

PASA DOCUMENT COMPLIANCE REVIEW FOR AGENCIES

IMPORTANT!! This guideline is intended to offer direction as to what should be kept in mind when preparing and reviewing a PASA binder . IT IS NOT MEANT TO BE ALL INCLUSIVE. The Agency applying for licensure is responsible for the content and accuracy of each page in their binder. The comments for each regulation are NOT intended to be the only content in that section. Keep in mind that Agency employees will refer to the binder for guidance, providing clear and concise information that is congruent with regulations AND within a PASA Scope of Practice, is very important.

APPLICATION PAPERWORK

2.2.2	Did the applicant include a copy of their application and the attachments as instructed? A copy of the business license issued by the Delaware Division of Revenue can be submitted after you pass your binder review. Included with your application should be a List of Services, an Organizational chart, a List of governing body members, a list showing the names, addresses, and percent of interest of each officer, director, and owner having an interest in the agency, and a list showing the names and addresses of the governing body if different from the preceding group.
	In what county is the Agency office located?
	Are the service areas noted in the same county as the Agency office and the next adjacent county? See "service area" in the definition section of PASA regulations.
	Agency location and Service Area should be the same throughout the binder.
	Does the application match the type of agency the applicant has applied for (example, PASA should not be turning in a HHA application)
	Do they intend to have medication administration as a service?

2.2.2.1 - 2.2.2.5	self explanatory
2.2.2.6	The Director and Alt. Director of the agency must meet the qualifications and work history as listed in the Definition section of the current PASA Regulations. The agency can designate the Director and Alt. Director after their binder is approved and they submit the STEP TWO APPLICATION, provided they meet the regulatory requirements. should be as listed in the Definition section of the current PASA Regulations. The Agency has until after their binder is approved and they submit the STEP TWO APPLICATION to designate a Director and Alt
2.2.8	Insurance: is the quote for the proper type of Agency with the name/location/service type matching what is listed on the application? And is at least the coverage amount congruent with the requirements in Regulation 7.0? PURCHASE of an actual policy is not necessary until the binder has been approved and the step 2 application process has started.
3.2	Policy regarding the rights and responsibilities of consumers
	All of the components of 6.0
6.1 -6.2	The agency policy should include, "The personal assistance services agency must provide the consumer with a written notice of the consumer's rights and responsibilities during the initial home visit or before initiation of services" as stated in regulation 6.2
6.3	ALL of the rights listed in 6.3 must be included, there may be other rights listed as long as they do not conflict with those listed in the PASA Regulations.
	The rights listed in Regulation 6.0 can be stated in the Agency policy exactly as it is written in the Regulation. When agencies try to reword the rights it often causes confusion and loss of key information. Feel free to cut and paste.
	6.3.1 Be treated with courtesy, consideration, respect and dignity;

	6.3.2 Be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit and to be involved in a program of services designed to promote personal independence;
	6.3.3 Self-determination and choice, including the opportunity to participate in developing one's service plan;
	6.3.4 Privacy and confidentiality;
	6.3.5 Be protected from abuse, neglect, mistreatment, financial exploitation, solicitation and harassment;
	6.3.6 Voice grievances without discrimination or reprisal;
	6.3.7 Be fully informed, as evidenced by the consumer's written acknowledgment of these rights, of all regulations regarding consumer conduct and responsibilities;
	6.3.8 Be fully informed, at the time of admission into the program, of services and activities available and related charges, including the disclosure required by subsection 5.1.3; and
	6.3.9 Be served by individuals who are competent to perform their duties.
	<p>A signed acknowledgment of the client's rights must be obtained and a copy must be kept in the client's file. Agencies have mistakenly listed a disclaimer at the bottom of the Client's Rights form that the client is to sign. The disclaimer says " A reasonable attempt has been made and documented that the client and family understand the rights and responsibilities..." or "Staff noted areas that the client did not understand". The disclaimer or any statement relieving the Agency from the responsibility of ensuring that the client/family understands their rights is not acceptable. Client signature or that of a responsible family member is to be obtained before the start of service.</p>

	Policy should state a copy of the signed patient rights will be kept in the client's home and the client's file in the Agency office.
	A copy of the Notice of Direct Care Worker Status (State of Delaware form) should be included in this section and part of the policy.
	A copy of the patient rights form that the client is asked to sign should be submitted in the binder for review by the Department.
3.3	Policy that addresses the handling and documentation of incidents, accidents and medical emergencies
	Agencies have mistakenly listed a reportable event in their policy as, "Any situation that is inconsistent with our mission statement." This is too vague and does not provide staff with any specific guidance. Clear and concise definitions, steps to be taken, and documentation to be completed, forms to be used, should be included.
	Forms that are used or referenced should be included for review by the Department.
	This section should include accidents, incidents, and unusual occurrences. These would be separate from incidents that are Major Adverse Events as described in Regulations 5.5.12 and 5.5.13
	The accidents, incidents, and unusual occurrences section should include examples of these types of events, the immediate reporting of events, how the events are to be documented on an Incident Report, the time frame for submitting the report to the Agency office, and follow-up steps to be taken.

