, a narcotic, a formulation of an amphetamine or a derivative of a narcotic drug.
- Transporting unauthorized passengers.

Employees found in violation of the above actions will be subject to disciplinary action.

VEHICLE INSPECTIONS

On a regular basis, the Branch Manager or his/her designee will inspect the company delivery vehicles and any vehicles that deliver equipment and will document this process on the Vehicle Checklist found on WNSM. He/she will ensure that all required supplies are present and company policies are being followed and that all vehicles are kept clean and organized. Vehicles may not be completed by the driver assigned to the vehicle.

USE OF PORTABLE RAMPS IN VEHICLES

When possible, portable ramps should be secured to the vans used for transporting equipment. If holes and pins are not possible, straps may be used to secure the ramp to the van. If the ramps have no holes drilled, follow the manufacturer's guidelines for safe use of the ramps. (November 2009) Note: If ramps are used in the warehouse or elsewhere in the building, they must be secured with bolts, screws, heavy duty Velcro or other approved method. (November 2012)

The Occupational Safety and Health Administration (OSHA), through the Hazard Communication Standard, requires chemical manufacturers and importers to provide hazard information to employers and workers. Labels are required on chemical containers, and safety data sheets that convey hazard information must be prepared.

Safety Data Sheets (formerly called *Material* Safety Data Sheets) communicate hazard information about chemical products.

The federal Hazard Communication Standard, revised in 2012, now requires chemical manufacturers, distributors, and importers to provide new Safety Data Sheets in a uniform format that includes the section numbers, headings, and associated information below.

- **Section 1 – Identification** identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.
- **Section 2 – Hazard(s) identification** includes the hazards of the chemical and the appropriate warning information associated with those hazards.
- **Section 3 – Composition/information on ingredients** identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.
- **Section 4 – First-aid measures** describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.
- **Section 5 – Fire-fighting measures** lists recommendations for fighting a fire caused by the chemical, including suitable extinguishing techniques, equipment, and chemical hazards from fire.
- **Section 6 – Accidental release measures** provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.
- **Section 7 – Handling and storage** provides guidance on the safe handling practices and conditions for safe storage of chemicals, including incompatibilities.
- **Section 8 – Exposure controls/personal protection** indicates the exposure limits, engineering controls, and personal protective equipment (PPE) measures that can be used to minimize worker exposure.
- **Section 9 – Physical and chemical properties** identifies physical and chemical properties associated with the substance or mixture.
- **Section 10 – Stability and reactivity** describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into 3 parts: reactivity, chemical stability, and other.
- **Section 11 – Toxicological information** identifies toxicological and health effects information or indicates that such data are not available. This includes routes of exposure, related symptoms, acute and chronic effects, and numerical measures of toxicity.
- **Section 12 – Ecological information** provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.
- **Section 13 – Disposal considerations** provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS.
- **Section 14 – Transport information** includes guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.
- **Section 15 – Regulatory information** identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.
- **Section 16 – Other information** indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

Safety Data Sheets (cont'd)

Any chemical or substance that is indicated as flammable on the SDS sheet or the container itself must be stored properly and kept away from sources of ignition.

You can help prevent illness and injury by reading the SDS and warning label for each chemical you use. These give you key safety information about personal protective equipment and first aid procedures in case of an accident.

Safety Data Sheet (SDS) will be maintained for every hazardous chemical used at National Seating & Mobility.

Copies of SDSs and the personal protective equipment they specify will be readily accessible in the work area.

The Branch Manager, Regional Manager, or their designee is responsible for obtaining and maintaining the file of SDS's for all hazardous chemicals used at National Seating & Mobility.

SEMI-ANNUAL SAFETY INSPECTION OF WORKPLACE

At least twice a year, the Branch Manager or his designee will use the Safety Review of Workplace checklist found on WNSM to review the workplace for safety hazards. Any hazards identified will be remedied immediately. Inspections will be completed on a schedule directed by the Compliance Department.

The completed written review of the workplace will be kept on file at the branch location.

EMPLOYEE SECURITY

When employees are delivering equipment or performing an evaluation in an unsafe neighborhood or environment they are to put their own safety first.

Options to consider include the following:

- Make the delivery in the early morning hours
- Use the 'Buddy System' – coordinate with your manager and have a co-worker join you on the delivery or after hour call.
- Contact the client and, if appropriate, have them or a family member meet you at an acceptable alternative location (such as the branch, clinic or therapist's office, the police or fire station).
- Contact the police department and coordinate an escort to the client home.

If employee safety can't be assured, employees should not to go into the neighborhood or home in question.

If a client becomes threatening or violent in person, either in the home, a facility or in the NSM location, the employee(s) should remove themselves from the area and call 911. If there is no safe exit, the employee should call 911 or make others aware by any means possible and request that they call 911.

If a client or other person makes a threat via telephone, email, mail or any other method, the employee should notify their location manager and the Director of Compliance immediately. Following the procedure described in the Emergency Operations Plan, any voice mail, email or other message should be kept and a copy should be sent to the Director of Compliance, if possible. The proper authorities will be notified to determine the appropriate response. If the threat seems immediate, call 911. (November 2016)

SECTION 05 - INFECTION CONTROL

INFECTION CONTROL - EXPOSURE

All employees are responsible for implementing infection control procedures, as appropriate, in an attempt to prevent and/or contain communicable diseases. This policy is to be followed by all employees, particularly those that have direct physical contact with clients and/or contact with dirty equipment.

All NSM employees who provide services in the home or other client environments and/or have contact with dirty equipment need to be especially aware of our infection control policy. This policy is designed to provide maximum protection for NSM employees and for our clients.

EXPOSURE TO BLOOD AND BODY FLUIDS/BLOOD BORNE DISEASES

Transmission of the Hepatitis B Virus and the HIV virus, along with other bloodborne diseases, occurs through contact with infected blood and/or other body fluids. It is not always possible to know the infectious disease status of a client. For the employee's protection, work related tasks that pose a risk of exposure to blood and/or body fluids, regardless of confirmation of a client's status, may require the use of appropriate precautions.

Work related tasks may be divided into three exposure categories as defined by the Joint Advisory Notice from the Department of Labor and the Department of Health and Human Services:

Category I

Tasks that involve exposure to blood, body fluid or tissues.

Category II

Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks.

Category III

Tasks that involve no exposure to blood, body fluids or tissues and Category I tasks are not a condition of employment.

NSM employees fall into Category II and III.

EXPOSURE TO AIRBORNE INFECTIOUS DISEASES

In addition to blood borne diseases, NSM employees who have direct client contact may be exposed to airborne diseases, including tuberculosis and influenza, among others. Following proper infection control procedures can greatly reduce the risk of contracting these diseases.

JOBS WITH RISK OF EXPOSURE AND VACCINATIONS

JOBS WITH RISK OF EXPOSURE

Employees who may occasionally perform a task which requires unplanned exposure to blood, body fluids or tissues include, but may not be limited to service technicians, warehouse/repair personnel, Rehab Technology Suppliers (RTSs) and some Customer Service Reps with direct customer contact.

When an NSM employee has definite exposure to an infectious disease, the exposure must be reported to the employee's manager and to Human Resources to determine the need for follow up care and/or testing.

HEPATITIS B VACCINATION

Any NSM employee who may be at risk for exposure to infectious diseases will have access to the Hepatitis B vaccination. If an employee declines the vaccination, they must sign a disclaimer (*see form on WNSM*). The signed disclaimer will be filed in the employee's personnel medical file. If at any future time the employee changes their mind and elects to get the vaccination, it will be provided by NSM, at no charge to the employee.

If an employee signs the form indicating that they do wish to receive the vaccine, *proof that the vaccine series has begun must be submitted to Human Resources within 30 days of their date of hire. Proof of the completion of the series must also be submitted to Human Resources according to the vaccination schedule provided by the party administering the shots.* If the first shot in the series has not been administered within 30 days of their employment, it will be assumed that the employee has decided not to have the vaccination series and they will be required to sign the disclaimer confirming their declination. (November 2012)

INFLUENZA VACCINATION

All NSM employees are encouraged to obtain an annual influenza vaccine. The influenza vaccine is widely available at most pharmacies, as well as at physician's offices and clinics, and each employee should use their most convenient provider of choice. To encourage participation, all employees may obtain the influenza vaccine during their paid work hours. The time out of the office for the vaccination should be coordinated with and approved by the employee's immediate supervisor. The cost of the vaccine, however, will be the employee's responsibility. The vaccine is, however, commonly included as a covered benefit under insurance plans.

Should an employee choose to have the vaccine, a confirmation of the vaccination must be submitted to the Compliance Department. As with the Hepatitis B vaccination, an employee may decline the vaccination. In either case, a completed Acceptance/Waiver form must be included in the individual's HR medical file. (Sept 2012)

TUBERCULOSIS TESTING

While NSM is considered to be in the “low” category of risk regarding the transmission of tuberculosis (TB) as determined by the CDC risk assessment, some states and/or facilities require that employees with direct client contact be tested for the presence of TB. In states or facilities where the test is required, each employee with direct client contact will have access to the test at no cost to the employee. Employees required to have a TB test must submit a copy of the results of the test to the Compliance Department. The test results will be filed in their medical file. Determination of whether an employee is required to have the TB test will be made by local management. The determination will be based on state, local and any facility requirements in the employee’s location.

INFECTION CONTROL TRAINING

All NSM employees, regardless of the level of client contact their position involves, are required to complete an annual training session on Infection Control, including training on Bloodborne Pathogens. Training will include definitions of pathogens and methods to prevent infection. Proof of training will be kept in each employee’s training file.

PRECAUTIONS FOR PROTECTING EMPLOYEES FROM INFECTIONS

PROTECTIVE EQUIPMENT AND SUPPLIES

NSM employees will utilize appropriate precautionary procedures and barriers for all anticipated blood/body fluid exposures. Employees will be knowledgeable regarding precautionary procedures and will have barriers readily available for potential blood/body fluid exposures, i.e., hand washing, gloves, gowns, masks and goggles.

Equipment and Supplies include:

- Gloves - disposable gloves are to be worn when:
 - handling equipment that is in use by or has been used by a client and there is anticipated exposure to blood, body fluids or
 - providing direct care for a client with an open wound, fecal incontinence or diarrhea.
 - the client has a known or suspected communicable disease.
- Gowns - disposable gowns will be worn if soiling of clothing with blood or body fluids is likely.
- Goggles – goggles will be worn when spattering of blood or body fluids is likely; OR when using chemicals, which could splash into the eyes.

Employees are not required to provide service on equipment or in an environment that poses a risk of infection that cannot be addressed by reasonable use of these procedures. Should such a situation be encountered, the employee is to immediately contact their supervisor for direction. If it is determined that service cannot be safely provided, the supervisor will speak with the client and/or caregiver and explain what actions must be taken before service will continue (i.e., cleaning and disinfecting the equipment or disposing of soiled materials that are in contact with the equipment). (November 19, 2007)

PRECAUTIONS IN VEHICLES

The surfaces of the work area or interior of vehicles will be cleaned with the appropriate disinfectant immediately if the work surface becomes contaminated.

Routine disinfecting of the vehicle interior and work surfaces will occur, at a minimum, as part of the monthly vehicle inspection.

ADDITIONAL PRECAUTIONS

Employees should be aware of areas of the facility that contain equipment that has not been cleaned and should not eat in these areas or perform other non-job related activities there.

UNIVERSAL PRECAUTIONS

NSM has established specific guidelines to help reduce the risk of infection from contact with blood or body fluid. The policy is mandatory for all employees when the possibility exists for coming in contact with all blood or body fluids (body fluids include, but are not limited to, blood, urine, stool, semen, wound drainage, sputum, gastric secretions, and emesis).

Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

The rule of thumb: if it's wet, don't touch it without gloves.

"AT RISK" EMPLOYEES

Certain NSM employees are considered "at risk" as defined by the Center for Disease Control, and should not provide direct care for clients with known bloodborne diseases. Those employees include:

- Anyone with open skin lesions, sores, or blisters that cannot safely be covered with disposable gloves or clothing.
- Anyone with an infectious disease or impaired immune system.
- Anyone on immunosuppressive drugs such as steroids, unless authorized by his/her physician.

Employees with a condition as described above must notify their manager prior to meeting with clients.

NOTICE OF CLIENT INFECTIOUS DISEASE

All employees having client contact will be informed of the precautions required by specific clients who NSM employees know or suspect to have an infectious disease. However, NSM employees may not solicit this information by asking the client or caregiver directly. (See Client Infections)

When possible, however, the diagnosis should be obtained along with the order. A blood-borne infectious disease diagnosis or an airborne infectious disease diagnosis which requires personal protective precautions needs to be communicated to fellow co-workers. If at the time of referral or during the course of servicing the client it becomes known that they have such a disease, the diagnosis will be entered into the client record using the ICD-10 code. When a diagnosis of an infectious disease is entered into the client file, the following will be automatically printed at the top of the delivery ticket:

- File A – if the disease is an airborne disease
- File B – if the disease is a bloodborne disease
- File AB – if the disease is both airborne and bloodborne.

This will be done to ensure that all field employees are aware of the appropriate level of personal protective equipment needed to comply with the higher level of precaution associated with these diseases. (*See Exhibit A – Infectious Diseases in the Appendix for help with determining which diseases are blood-borne infectious or airborne infectious.*)

NSM will instruct the client, family or care provider who is calling in pick-up orders to please discard all used disposable items/supplies before the arrival of NSM employees.

NSM employees must be aware that a biomedical hazardous waste disposal company or hospital must be contacted for disposal if materials that are soiled with blood or body fluids are brought into NSM so that these materials can be properly removed and incinerated.

INFECTION CONTROL DURING CLIENT CONTACT

All NSM employees are to use accepted infection control and safety standards during client contact and when handling equipment. Those accepted standards are listed in the following procedures.

Employees should be sensitive to the client's environment and perform necessary infection control procedures without elaborate or undue comments.

1. Employees will wash hands following CDC guidelines using NSM supplies, which include alcohol based waterless hand sanitizer immediately before or immediately upon entering the client's residence.
2. All employees performing evaluations or making any delivery, pick-up, service or maintenance of equipment will maintain an infection control kit in their vehicle. The kit will contain:
 - Paper towels
 - Box of non-permeable gloves (non-sterile, proper size)
 - Disposable, waterproof gown
 - Plastic bags (clear) for equipment
 - Can of approved fresh disinfectant that is tuberculocidal
 - Box of approved disinfectant/virucidal hand wipes or waterless alcohol based germicidal hand cleaner solution.
3. Non-permeable gloves will be worn when employees handle equipment in the home that has surfaces soiled with blood and/or body fluids.
4. Whenever the possibility exists for employees' face and/or clothing to come in contact with blood and/or bodily fluids, non-permeable gloves and a gown must be worn.
5. The following should be observed on the pick-up of all equipment:
 - Precautions for avoiding contact with blood or body fluids should be taken.
 - Non-permeable gloves must be worn when equipment is soiled with blood or body fluids, or the possibility of contact exists.
 - All paper towels and gloves are disposed of in a plastic bag, which is secured and discarded in the normal trash disposal manner when it is full.
 - No used disposable items, such as needles, catheters, diapers or other similar items, will be returned to NSM. Discard all used disposables at the client's residence.
 - Hand washing with disinfectant hand wipes or waterless alcohol based germicidal hand cleaner is required after removal of gloves or on final exit from the residence.
 - Equipment is appropriately returned to the warehouse and undergoes standard returned equipment processing.
6. Any NSM employee who has a communicable disease or open wound will take precautions or be directed to not have direct client contact. Employees with direct client contact must notify their manager if they contract or are exposed to an infectious disease so that a decision may be made to limit or cease contact until the risk of transmission is no longer present.
7. Should any employee be questioned on any of these procedures by any party, the questioning party should be informed that this is NSM policy and required by health and safety regulations.

Employees are not required to provide service on equipment or in an environment that poses a risk of infection that cannot be addressed by reasonable use of these procedures. Should such a situation be encountered, the employee is to immediately contact their supervisor for direction. If it is determined that service cannot be safely provided, the supervisor will speak with the client and/or caregiver and explain what actions must be taken before service will continue (i.e., cleaning and disinfecting the equipment or disposing of soiled materials that are in contact with the equipment). This also applies to infestations of insects, such as bedbugs.

(11/19/2007)

HAND HYGIENE

The Centers for Disease Control and Prevention (CDC) and other healthcare-related organizations believe that properly cleaning your hands before and after having contact with patients is one of the most important measures for preventing the spread of bacteria in healthcare settings.

Hand Hygiene means taking the proper steps to clean dirt and germs from your hands, either by washing them or by using an alcohol-based hand rub, to prevent the spread of infection.

All NSM employees should clean their hands:

- before having direct contact with patients
- after having direct contact with a patient's skin
- after having contact with body fluids, wounds or broken skin
- after touching equipment or furniture near the patient
- after removing gloves

When hands are visibly dirty, contaminated, or soiled, wash them with soap and water.

If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

Using Hand rubs

- Apply to palm of one hand, rub hands together covering all surfaces until dry
- cover all surfaces of your hands and fingers, including areas around/under fingernails
- continue rubbing hands together until alcohol dries

Handwashing with Soap and Water

- Wet hands with water, apply soap, rub hands together for at least 15 seconds
- Rinse and dry with disposable towel
- Use towel to turn off faucet

Practicing proper hand hygiene and taking the proper steps to clean dirt and germs from your hands, either by washing them or by using an alcohol-based hand rub, is a very effective way to help prevent the spread of infection.

Any personnel with an open cut or wound on hand should follow this procedure and use new disposable gloves for each client contact. If a clean sink is not available, at the client's home or at a facility, use an alcohol based waterless cleaner for your hands.

PICKING UP OR EXCHANGING EQUIPMENT

All NSM employees are to use accepted infection control and safety standards when handling equipment used by a client. Those standards are listed in the following procedures.

Handling small rental or repair equipment:

- Use disposable gloves if the equipment has blood or other body fluids in or on it
- The equipment should be sprayed with the appropriate disinfectant spray, preferably before placing it in the van, or at the NSM facility at the latest. Place a red tag on the equipment with owner's last name and place the equipment in a clear plastic bag.
- Remove the gloves and either discard them in the trash or place them in the bag with the equipment.
- Place the used equipment in the vehicle and secure it.
- Cleanse hands thoroughly, following hand hygiene guidelines.

Handling bed overlays and other larger equipment:

- Use disposable gloves and wear a disposable gown to protect your clothing if the possibility of transferring blood or body fluid exists. The personal protection items can be found in the infection control box.
- The equipment should be sprayed with the appropriate disinfectant spray either before placing it in the van or at the NSM facility. Place contaminated unit in clear plastic bag. Place a red tag on the equipment with the owner's last name.
- Cleanse hands thoroughly, following hand hygiene guidelines.

Handling other bulky rehab equipment (Wheelchairs, beds, etc.)

- Put on disposable gloves if item is visibly soiled with blood or body fluids.
- Remove equipment from client's residence.
- The equipment should be sprayed with the appropriate disinfectant spray either before placing it in the van or at the NSM facility. Place clear bag on equipment. Place a red tag on the equipment with the client name.
- Place in vehicle.
- Cleanse hands thoroughly, following hand hygiene guidelines.

Disposal of Contaminated Supplies: All disposable supplies must be left at the client's residence. These supplies are not to be brought back to the NSM branch. In the event that biomedical hazardous waste does inadvertently get returned to the branch, notify the manager who must coordinate disposal of the waste through a hospital or biomedical waste hauler who can properly incinerate the materials. Contaminated supplies may be disposed of by the client in household trash, but cannot be disposed of by NSM in the regular trash.

DESIGNATED AREAS FOR EQUIPMENT STORAGE

To facilitate proper infection control, each location will have, as appropriate, areas designated for:

- Obsolete/NOI Equipment - Clean
- Equipment To Be Repaired - Clean
- To Be Cleaned/Dirty Equipment
- Client Ready Equipment - Clean
- Company Owned – Clean (Inventory, Demos, Loaners)

OBSOLETE/NOI EQUIPMENT AREA – CLEAN

The Obsolete or NOI parts that are kept on hand to use as loaners, for emergency repairs, or for other purposes are kept in this area. Equipment in this area should be disinfected and considered clean. Obsolete or NOI equipment must be kept clearly separated from other equipment and must not overflow into other areas.

TO BE REPAIRED - CLEAN AREA

Equipment which is client-owned and has been brought in for repair or equipment which has been identified as needing repair prior to being client ready is located in this area. When repair or maintenance check has been completed, make sure the equipment is still clean then bag, tag as client ready and move to Client Ready area.

TO BE CLEANED/DIRTY EQUIPMENT AREA

The To Be Cleaned/Dirty area is where any equipment that has not been disinfected must be located. The To Be Cleaned area must have a clearly marked, separate Cleaning Area containing a table or surface where the cleaning supplies (in well labeled bottles) are kept and where cleaning activities will take place. The Cleaning Area should contain:

- A covered trash can in the cleaning section of the To Be Cleaned area to discard used paper towels.
- Clear plastic bags just inside adjacent clean area to bag equipment after cleaning.
- Alcohol based hand wash solution for the employee to use on their hands after they clean the equipment.

The work surface where equipment is cleaned should be routinely disinfected on a weekly basis, or more frequently if needed.

CLIENT READY - CLEAN AREA

Equipment placed in the Client Ready area is to be placed in a clear plastic bag, as practical, and tagged as client ready when it is clean and function checked. Large items such as beds should be kept in an area free from dust. Smaller individual items or items that cannot be easily covered with a bag or box must, at a minimum, be placed in a Clean area of the warehouse once they have been disinfected. The Clean area must be clearly marked.

COMPANY OWNED AREA

Equipment to be used for demos, loaners, rentals, or spare parts must be moved to the Company-Owned Area and clearly tagged or marked. When boxed equipment is placed on shelves, it should be clearly labeled. When items are removed from the clean area for client demo, they must be disinfected prior to being returned to the Clean area. It is recommended practice that they be logged on the cleaning log prior to being returned to the Clean area.

CLEANING & DISINFECTING EQUIPMENT

All equipment must be sprayed with the appropriate hospital-grade disinfectant solution that is effective on the surface being disinfected and thoroughly cleaned prior to placement in any Clean area. Cleaning must take place in a clearly designated Cleaning Area. The Cleaning Area should be separated from the "To Be Cleaned" or "Dirty" area of the warehouse by, at the very least, a tape outline on the floor and a posted sign that identifies it as the Cleaning Area.

Equipment will be cleaned as follows:

1. Glove hands. Wear goggles when practical.
2. Clean visible soil off of equipment.
3. Spray with the appropriate disinfectant for the surface and let sit for the stand time indicated on the product label.
4. Spray with detergent and wipe off with paper towel. Discard paper towels in a covered trashcan.
5. Check function of equipment according to manufacturer or policy
6. Bag in plastic and green tag the equipment when appropriate or, at a minimum, place in the appropriate Clean area of the warehouse.

It is recommended practice that any used equipment being brought into an NSM location, including client owned equipment to be repaired, be entered onto a copy of a "Cleaning Log" when it has been cleaned. The cleaning log should indicate the serial number of the equipment, what type of equipment it is (client owned, loaner, demo), the date it was brought into the location, the date it was cleaned and who cleaned it. The equipment should be tagged with a green tag and placed in the appropriate Clean area. *(This is required practice for North Carolina and California locations.)* (April, 2010)

Clean equipment that is client ready will be stored in either a box or covered with a clear plastic bag with a green tag, if practical. Smaller individual items or items that cannot be easily covered with a bag or box must, at a minimum, be placed in a Clean area of the warehouse once they have been disinfected. The Clean area or shelves must be clearly marked as clean with a green tag. No equipment should be allowed in a Clean area prior to being disinfected.

TAGS

Red tags will be attached to chairs and equipment that are "To Be Cleaned" or "Dirty". Once the chair has been cleaned, the red tag will be replaced with a green tag. The tag, regardless of color, will have the owner's last name entered.

If an item is too small to be tagged, it should be placed in a box that is tagged or placed on a shelf or area that is clearly marked as a Clean area.

DELIVERY VEHICLES

In all vehicles used to transport equipment, clean equipment will be covered with a bag or will be placed in a box or bin, when practical. While there is no dedicated “Clean” or “To Be Cleaned” side of the vehicle, clean equipment will be kept separate from dirty equipment that has been picked up. Separation can be accomplished by the use of clear plastic bags, boxes or bins for all dirty equipment when in the vehicles. All dirty equipment should be red tagged and bagged or placed in a dedicated “To Be Cleaned” bin or box.

All equipment and supplies must be secured when the vehicle is in motion, using approved tied downs or straps. No stretchable bungee type cords may be used to secure equipment. Ramps and equipment must be secured in all vehicles, including those equipped with cages or dividers.

All employees must know that the cleaning agent we use is a standard hospital germicide/disinfectant which is effective against TB on both hard and soft surfaces. It is recommended that goggles and gloves be worn when using disinfectant, when practical. The disinfectant must be allowed to sit on the equipment for the stand time indicated on the product label or for 10 minutes to increase effectiveness.

PRE-DELIVERY INSPECTION

Before delivery to the client, all equipment should be unboxed, if applicable, checked for proper function, wiped down and re-bagged or placed back in a box, as appropriate.

ON-GOING CLEANING OF EQUIPMENT BY CLIENT / CAREGIVER

Clients will receive instructions for cleaning their equipment at time of delivery.

EVALUATING EMPLOYEE AND CLIENT INFECTIONS

Although a minor illness may not prevent an NSM employee from reporting to work, there are precautions that must take place when an NSM employee contracts an infectious disease. There are also precautions that are necessary when contact is made with a client who has a known infectious disease.

EMPLOYEE INFECTIONS

NSM employees with client contact are held personally responsible for informing their Branch Manager or his/her designee that they are reporting to work with a minor infection, such as a sore throat, poison ivy, head cold, or cold sore, or if they have recently experienced an illness while off duty, such as nausea or the flu.

NSM employees with client contact are also held responsible for informing their Branch Manager or his/her designee if they have had exposure to or personal experience of a contagious, communicable disease. Examples include but are not limited to: conjunctivitis (pink eye), hepatitis, measles, TB, chicken pox, mumps, meningitis, any staph or strep infection, pneumonia and/or HIV.

The Branch Manager or his/her designee is responsible for making the final determination if the employee should proceed with the daily routine of client contact, or be shifted away from client contact.

If the minor infection is a "cold" or communicable by airborne route, the employee should wear a face mask at all times during client contact. The importance of good hand washing technique should be reinforced.

(For assistance in determining which conditions would preclude client contact, see Exhibit B in the Appendix.)

CLIENT INFECTIONS

Client information regarding infections may become available at the time of the referral, and may be obtained from caregivers or other members of the client's medical team, including the therapist or physician. While NSM employees cannot directly ask if the client is being treated for an active infection, due to client confidentiality, they can be observant for indications and can ask general questions about any new medications or changes in condition. Any diagnosis should be entered into the client file in Rehab Advisor. Those that indicate an infectious disease will generate the appropriate confidential notation in the work order and on delivery documents, as previously described.

POST-EXPOSURE MONITORING

In the event of an employee's direct exposure to body fluids that could transmit a potentially infectious disease, post exposure monitoring and evaluation will be provided by NSM.

The incident and the circumstances surrounding the infectious disease's exposure and what could have been done to prevent this exposure from occurring must be investigated and documented by the Branch Manager or his/her designee, with assistance from Human Resources. Documentation on an OSHA 300 form may be required.

The source client will be informed and the client's consent for testing for blood borne infections, including HIV and HBV requested. If the client refuses consent, has AIDS or other evidence of HBV/HIV or other blood borne infection, or has a positive test, the NSM worker will be evaluated clinically and serologically for evidence of infection as soon as possible after the exposure, and, if negative, re-tested on a periodic basis thereafter to determine if transmission has occurred.

During this follow-up period, especially the first 6-12 weeks, when most infected persons are expected to seroconvert, the exposed worker may receive counseling about the risk of infection and should follow recommendations for preventing transmission of blood borne infections.

If the source client's blood tests negative and has no other evidence of infection, no further follow-up of the worker is necessary.

If the source client cannot be identified, decisions regarding appropriate follow-up should be individualized based on the type of exposure and the likelihood that the source client was infected.

An evaluating physician will provide the NSM employee with a written summary of the medical findings and follow-up process. The NSM employee must provide a copy of the medical summary to the Branch Manager and to Human Resources.

Medical records of each worker with occupational exposure must be maintained by the Human Resources Department for the duration of employment plus 30 years. Training records must be kept for three years from the date of training. Any other findings or diagnosis, including the exposed worker's HIV status, must remain confidential.

MANAGING AN INFLUX OF POTENTIALLY INFECTIOUS CLIENTS

An influx of potentially infectious clients may result primarily from two causes:

- A naturally occurring epidemic or pandemic
- Bioterrorism

NSM's response to an emergency of these types will be based on the severity of the outbreak and the risk to NSM employees, their families and the need to avoid passing infections from client to client. All NSM employees in affected areas will be notified of the potential health risks to them and their families. Employees who are pregnant or have compromised cardiac, respiratory, immune systems or other conditions that may place them at additional risk from infection may choose to avoid client contact during these emergency situations.

The most significant level of infectious situation is indicated by a health related declared emergency, such as;

- a public health emergency declared by the governor with or without activation of the community's Emergency Management Plan
- a state of emergency in a specific region, county, city, town declared by the Governor, or local official.

NSM's response to these types of declared health related emergencies will be to:

- Follow all infectious disease protocols instituted as part of the public health emergency, including enhanced personal protective equipment, such as disposable gowns, shoe covers, face shields, face masks, etc.
- The Branch Manager and/or RVP, through broadcast and printed media as well as through postings on the internet and emails, will monitor developing situations and communicate with all branch employees as well as with NSM senior management.
- In consultation with the Branch Manager, NSM senior management may decide to stop client contact and stop providing equipment and services until the emergency passes.

SECTION 06- MANAGEMENT OF INFORMATION

THE CLIENT RECORD

Client files are to be established for all clients who:

- Have been evaluated for equipment or services
- Have purchased equipment or services
- Are in possession of rental or loaner equipment

Each Client file is to be set up in the following manner:

An electronic Work Order will be created in Rehab Advisor.

As documents are received or created, they are scanned into the client's electronic work order. If the payer requires that a paper document must be maintained, it is placed in a physical folder for the open order for that client. The client folders will be filed in alphabetical order by last name, first name and middle name, in an active file location. If the payer or any governmental agency does not require that a paper copy of the document be kept on file, that document may be shredded once it is scanned into the work order.

The physical work order file will contain any wet signature document required by the payer, which may include the following:

- Physician Order/Rx
- Letter of Medical Necessity
- Approval/Authorization
- AOB
- Signed Delivery Ticket and Delivery Checklist
- Other signed documents as required by the payer

The electronic work order will contain any documentation required by the payer, as well as any evaluation or measurement documentation needed to provide equipment or services, which may include:

- Client Referral information
- Letter of Medical Necessity
- Approval/Authorization
- AOB
- Signed Delivery Ticket and Delivery Checklist
- Other documents as required by the payer or by NSM

Changes made to the client file and work order in Rehab Advisor are tracked electronically.

Client files are reviewed for accuracy and timeliness during the billing and MIR process.

Documentation of evaluations, services provided, and re-assessments will be documented in the Client file as soon as possible, but no later than 20 working days after the event. Work orders should be created in Rehab Advisor within 5 working days of the evaluation. Billing must be completed within payer specific timely filing guidelines.

AUTHORITY TO ACCESS AND UPDATE CLIENT FILES

Through password protection, NSM's Rehab Advisor and BCS systems limit access to client files to those employees with authority to access, review or update a client file. NSM employees who have a business purpose for accessing client files are assigned secure access via a unique username and password.

Changes made to client files and work orders in Rehab Advisor are tracked electronically.

RECORD RETENTION POLICY

Client records will be retained for ten (10) years from the date of termination of services.

Should the Client be a minor when service is terminated, the record will be retained for five (5) years after the Client reaches the age of 18 (legal maturity).

Personnel files for employees that have experienced on-the-job exposure to infectious diseases must be kept for 30 years. General Personnel files are to be kept indefinitely.

Cleaning logs, where required, will be retained for ten (10) years. (July 08, 2015)

In the State of California, logs of dispensed Legend Items will be retained for ten (10) years. (July 08, 2015)

CONFIDENTIALITY & RELEASE OF INFORMATION FROM THE CLIENT'S RECORD

In the course of caring for any particular client, it is anticipated that National Seating & Mobility will encounter confidential or proprietary information concerning the client. National Seating & Mobility employees agree to keep this and any other information which they may acquire with respect to that client confidential, unless and until that client provides consent to disclose information, or unless the knowledge and information otherwise becomes generally available to the public. HIPAA guidelines, as outlined in the Health Information Privacy and Security Compliance Program, and in the annual required training, are to be followed at all times.

The original client records should remain filed and locked in the office during non-business hours. A client's medical information must not be left where it may be seen by unauthorized individuals. The security of computer screens that contain client health information must be protected. Any documents that contain confidential client information must be shredded and not included in routine trash. Computer passwords that allow access to client information are not to be shared with anyone other than the authorized user.

SECTION 07- PERFORMANCE IMPROVEMENT (PI)

NATIONAL SEATING & MOBILITY PERFORMANCE IMPROVEMENT PLAN

PURPOSE

While National Seating & Mobility constantly monitors data from multiple internal sources, NSM's Performance Improvement is maintained through the Operational Excellence program. The Operational Excellence strategy is focused on creating a process for driving sustainable results via Lean & Six Sigma principles.

The Operational Excellence program provides a planned, systematic approach to performance measurement of key areas for the purpose of improving the quality of service we provide to our clients.

INTEGRATION WITH MISSION, VISION AND GOALS

This plan will assist NSM employees and leadership in actively meeting our commitment to provide the best possible care for our clients. Our mission is to provide our clients with the right chair and the best care to meet the long-term therapeutic needs prescribed by their physician and/or therapist; carrying out this mission will guide our PI efforts.

The vision of the Operational Excellence program is to leverage our most valued asset, our people, by bringing them together with the right processes and systems to ensure the highest level of service possible for our clients. The intent is to create a company of "Lean Six Sigma Thinkers" focused on enhancing client value through the reduction of cycle time, non-value added activity (i.e. waste, defect rates, etc.), and cost.

OBJECTIVES

The objectives of NSM's PI plan are as follows:

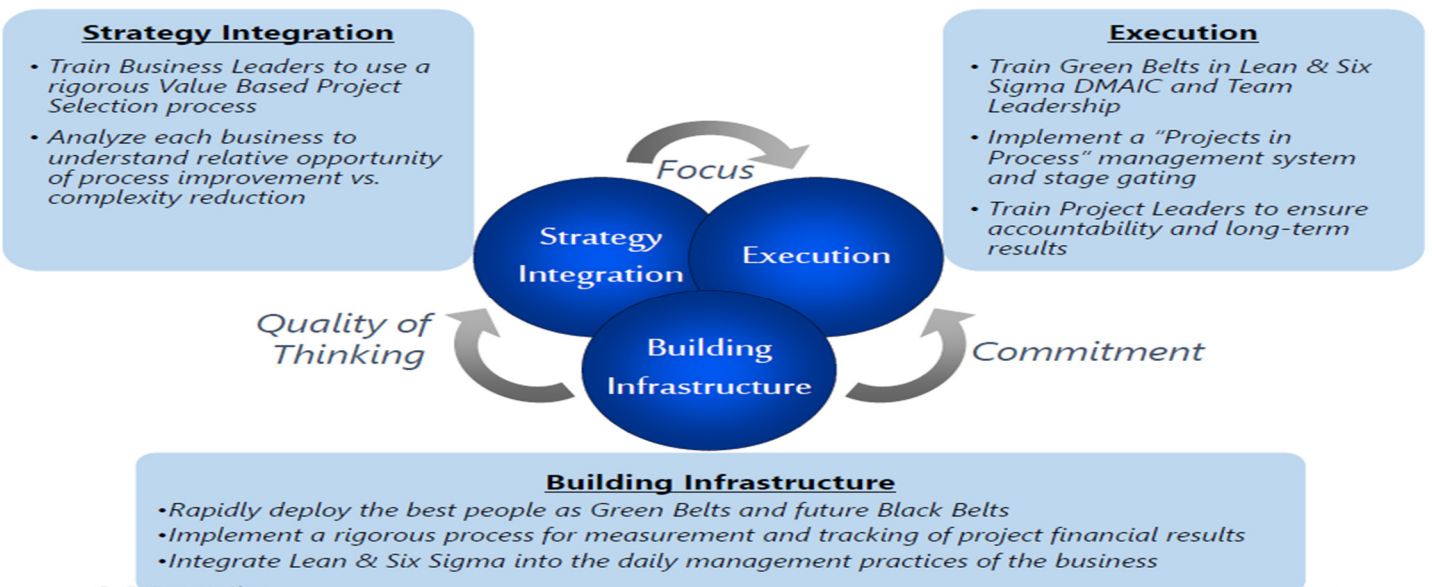
- To maintain effective processes to meet the needs of our clients which are consistent with our mission, vision, goals and plans
- To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement
- To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors
- To achieve improved performance and sustain the improvement throughout NSM

While senior management is the final authority for Performance Improvement, the Operational Excellence program is led by the Director of Operational Excellence who, through the program, identifies and prioritizes processes and information to monitor, analyze and report.

Roles and Responsibilities



Process for Driving Sustainable Results



On FY Strategic Plan

Overview of Project Assessment and Selection

Full Operational Assessment
Deep dive into financials, strategy, and process performance

1 Define Prime Value Chain & Identify Value Levels

- Identify value levers in the business
 - Strategic
 - Financial (VOB)
 - Customer (VOC)
 - Operational (VOP)
- Prioritize value levers

2 Identify Project Opportunities

- Translate Value Levers into Opportunity Areas
- Create end-to-end Process Visibility / Analysis
- Translate Opportunity Areas into Project Ideas

3 Screen Initial List of Opportunities

- Score each project as High / Med / Low for Benefit and Effort
- Fill in Benefit / Effort Matrix & review results
- Select highest priority opportunities for further analysis

4 Scope and Define Projects

- Assign opportunities to project sponsors for project definition
- Complete Draft Project Charters

5 Prioritize List of Defined Projects

- Evaluate projects using Evaluation Criteria
- Update Benefit / Effort Matrix
- Prioritize projects
- Schedule project launches based on value & resource availability

Reporting

Reporting to Operations is accomplished through several channels, including monthly senior management meetings and monthly Operational Excellence meetings. Ongoing projects and their results are reported.

NSM's on-going collection and monitoring program covers various information, including clinical, financial, operational, as well as client satisfaction data.

Data collection activities will be based on priorities set by NSM leadership. The data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement.

Data points and reporting areas may be changed at any time by the Operational Excellence program and, for their specific programs, the Compliance Department, as performance is determined to be stable, or as new areas of concern arise.

In addition to the Operational Excellence program, the Compliance Department collects and monitors data related to Client Satisfaction. Compliance also monitors activities necessary to maintain client safety.

Compliance Monitoring and evaluating include reports relating to:

- client satisfaction and complaints
- client file audits
- incident reports/sentinel events
- billing/MIR information

Performance Improvement Reports			
<i>Performance Measure</i>	<i>Collected</i>	<i>Reported</i>	<i>Performance Goal</i>
Client Survey Comments	Daily	Monthly	Positive comments % >50%
Client Satisfaction Surveys	Daily	Quarterly	Response rate: 18% Mean Score: 85
Incident/Sentinel Event Reports	Quarterly	Semi-annually	0
Client File Audits	Quarterly	Quarterly	90%
Billing – MIRs	Weekly	Quarterly	1.5%
Annual review of a risk reduction strategy or a statement why NSM has determined there are no high-risk processes	Annually	Annually	Plan or Statement

When a client or other source brings an issue to the attention of NSM, it will be documented and will include the client’s name, address, phone, HICN and payer, date of the receipt of the information, the person who contacted NSM regarding the issue and any other pertinent information. The issue will be categorized as a concern, a complaint or an issue, depending on the nature of the issue. A log of concerns, complaints and incidents will be maintained at the corporate level.

When informed of an issue, NSM will make every effort to resolve it as quickly as possible. Resolution will depend on the nature of the issue but every issue will receive at least an initial response within 5 days. Issues that are classified as a complaint will receive a written response within 14 days, outlining the investigation and any response. If the issue has not been resolved within 14 days, another written response updating the progress will be sent within 14 days until the issue is resolved, per CMS guidelines.

Complaint information, received by NSM employees per the Complaint Resolution Policy or via the Client Satisfaction Line, is reviewed quarterly, at a minimum, to identify trends and the root cause of failures and positive outcomes. The results of the review will be provided to Operational Excellence to determine improvement projects needed to address any operational issues identified.

AGGREGATION AND ANALYSIS OF DATA

Decision-making will be based on data collected. Data will be aggregated and analyzed by NSM in such a way that current performance levels, patterns or trends can be identified. When appropriate, data trends will be analyzed and compared internally over time. Analysis will be conducted when data indicates that levels of performance, patterns or trends vary substantially from those expected and for those topics chosen by leadership as priorities for improvement.

PERFORMANCE IMPROVEMENT INITIATIVES

Information from data analysis will be used to make changes that improve performance. Performance Improvement initiatives will be created and implemented by Operations and Senior Management. Data will continue to be monitored to determine the effectiveness of the changes.

CLIENT SAFETY PROGRAM

NSM is committed to improving safety for our clients. The Performance Improvement plan incorporates activities necessary to establish and maintain a program for client safety. The activities include:

- Communication with clients about safety, including client education on the proper use of equipment provided
- Employee education including annual training
- A review of services provided by NSM to identify any areas where measurable risk reduction strategies can be implemented. *(If no high risk areas are identified, the PI Committee will document that determination.)*

CONFIDENTIALITY

All information generated as a result of the Performance Improvement program is considered confidential.

SECTION 08 - LEADERSHIP AND MANAGEMENT OF HUMAN RESOURCES

Please refer to the Human Resources Portal on WNSM for the complete HR manual, including job descriptions.

MISSION

National Seating & Mobility's mission is to provide our clients with the right chair and the best care to meet the long-term therapeutic needs as prescribed by their physician and/or therapist.

CONFLICT OF INTEREST

A conflict of interest exists when a National Seating & Mobility manager, employee or any member of his / her immediate family has a financial or non-financial interest in a customer, supplier, competitor, or other principal dealing with National Seating & Mobility, and National Seating & Mobility determines that interest is such that it might reasonably affect the judgment or decisions exercised on behalf of National Seating & Mobility.

National Seating & Mobility owners, directors, agents, managers and employees performing any management, administrative or direct service to a client are expected to manage their affairs to avoid situations that might lead to a conflict of interest or even an appearance of one.

They are also expected to disclose a potential for conflict of interest in advance of any situation.

If a National Seating & Mobility employee feels that they may have a conflict of interest, they are to speak with their manager as soon as possible.

Managers are to disclose and discuss any potential conflicts with the senior management. Senior management is expected to manage the company according to the code of ethics which includes avoiding any conflict of interest.

POLICY DEVELOPMENT AND RESPONSIBILITY

All NSM employees are encouraged to review and suggest amendments to company policy with the goal of improving efficiency and customer service. The leadership of the company reserves the right to a final review of any new or amended policy. The leadership of National Seating & Mobility is responsible for the content of the policies.

The National Seating & Mobility Policies & Procedures Manual is reviewed continually and revised and updated as needed. The President and/or Chief Executive Officer of National Seating & Mobility verifies that the policies contained herein are current and in force by annually signing the cover sheet of the manual. A log of revisions is maintained by the Compliance Department.

PRE-EMPLOYMENT SELECTION

Persons whose qualifications are commensurate with anticipated job responsibilities are employed by National Seating & Mobility without regard to sex, race, age, creed, disability, religion, ethnicity, sexual orientation or national origin.

The selection process at the time of recruitment for employment by National Seating & Mobility will include the use of personal interviews, and, as appropriate, follow-up on employment references and job history, and verification of education, experience, training, or certification.

Effective January 1, 2008, all candidates for employment will have criminal background information verified as a condition of employment. The background check is to take place prior to the first day of employment. The background check will include a criminal history search from each state and county in which the employee resided for the 7 years prior to the investigation, performed via a national search agency. The search will verify that each employee is free of felony and misdemeanor convictions that include, but are not limited to, sex crimes; exploitation of an endangered adult; failure to report battery, neglect, or exploitation of an endangered adult; abuse or neglect of a child; theft; murder; manslaughter, either voluntary or involuntary; felony battery; felony offense related to a controlled substance; criminal conversion; criminal deviate conduct; and/or an offense related to alcohol or a controlled substance. **Employees of locations in the State of Florida will also require a Level II background screening upon hire and every 5 years.**

EMPLOYEE ORIENTATION AND COMPETENCY/PROFICIENCY

EMPLOYEE TRAINING

ALL employees will be oriented to the company. This will be documented in the employee personnel file. Orientation will include training to include Policies & Procedures, including Complaint Resolution/Incident Reporting, identifying client abuse or exploitation, the Performance Improvement program, and all safety procedures. Training is provided annually to all employees, including courses on Fraud Waste and Abuse Prevention, Compliance/Medicare Compliance, HIPAA/HITECH, Fire Safety, SDSs, Infection Control and Safe Lifting. Other training is assigned based on position or individual needs. Training completions will be documented in the NSM University.

Direct and Indirect Customer Care Employees

During the orientation/ training period, all customer care employees (i.e., RTS/ATPs & Service Technicians, Warehouse Assembly & Repair technicians, and employees who clean, assemble or otherwise handle equipment) will be taught about delivery, assembly, set-up, customer training and maintenance of equipment and supplies prior to solo work providing equipment or service. Training will be consistent with applicable manufacturer's manuals, and will be conducted via the NSM Technician Training program.

Competency and Proficiency Documentation

NSM employees who provide direct customer services or who handle equipment to support these services must have documented competency and proficiency prior to performing unsupervised services, equipment

delivery or maintenance. All training and competency reviews will be documented in writing using the appropriate assessment form. The documentation will be dated, signed by the appropriate employee as defined below to confirm their clearance to perform services or procedures unsupervised, and placed in the employee personnel file.

Technicians

A Tech Proficiency/Competency Assessment for technician positions with direct or support of customer care responsibilities will be completed for each NSM technician. The completed and signed Tech Proficiency/Competency Assessment checklist MUST be on file with Human Resources before a technician is allowed to perform job duties involving direct client care unsupervised. The Assessment may be completed as early as the technician is deemed competent but must be done within 90 days of employment. The assessment for technicians must be performed by a Regional Service Manager, certified ATP, or managing technician with a minimum of one full year's experience with NSM.

The Assessment for a new technician must include a minimum of 20 observed assemblies/repairs that cover the span of the employee's normal duties. Observations of technicians who will interact with clients in house only must include a minimum of 10 client interactions performed while providing client services in house. Observations of technicians who will provide direct client care in the field must include a minimum of 10 interactions with clients in the field.

NO technician will be allowed to provide services to a client unsupervised until a completed Tech Proficiency/Competency Assessment is on file with Human Resources.

RTS/ATPs

An RTS/ATP Proficiency/Competency Assessment checklist MUST be on file with Human Resources before an RTS/ATP is allowed to perform job duties involving direct client care unsupervised. RTS/ATP assessments must be completed by a certified ATP. The assessment may be completed during the RTS/ATP orientation but must be completed within 30 days of employment. RTSs/ATPs must be assessed by his or her manager, or a certified ATP as appointed by the manager.

All employee records will contain an orientation to the job checklist.

Ongoing RTS/ATP and Technician Competency Assessment

- RTS/ATP and Technician competency will be assessed at a minimum of once each three years by the appropriate person as defined in the policy above.
- Following NSM's annual educational Symposium, each RTS/ATP's participation in and successful completion of each approved session will be documented as an indication of their continued competency and understanding of their responsibilities.
- Performance records, including complaint/concern/incident reports, will be reviewed for indications of continued competency.
- NRRTS Standards of Practice must be met by every RTS/ATP.

EVALUTATION OF EMPLOYEES

All employees of National Seating & Mobility will have an opportunity to review their job performance with their manager at least once every 3 years, with the recommendation that performance appraisals be done annually in conjunction with a review of compensation.

The appraisal is a joint effort between the employee and supervisor. It outlines the past work performance and future work plans and goals. This process provides the opportunity to discuss the results of performance during the review period and to establish goals to be achieved during the next period. Questions such as "How am I doing? Where do I go from here?" should be answered.

Performance Appraisal forms and Proficiency Assessments may be found on WNSM.

VERIFICATION OF LICENSURE

VERIFICATION OF DRIVER LICENSURE

The NSM Manager must assure that drivers who provide delivery service drive on company business have a current driver's license. Copies of license, certification / registry are to be kept in individual personnel files.

VERIFICATION OF PROFESSIONAL LICENSURE

The Director of Compliance will maintain a list of all employees who present themselves in a professional capacity other than CRTS or ATP while performing duties as an employee of NSM. Each employee listed will be required to submit a copy of their current license to the Director of Compliance who will conduct a primary source license verification. The verifications will be performed at the renewal time for each and will be documented in the Professional Licensure file kept in the Joint Commission documentation file. (November 2009)

CONTINUING EDUCATION / IN-SERVICES

In-service education by qualified instructors (National Seating & Mobility employees, manufacturer's representatives, physicians, nurses, physical therapists, etc.) will be held as needed. Employee learning needs may be identified through competency / proficiency reviews; customer satisfaction surveys, incident reports, or as requested by employees. Topics will address current equipment selection, delivery, set-up and maintenance, in addition to other appropriate topics deemed necessary by National Seating & Mobility management or as identified needs indicate, such as a change in services or equipment offered to customers, new regulations, etc. Additional training may also be provided on-line, by email communication or via WNSM.

At a minimum, annual training on Infection Control and relevant Safety topics will be completed by employees who have direct and indirect customer support roles. At least one technician at each location will be required to complete 10 hours of training relevant to rehab technology annually, either through manufacturers' representative or other methods as determined by NSM management. A log of each technician's annual training will be kept by their branch manager and will be uploaded to the NSM University to include in each technician's training file.

All NSM employees will receive annual training on HIPAA and Fraud and Abuse Prevention.

Attendance and completion records will be kept in each employee's training file.

SECTION 09 – EQUIPMENT MANAGEMENT

EQUIPMENT SELECTION & DELIVERY

All equipment and supplies will be selected, delivered, set-up, demonstrated, maintained and repaired per current manufacturers' or National Seating & Mobility's specifically developed guidelines.

Equipment is selected that will safely meet each client's needs and, as applicable, as prescribed by their medical professionals. All equipment provided will meet any applicable Food and Drug Administration regulations, as indicated by the manufacturer, and will not be counterfeit or suspected of being counterfeit.

Equipment provided will be obtained through appropriate manufacturers and procedures and will not be obtained through fraud or deceit.

Equipment will be inspected for cleanliness and damage prior to delivery.

REPAIRS

If during the inspection and maintenance of equipment, or during regular use, it is determined that a repair is needed, the appropriate NSM employee will perform a more detailed inspection and repair evaluation. Repairs will be performed to return the equipment to new or like new condition, according to the manufacturers' specifications. (April 2012)

EQUIPMENT SET UP & DELIVERY

DEMONSTRATION ONLY / NO TRANSFERS

It is National Seating & Mobility's policy that our employees are to only demonstrate the use of equipment and supplies to clients and at no time are employees of National Seating & Mobility to actually place or assist clients onto or into any piece of equipment, or to attach any tubing, wiring, equipment, supplies or other accessories directly to the client nor administer any medicine or treatment.

BASIC ENVIRONMENTAL SAFETY

National Seating & Mobility will only deliver to and maintain equipment and/or supplies in client residences that are considered by National Seating & Mobility to be environmentally and otherwise safe.

At the time of a delivery made to the client's home, the environment will be observed. All doors and areas will be inspected for accessibility, which will be documented on the home assessment form for new wheelchair deliveries. If the home is appropriate for the equipment that was ordered as well as appropriate to the client's needs, this will be noted on the Delivery documentation. All deliveries and repairs must be done in a clear area, free from obstacles with adequate lighting. (March 2008)

Examples of unsafe conditions are damaged, weak, water-soaked, crumbling and/or dirty (filth vs. clutter) floors, walls, ceilings, doors, doorways, halls, walkways, etc.

Residences that have dangerous animals may not qualify for the delivery of National Seating & Mobility equipment and/or supplies.

Should employees have any questions regarding the above, National Seating & Mobility management must be contacted immediately. National Seating & Mobility may suggest to the client that certain repairs, changes or alternate living arrangements be made prior to providing equipment.

ELECTRICAL CONNECTIONS

The following mandatory preliminary set-up instructions will be adhered to for all equipment requiring AC (wall socket) electrical connection as a power source.

Delivery Employee will, before installation of all AC (wall socket) powered equipment, be aware of the following:

- Breaker or fuse boxes for most homes are 15 amps, thus only a limited number of larger amp electrical equipment should be on the same circuit as the National Seating & Mobility provided equipment. (i.e. refrigerators, floor heaters, freezers, etc.).
- The condition of the line serving the equipment must not be frayed, bare or have other unsafe conditions.
- Extension cords are to be discouraged but, if necessary, must be high grade / high amp load (heavy duty) only.

All of the above must be reviewed with the client during set-ups to assure safe installations. Failure to create awareness about any of the above may result in equipment failure, shock, fire, or service calls that may not otherwise be needed.

Should, in the employee's opinion, any unsafe condition exist, it should be immediately reported to National Seating & Mobility management before proceeding with delivery of the equipment. The Branch Manager, Regional Manager, or his/her designee will decide if the delivery should proceed.

CLIENT EDUCATION

Clients provided with equipment and services by NSM will be instructed initially and, as appropriate, throughout the course of their use of the prescribed equipment in those aspects of their equipment that are necessary for the safe operation of the equipment and that are consistent with their degree of self-care and the physician's orders.

Each client contact will be an opportunity to reinforce and/or clarify the physician's orders to the client regarding the theory and purpose of his/her use of National Seating & Mobility and the equipment, and his/her rights and responsibilities in the care process.

NSM employees will instruct the client and caregivers, as appropriate, regarding:

- basic medical equipment use
- infection control practices relating to his/her equipment
- basic home safety
- the proper care and cleaning of the equipment provided
- specific equipment information including features, trouble shooting, safe equipment use
- signs and symptoms of possible physical complications related to equipment use and whom to contact if they occur
- self-monitoring.
- the process for contacting NSM.
- the procedure to follow in the event of an emergency or disaster.

The RTS, technician, or other NSM employee should provide the client with any educational materials appropriate to his/her equipment.

The RTS, technician, or other NSM employee, will monitor the client's knowledge and performance, as appropriate, and will provide reinforcement and additional training as indicated.

The RTS, technician, or other NSM employee, will evaluate and document the client's education through the delivery check list, and work order notes.

CLINIC DELIVERIES

When equipment is to be delivered to a clinic, the delivery will be scheduled according to requests made by the facility. The clinic professional staff may sign the delivery form confirming receipt of the item and indicate why the client could not sign. The clinic and their staff then becomes responsible for adjusting the item to the client, and for education on the care and maintenance of the item following the guidelines outlined in NSM policies and procedures.

On occasion, a wheelchair which has been customized for a client needs to be delivered to a clinic which is not the primary location for that chair's use (i.e., the chair will ultimately be used in the client's home residence). National Seating & Mobility will schedule a home visit or gather appropriate information from family care providers or therapists to confirm that the home environment is indeed suitable for the chair, and that the chair continues to meet the needs of the client. When appropriate, NSM will schedule a follow up home visit. This home follow-up will be documented in the client's file. This home visit may also provide an opportunity to identify un-addressed client needs.

ROUTINE AND/OR DISPOSABLE SUPPLIES

Non-emergency, routine supplies which do not coincide with a delivery or scheduled maintenance of other equipment by National Seating & Mobility employees may be sent by mail or other shipping method.

EQUIPMENT TRACKING

When equipment is delivered to a client, the manufacturer, model, and serial number, as available, are noted on the client's work order, delivery ticket and/or delivery checklist. This information will be entered into Rehab Advisor so that it appears on the delivery ticket and delivery checklist. If the serial number doesn't appear on the printed delivery checklist, it should be written there then entered into Rehab Advisor upon return to the facility.

Any loaner equipment provided must also be listed in the work order and applicable serial numbers must be recorded in the appropriate location. If the equipment has no serial number, "n/a" will be entered. (November 2009)

RECALLS

If the manufacturer initiates a recall, a report of manufacturer, model and serial number will be reviewed to identify which client(s) may have received the recalled equipment. Those client(s) will be contacted and informed of the recall, as well as the recourse available to them. Current inventory will be reviewed for affected items. Corrective activity will be at the direction of the manufacturer as approved by the FDA and may include correction in-house performed by NSM or by the manufacturer's representative, correction in the field performed by NSM or by the manufacturer's representative, return to the manufacturer or other activity as directed by the manufacturer's plan of action.

LICENSING

To facilitate the proper distribution of prescription only or legend items, each CA location that distributes associated products will be required to have a licensed HMDR Exemptee on staff. The license should be posted in an area that is visible to clients. If the location does not distribute prescription only items, then an HMDR Exemptee license is not required.

In addition to the CA Department of Public Health license application requirements, each Exemptee will be in-serviced on this policy. The in-service records will be filed at the location they service as well as with the Compliance Department.

DISTRIBUTION

Once licensed, the location's HMDR Exemptee will be required to secure and control the distribution of all prescription only items.

Receiving

When a prescription item is received at the location, the Exemptee will log the product into the Legend Item Distribution Log. The date of receipt, manufacturer, model, and serial number will be recorded on the log. In addition, if known, the associated client's work order number will be documented on the log. The Exemptee will initial the Legend item Distribution Log in the appropriate column to confirm that they were the person dispensing the Legend item.

Once logged, the product will be immediately secured to ensure control of the product by the Exemptee. Only the Exemptee will have the ability to access the secured product. The product can be secured in an isolated area / room, or can be secured by chain and lock to a fixed rack within the warehouse.

Distributing

In order to distribute the product, the Exemptee must review the work order, validate that there is a prescription on file (product may not be distributed to any client without an Rx on file), and complete the Legend Item Distribution Log. The Exemptee will document the date of distribution, the work order number, and the employee delivering the product on the existing product's log entry with the associated serial number. Once the work order is reviewed and the log is updated, the Exemptee may unsecure the product and dispense to the employee for delivery. Within 2 business days, the Exemptee will validate delivery within Rehab Advisor, and update the log with the delivery date. The Exemptee will initial the Legend item Distribution Log in the appropriate column to confirm that they were the person dispensing the Legend item.

Returns / Repairs / Loaners

If a prescription only item is returned or picked up, the date of return will be noted on the Legend Item Distribution Log. A new log entry will then be documented following the same process used when the product was originally received. If the product is returned to the manufacturer, the log will be updated with the manufacturer's name versus the work order number, and the shipping service will be listed as the employee the item is being distributed to for delivery. The Exemptee will initial the Legend Item Distribution Log in the appropriate column to confirm that they were the person dispensing the Legend item.

EQUIPMENT FUNCTION CHECKS

All equipment, whether new or returned by a client, will be inspected for proper function.

New equipment will be cleaned as needed, tagged as appropriate, and placed in the applicable area of the branch.

Used equipment will be cleaned and disinfected according to NSM Infection Control procedures and will be placed in the applicable area of the branch.

Equipment will be stored in the following areas:

- Obsolete/NOI Equipment - Clean
- Equipment To Be Repaired - Clean
- To Be Cleaned/Dirty Equipment
- Client Ready Equipment - Clean
- Company Owned – Clean (Inventory, Demos, Loaners)

SECTION 10 – APPENDIX

EXHIBIT A – INFECTIOUS DISEASE TRANSMISSION

EXHIBIT A – INFECTIOUS DISEASE TRANSMISSION

Reportable Diseases Means of Transmission:

- A: Air through coughing or sneezing
- B: Blood
- D: Direct contact, discharge, drainage, pus, sputum
- E: Equipment, clothing, laundry, dishes or other utensils
- F: Feces
- S: saliva
- U: urine
- V: vomitus

Aids	B	BB
Amebiasis	F	BB
Campylobacteriosis	F	BB
Chlamydial infections	D	BB
Cholera	E,F,V	BB
Coccidiomycosis	D,E	BB
Cryptosporidiosis	F	BB
Cysticercosis	F	BB
Diarrhea	F	BB
Diphtheria	D	BB
Giardiasis	F	BB
Gonococcus infection	D	BB
Hemophilus influenzae	A,D	AB, BB
Hepatitis A	F	BB
Hepatitis B, D, non-A, non-B	B,S	BB
Influenza	A F	AB, BB
Leprosy	A,D	AB, BB
Listeriosis	A,D,F	AB, BB
Lymphogranuloma venereum	D	BB
Malaria	B	BB
Measles	A,D	AB, BB
Meningitis	A,D	AB, BB
Meningococcal infections	A	AB
Mumps	A D	AB, BB
Pertussis (whooping cough)	A D	AB, BB
Plague	A D	AB, BB
Pneumonia	A D	AB, BB
Poliomyelitis	D,F	BB
Psittacosis/ornithosis	A,D	AB, BB
Q fever	B	BB
Rabies	S	BB
Rubella (German measles)	A,D	AB, BB
Salmonellosis	F	BB
Sepsis	B,D	BB
Shigellosis	F	BB
Staphylococcal infections	A,D	AB, BB
Streptococcal infections	A,D	AB, BB
Syphilis	B,D,S	BB
Tuberculosis	A	AB
Typhoid fever	F,U	BB
Yellow Fever	B	BB

For AB: Ask if the client is "on precautions". You do not need to wear a mask if the client is NOT "on precautions"

EXHIBIT B – WORK RESTRICTIONS FOR PERSONNEL EXPOSED TO INFECTIOUS DISEASES

EXHIBIT B – WORK RESTRICTIONS FOR PERSONNEL EXPOSED TO INFECTIOUS DISEASES

<i>Summary of Work Restrictions for Personnel Exposed To or Infected with Infectious Diseases</i>			
Page 1 of 2			
Disease / Problem	Relieve from Direct Client Contact?	Work Restriction	Duration
Conjunctivitis	Yes		Until discharge ceases
Cytomegalovirus (CMV)	No		
Diarrhea (≥ 3 loose stools in a 24-hour period)	Yes	No food handling or contact with clients or their environment	Until symptoms resolve or salmonella is ruled out
Hepatitis A	Yes	No food handling or contact with clients or their environment	Seven days after onset of jaundice
Hepatitis B (HBsAg +)	No		
Hepatitis B (HBeAg+)	yes	Do not perform exposure-prone invasive procedures	Until Hbe antigen is negative
Hepatitis C	No		
Herpes simplex Genital	No		
Hands	Yes	No contact with clients or their environment	Until lesions heal
Orofacial	No	Do not take care of high-risk clients until lesions heal	
Measles Active	Yes		Seven days after rash appears
Postexposure (if susceptible)	Yes		From 5 th through the 21 st day after exposure or 4 days after the rash appears
Mumps Active	yes		Nine days after onset of parotitis
Postexposure	yes		From the 12 th until the 26 th day after exposure or until 9 days after onset of parotitis
Pediculosis (head lice)	yes		Until treated and free of adult and immature lice
Pertussis (whooping cough) active	yes		Beginning of active catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective therapy

Disease / Problem	Relieve from Direct Client Contact?	Work Restriction	Duration
Pertussis (whooping cough) active	yes		Beginning of active catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective therapy
Postexposure (asymptomatic personnel)	no		
Rubella active	yes		5 days after rash appears
Postexposure (if susceptible)	yes		From the 7 th through the 21 st day after exposure
Scabies	yes		Until treated
Staphylococcus Aureus (Draining lesions)	yes	No food handling or contact with clients or their environment	Until lesions have resolved
Streptococcus, Group A	yes	Same as S. aureus	24 hours after adequate treatment begins
Tuberculosis Active	yes		Until proved noninfectious
Latent (ppd+ without disease symptoms)	No	No	Requires evaluation by MD, one-time Chest X-Ray,
Zoster (shingles) Localized	no	Do not care for high-risk clients	Until lesions dry & crust
Generalized	yes		Until lesions dry & crust
Varicella (chicken pox) Active	Yes		Until lesions dry and crust
Post exposure (if susceptible)	yes		From the 10 th through 21 st day after exposure

Bolyard EA, Tablan OC, Williams WW, et al. Hospital Infection Control Practices Advisory Committee. Guideline for infection Control in Health Care Personnel, 1998. *Am J. Infect Control* 1998; 26: 289-354
Used with permission from Robert J. Sharbaugh, PhD, CIC; Mosby, Inc., 11830 Westline Industrial Dr., St. Louis, MO 63146-3318; reprint no. 69/1/92947

EXHIBIT C – COMPLAINT RESOLUTION FORM INSTRUCTIONS

Complaint Resolution Form Instructions

NSM's Complaint Resolution policy includes the requirement that all client issues must be recorded. To make it easier to meet that requirement, the paper form was eliminated and replaced by an electronic Complaint Resolution form within Rehab Advisor. Using the electronic form makes tracking and reviewing the issues we receive easier, which helps us identify opportunities to improve the service we provide our clients.

The form can be accessed in either the Patient database, which is found by clicking Tools & Reports on the main screen of Rehab Advisor, then clicking Maintenance, then Patients, or from within a work order. Once your client's record is located, you can open the Complaint Resolution form by clicking the bar at the bottom.

Within the client database, the form is located here:

The screenshot shows the 'Patient Data' form for Karen Shell. The form includes fields for personal information, contact details, and insurance. At the bottom, a list of links is visible, with 'Complaint Resolution' circled in red.

Patient Data	
First Name	Karen
Middle Name	
Last Name	Shell
Street Address	12 Street
RRE or PO Box	
Suite, Unit, Floor	
City	
State, Zip	AL 35205
Infectious Disease	None
Emergency Contact	Jack Shell
Active Status	<input checked="" type="checkbox"/>
Language	English
Active Date	07/09/2013
E-mail	kshell@nsm-seating.com
Home Phone	(615) 595-1115
Cell Phone	
Work Phone	
Fax	
Date of Birth	07/20/2011
Sex	F
Patient Invoiced	\$0.00
Payer Balance	\$0.00
Emergency Phone	(615) 951-1152

Notes

STATS

- Contact Information
- Parent Information
- Spouse / Guardian
- School / Work
- Insurance One
- Insurance Two
- Insurance Three
- Notes
- Repairs
- Complaint Resolution**
- Wheelchairs

Within a work order, the form is located here:

The screenshot shows the 'Patient Information' form within a work order context. The 'Complaint Resolution' link is circled in red.

Patient Information	
RRE - PO Box	Home Phone (615) 595-1115
Suite, Unit, Floor	Cell Phone
City	Work Phone
State, Zip	Fax
Infectious Disease	Date of Birth 07/20/2011
Emergency Contact	Sex F
	Patient Invoiced \$0.00
	Payer Balance \$0.00
	Emergency Phone (615) 951-1152

Notes

STATS

- Contact Information
- Parent Information
- Spouse / Guardian
- School / Work
- Insurance One
- Insurance Two
- Insurance Three
- Notes
- Repairs
- Complaint Resolution**

Complaint Resolution Form Instructions (cont'd)

When you click the bar for the form, you'll see the following screen. Any field with a red title must be completed. While most fields will fill automatically, you'll need to make a selection on the drop down menus.

If you select Communication as the Category, you'll be required to enter a Sub-Category. *Communication is the only category that requires a sub-category.*

You'll also need to enter who contacted you with the issue by entering their name in the Complainant section. A reminder: "Complainant" means *the person filing the complaint*, not the issue.

The screenshot shows the 'Patient Information' form with the 'Complaint Resolution' section. The 'Type' dropdown is set to 'Complaint', 'Category' to 'Communication', 'Sub-Category' to 'Person Complaining', and 'Source' to 'Phone - Complaint Res.'. The 'Order Type' is 'Modification' and the 'Work Order' is '103-837864'. The 'Complainant' name is 'Person Complaining' and the 'Relationship' is 'Parent'. The 'Phone' field contains '(615) 595-1115'. The 'Email' field contains 'kshel@nsm-seating.com'. The 'Address' field contains '12 Street', 'City', 'State' (AL), and 'Zip' (35205). The 'Payer' field contains 'CONMEDHEALTHCARE MANAGEMENT, INC' and the 'Policy / HICN' field contains '929843934908'. The 'Note' field contains the text: 'Enter a note detailing the issue here. If you've resolved it, include that in the note. If you need assistance or if you need someone to contact the client, enter that information here, too. Then click Submit below.' The 'Submit' button is highlighted in blue. A table at the bottom of the form has columns: Comp. Date, Initial, Type, Category, Sub-Category, Order Type, Work Order, Resolved.

Detailed information about the issue is then entered into the Note field. Include the issue, any actions taken and whether or not the issue has been resolved. If you're requesting help with the issue, indicate that in the note field.

*(If the issue involves an actual or potential injury, you must **immediately** contact your supervisor and/or In-House Counsel and the Compliance Department.)*

This screenshot is identical to the previous one, but with a red circle highlighting the 'Note' field. The 'Note' field contains the text: 'Enter a note detailing the issue here. If you've resolved it, include that in the note. If you need assistance or if you need someone to contact the client, enter that information here, too. Then click Submit below.' The 'Submit' button is highlighted in blue. A table at the bottom of the form has columns: Comp. Date, Initial, Type, Category, Sub-Category, Order Type, Work Order, Resolved.

When the form and notes are complete, click the Submit button. The issue, and any others previously opened for the client, will then be listed at the bottom of the screen.

Comp. Date	Initial	Type	Category	Sub-Category	Order Type	Work Order	Resolved
3/7/14		Complain	Communication	Explanation	Modification	103-837864	

Any issue pertaining to this client can be opened by clicking on the list. By clicking the item, you'll be able to see any notes related to the issue and will be able to enter additional notes.

If you're adding notes to an existing issue, they should be entered here. Filling out a new form will open a new issue – check to be sure the issue hasn't already been reported before you open a new one.

Date	Note
3/7/2014	Enter a note detailing the issue here. If you've resolved it, include that in the note. If you need assistance or if you need someone to contact the client, enter that information here, too. Then click Submit below.

New Note For This Complaint and Work Order

This is where any new notes for this issue should be entered. Don't enter any updates in the first form or you'll have a duplicate complaint!

When a note is entered, it will appear in the Notes section of the work order. If you need to email the note to someone for assistance with the issue, that can be done from here, as you do with any other note.

Complaint Resolution Form Instructions (cont'd)

“Complaint Resolution” is no longer be an option from the Notes field of a work order. Any information regarding a client issue will now be entered through the Complaint Resolution form in the client demographics section.



When a Complaint Resolution form is entered, a notification is sent to the Compliance Department for review. If you need home office help with the issue, if you're not sure of the correct category to assign or if you have any questions regarding the issue or the form, simply enter that in the notes and they'll be reviewed.

EMERGENCY OPERATIONS

HAZARD VULNERABILITY ASSESSMENT AND RESPONSE PLAN WORKSHEET

Branch Name/Number: _____

The following activities will help your branch prepare for potential emergencies that could occur in your location. When the worksheet is completed, you will have the information needed for an Emergency Operations plan that will guide you in the event of such an emergency. Involve everyone in your location in filling out the worksheet. Participating in the planning will help everyone know and understand what part they play in continuing operations in an emergency.

EMERGENCY COORDINATOR

One person at each location should be designated as the Emergency Coordinator which, in most cases, will be the branch manager. For this location, the Emergency Coordinator is:

_____.

HAZARD VULNERABILITIES: TYPES OF EMERGENCIES

Weather/Natural Disasters/Hazards:

	Type of Event	Prioritize
<input type="checkbox"/>	Heavy Rains/Flooding	
<input type="checkbox"/>	Ice Storms/Blizzards	
<input type="checkbox"/>	Hurricanes	
<input type="checkbox"/>	Tornadoes	
<input type="checkbox"/>	Earthquakes	
<input type="checkbox"/>	Tsunamis	
<input type="checkbox"/>	Wildfires	
<input type="checkbox"/>	Hazardous Material Spills	
<input type="checkbox"/>	Terrorist Attack	
<input type="checkbox"/>	Riots	
<input type="checkbox"/>	Plane/Train crash	
<input type="checkbox"/>	Fire	
<input type="checkbox"/>	Power Outages	
<input type="checkbox"/>	Data Loss	
<input type="checkbox"/>	Threat of Physical Violence	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Influx of Potentially Infectious Clients	

INFLUX OF POTENTIALLY INFECTIOUS CLIENTS

Review of Potential Infectious Diseases

List of diseases endemic to the area or that are increasing in occurrence:

Source(s) of information to be monitored:

Response to influx:

- Notify all employees of potential risk.
- Continue NSM's Infection Control procedures.
- Increase the use of Personal Protective Equipment, as needed. Emergency Coordinator will notify employees of what PPE to use in what situation.
- Follow all infectious disease protocols instituted as part of a public health emergency, such as the use of disposable gowns, shoe covers, face shields, face masks, etc.
- (In consultation with the Branch/RPC manager, NSM senior management may decide to suspend client contact and stop providing equipment and services until the emergency

EVACUATION PLAN/MEETING PLACE

Branch Name/Number _____

Person/position responsible for clearing clients from the building: Alternate:
Person/position responsible for calling 911: Alternate:
Exit routes (attach evacuation diagrams, which should be posted in each room of your locations):
Meeting Place:
Person/position responsible for head count: Alternate:
Person/position authorized to clear building for re-entry: Alternate:
For incidents occurring outside normal business hours, person/position responsible for notifying employees of action plan: Alternate:

THREAT OF VIOLENCE CHECKLIST

Branch Name/Number _____

Report any threatening phone calls, emails, crimes, and/or suspicious activity to Compliance at **615-595-1115 ext 209** and **notify your supervisor**. Write down the message or email in its entirety, and note your perceptions of the threat. Record the phone number or email address from which the threat was received.

If the threat is immediate CALL 911.

Phone number/email address making the threat: _____

Date: ____/____/____ Time: _____

Threatening Phone Calls - Listen without interrupting until the caller has finished, noting the following:

- Caller's Voice – Male/Female, Adult/Child, Loud/Quiet, Calm/Angry, Accent (what kind?)
- Background Sounds - Animal Noises, Static, Bar Sounds, Motors, Street Noises, Music, Traffic Noises, Factory Machinery, Office Machinery, Train/Aircraft, House Noises, Office Noises, TV, Radio, Kids Crying, PA System, Other Voices
- Was the caller reading from a script?
- Was the caller's voice/phone number/email address familiar?
- If someone in particular is mentioned in the threat, note:
 - Name of the person being threatened
 - Why they are being threatened
- Then ask the following clarifying questions, as applicable:
 - When is the bomb going to explode/when will the threatened action take place?
 - If the threat is a bomb, where was the bomb placed?
 - Who is carrying out the threat/who placed the bomb?
 - Why is the threat being made?
 - What is the caller's name?

Other notes:

Threatening Email

Forward the email in its entirety without alterations to Compliance@nsm-seating.com and to your supervisor. Do not reply to the email.

Suspicious Packages – Call 911 immediately

Do not touch suspicious packages.

Look for and note:

- Restricted markings such as confidential, personal, etc.
- Excessive postage
- No return address
- Foreign mail
- Handwritten or poorly typed addresses
- Excessive securing material such as masking tape or string
- Excessive weight
- Lopsided packages
- Pictures, drawings, or visual distractions

Other notes:

Armed or Threatening Intruder

Your safety is the first priority. The following procedures are recommended but take whatever action is available that will keep you safe.

- If you are able to safely exit the building, do so. Call 911 immediately.
- If unable to exit the building, look for a safe and secure hiding area, if possible. Stay hidden until you can make contact with emergency personnel.
- If the intruder is causing death or physical injury to others and you are un-able to run or hide you may choose to assume a prone position and lay as still as possible.
- Remain calm so you can give an accurate description of the person or person(s). Note type of dress, height, weight, sex, and any other characteristics/physical items that are particular to the individual(s). Report the type of weapon (if known).

Once emergency personnel have arrived and taken over the situation, obey all commands. Once the threat is over, render first aid to injured near you and summon emergency aid responders, if applicable. Contact Compliance at 615-595-1115 ext 209 and your supervisor.

Person Completing the Report:

EMERGENCY CONTACT INFORMATION

Employee/Home Office List

Location Contact List	Use this list to create a phone tree.		
Employee Name	Position	Primary	Secondary
Kaiser Contact			
Home Office Contacts Name			
	RVP		
	RAD/AVP		
	Compliance	615-595-1115 ext 209 423-756-2268 ext 266	
	IT		

EXTERNAL LIST

External Contact List	This is a list of non-location contacts	
Person/Agency	Number	Contacted by:
Landlord Name:		
Police, non-emergency		
Electric Company Name:		
Gas Company Name:		
Telephone Company Name:		
Cable Company		
City/County/Local Government Name:		
Poison Control		
National Response Center Toxic Chemical and Oil Spills		
Kaiser Contact		
Other		

LIST OF ALTERNATE PROVIDERS

(Other vendors who could provide service to our clients in the event our services are postponed or cancelled.)

Alternate Providers – Name/Address	Number

EMERGENCY CONSIDERATIONS - RECOVERY OPERATIONS

The answer to each question will guide you to the next step.		
Is this during regular hours?	Yes – evacuate if needed. Follow phone tree. Decide if business should close. If leaving is unsafe, remain in location until travel is cleared.	No – activate phone tree. Determine whether opening the next day is feasible.
Is the building intact and usable?	Yes – remain open or open as close to regular hours as possible	No – do not attempt to enter, contact RVP for direction
Is travel possible?	Yes – continue services as possible. Leave notice for clients and employees on location door with direction if opening is not feasible.	No – remain where you are, wait for direction
Is power available?	Yes – continue normal operations	No – use flashlights to exit safely, if needed.
Is phone service available?	Yes – continue operations or call clients to reschedule if needed	No – locate alternate communications (email, cell phone, texting)
Is cell service available?	Yes – communicate regularly	No – locate alternate communications (email, texting, land lines)
Is text messaging available?	Yes – use as needed for alternate communication	No – locate alternate communications (email, cell phones, land lines)
Is the internet/email available?	Yes – use as needed for communication	No – locate alternate communications (cell phones, land lines)
<p>If phones, email and texting are unavailable, monitor local media as possible for updated information regarding the emergency.</p> <p>Your own safety is first! If you are unable to travel, or to safely perform your duties, contact the Emergency Coordinator or others in the phone chain for information.</p>		
Is data accessible?	Yes – continue operations	No – arrange alternate access with RVP/IT
Can client appointments be kept?	Yes – continue operations	No – call clients to reschedule or have RVP arrange contact
Will service resume the same day?	Yes – continue operations	No – call clients to reschedule or have RVP arrange contact
Is client equipment accessible?	Yes – resume repairs/delivery when possible or transfer to alternate location	No – arrange replacement or cancellation with RVP

<p>Kaiser operations:</p> <p>Will service to Kaiser clients be disrupted?</p> <p>Are Emergency Shelters available?</p>	<p>Yes – contact your Kaiser representative to inform them of the disruption and the business continuity plan.</p> <p>Yes – as time permits, visit Shelters to assist with any clients housed there</p>	<p>No – continue normal operations/business continuity plan</p> <p>No – continue normal operations/business continuity plan</p>
<p>Other:</p> <p>Have you received advance notification of an impending disaster?</p>	<p>Yes – stock vans with a supply of single and dual mode battery chargers, batteries, solid drive wheel and pneumatic tires, power and manual loaners as available</p>	<p>No – continue normal operations/business continuity plan</p>
<p>Other: (Discuss with staff what other considerations are unique to your location and what the response should be.)</p>		

Once the worksheet has been completed, discuss any other possible situations with all staff. Brainstorm possible reactions and add them to your plan.

Role play to make sure everyone understands what they should do in different situations. Present examples and ask for a response from each employee. Use this information to complete your final plan. Once you're comfortable that your plan will be effective and that everyone understands how they fit into the plan, submit the worksheet and lists to the Compliance Department, along with an In-service Attendance Report signed by each employee.

A copy of the worksheet and lists should be emailed to each employee, along with a reminder of where the plan is posted in the location. This will ensure that everyone has a copy of the plan and access to the printed copy.

After the Planning:

To be certain that our plan actually allows us to be safe and to continue to operate in the event of an emergency, the plan will need to be tested each year. The Compliance Department will contact a random employee from each location - unannounced - and will assign an emergency situation. Everyone will be expected to respond to the emergency assigned just as they would to a real emergency. Following the completion of the drill, a Follow-Up Worksheet will be completed by you and your staff and forwarded to the Compliance Department. The drill will give you the opportunity to test the plan and to identify any areas of weakness. Any flaws in the plan will be addressed and the plan will be modified for future events.

If your location experiences an actual emergency and has to activate the plan, filling out the Follow-Up Worksheet for your real-life response will serve as your drill.

Remember, being prepared will help NSM continue to provide safe, quality care to our clients, even in the event of an emergency.

EMERGENCY OPERATIONS

Post-Event Review

(To be completed following either a full drill or an actual emergency.)

Branch Name/Number: _____

In order to evaluate the effectiveness of your emergency management plan, provide a brief answer to the questions below. Involve all employees in the discussion about how effective the plan was from their perspective. Reviewing how your plan held up in action will help identify possible improvements to ensure that operations can continue in the event of future emergencies.

Forward a copy of the completed review to the Compliance Department.

Date of Event:	
Type of Event (provide a brief narrative describing the type of emergency experienced):	
Emergency Coordinator:	
Did the event happen during business hours?	
Were all employees contacted? Was the phone list effective?	
Did all employees feel adequately informed?	
Was the building evacuated?	
Was the location operable?	
How long were operations disrupted?	
Was client contact needed? Was it carried out quickly?	

Did you require home office assistance? Was it effective and timely?	
Did you require assistance from other NSM locations or other providers? Which ones and how effective were they?	
What went well with the plan?	
Were there any areas that should be better addressed in the future?	
Other Comments/Questions:	

After the review is complete and has been discussed with everyone involved in the event, send a copy to the Compliance Department. A follow up discussion will be scheduled as needed.

Follow up requested:	
Scheduled:	
Follow up discussion:	

SECTION 11 - FORMS

Current versions of all forms are available on WNSM.

SECTION 12 – REVISION HISTORY

DATE OF CHANGE:	POLICY RESPONSIBILITY:	SUMMARY OF CHANGE:
CREATED ON: SEPTEMBER 2006		
AUGUST 2015	KAREN SHELL	UPDATED AND CONVERTED TO NEW FORMAT.
JUNE 2017	KAREN SHELL	UPDATED PI SECTION TO REFLECT OPERATIONAL EXCELLENCE PROGRAM, PI COMMITTEE DELETED, COMPLIANCE DATA POINTS REDEFINED
JANUARY 2017	KAREN SHELL	UPDATED PRE-EMPLOYMENT SELECTION SECTION TO DOCUMENT THE STATE OF FLORIDA REQUIREMENT FOR LEVEL II CHECKS
SEPTEMBER 2017	KAREN SHELL, ISAAC RODRIGUEZ	COMPETENCY ASSESSMENT UPDATED, ADDED OBSERVATIONS FOR NEW TECHNICIANS, UPDATED QUALIFIED REVIEWERS
JANUARY 2018	KAREN SHELL	SECTION ADDED TO REFERENCE THE FINANCIAL HARDSHIP POLICY
AUGUST 2018	KAREN SHELL	LANGUAGE ADDED TO THE COMPLAINT RESOLUTION POLICY THAT COMPLIANCE CONTACTS THE MANUFACTURER IN THE EVENT OF EQUIPMENT FAILURE THAT CAUSED OR HAD THE POTENTIAL TO CAUSE INJURY
NOVEMBER 2018	KAREN SHELL	CLARIFIED THE PRIVATE AREA/SCREEN REQUIREMENT; CLARIFIED EMPLOYEE RIGHT TO CONTACT THE JOINT COMMISSION; UPDATED SAFETY TO INCLUDE STORAGE OF GAS CYLINDERS, SPECIFICALLY FIRE EXTINGUISHERS; ADDED REQUIREMENT THAT NSM CONTRACT WITH FIRE EXTINGUISHER PROVIDERS DIRECTLY; UPDATED EOP TO REMOVE COMPLIANCE ASSIGNMENT OF DRILL AND TO ADD DRILL MUST SUFFICIENTLY TEST THE PLAN WITH SITUATIONS REQUIRING ACTIONS; CLARIFIED REQUIREMENT TO SECURE ITEMS IN TRANSPORT, EVEN IN VANS WITH CAGES; UPDATED PROCESS FOR

		DOCUMENTING INSPECTION/REPAIRS ON EQUIPMENT RETURNED FOR RE-USE; CLARIFIED DISINFECTANT REQUIREMENTS FOR USE ON APPROVED SURFACES;
JANUARY 2019	KAREN SHELL	UPDATED LANGUAGE IN TECH TRAINING REQUIREMENT TO REFLECT CHANGE TO UPLOADING THE FORMS IN THE NSM U
FEBRUARY 2019	KAREN SHELL	NO PETS STATEMENT ADDED TO SERVICES PROVIDED AND SAFETY SECTIONS