	This policy should also include Client injury (one type of major adverse event) Client Accident, Incident and unusual occurrence, Employee accident/injury, visitor accident, incident, unusual occurrences, and medical emergency . How are each one of these events to be reported, what actions to take, documentation to be completed, and any follow-up necessary?
	The policy should also state how long these records are retained (reg 3.4) (6 years). However, agencies may choose to keep reports involving staff and clients longer.
	All types of reportable events, client or staff injury, adverse events, and Major Adverse Events data should be tracked by the Agency and included in program reviews and Quality Assurance/Improvement projects.
	Should address verbal reporting such as when a DCW calls a Supervisor to report an event and to ask for advice. The policy should include documenting the verbal report (date, time, reported to whom, details given, instructions from Supervisor, and action taken as instructed)
	Agencies also often include additional information such as a list of other reportable events such as impaired staff, falsified documentation, ethical conflicts, security issues, faulty equipment, etc.
3.5	Policy which controls the exposure of consumers and staff to persons with communicable diseases
	Pre-employment steps include staff medical clearance and being screened for TB before being assigned to client care.
	Staff are encouraged to have immunization vaccinations for seasonal flu, pneumonia, and RSV as well as others advised by their physician.

	How the use of flu, COVID, Hep B, and other immunizations play into the control of communicable diseases plan.
	The latest Departmental requirements for COVID-19 should be included in the policy; check the official Departmental website for regular updates for boosters and other precautions suggested and or mandated.
	All suspected infectious illnesses involving the client, the client's family, or staff should be reported to the Director immediately so that the Director can further investigate the situation and determine the actions needed.
	Process for reporting, documentation, steps to be taken, and follow-up when a client or staff is exhibiting signs of communicable infections.
	List of signs and symptoms to watch for in both staff, clients and families that might indicate onset or active communicable infection.
	Policy should include how the Agency handles reports of ill staff , ill clients, ill family members that would place the staff member and or the client/family at risk.
	The policy should state what the required actions will be taken to protect staff and clients. For example, this may include removing a staff member from client care until well and medically cleared by a Physician. The Agency should encourage the family to have the client evaluated and determine if it is safe for a DCW to enter the home, or if medical clearance by the client's physician is needed first.
	The Director will report any infectious communicable diseases as required by the State of Delaware, Division of Public Health, regulations.

	<p>The policy will include how incoming information of suspected infectious illnesses of clients or staff will be documented, investigated, responded to, followed up on, and reported to State agencies (if needed). What forms are to be used for documentation? How is this information stored such as copy in the client or staff file?</p>
	<p>Most policies focus on bloodborne pathogens but they should include bodily fluids and airborne viruses. Steps to be taken to prevent food-borne illnesses are usually listed in the Infection Control policy, but they can be listed in this section.</p>
	<p>Control of communicable diseases should include the agency's policy on using PPE, how, when, and what type is to be used. Policy should address how types of PPE, including hand sanitizer, are obtained by staff. Proper donning and doffing (putting on and taking off) of PPE, and proper disposal should be addressed. If the Agency is supplying reusable PPE, then instructions for care, cleaning, and storage should be included.</p>
	<p>The policy should include proper handwashing and using alcohol-based hand sanitizing gels. Instructions should include when it is or is not appropriate to use an alcohol-based hand sanitizer in place of hand washing.</p>

	<p>Policy often includes clean up and disposal of items contaminated with blood and bodily fluids, instruction for the handling of soiled objects and linen, storage of food, and cleaning of common surfaces. Control methods should include common precautions such as sneezing and coughing hygiene, use of disposable tissues, and proper disposal. The methods described should be appropriate for the setting and the DCW skill level/scope of practice. Agencies should not be using information that has been created for health facilities. Agency focus must be on in-home care and the resources available in that environment.</p>
	<p>Agencies should not reference or require a Direct Care Worker (DCW) to handle sharps, needles, medical equipment maintenance, transportation of hazardous waste, and other tasks that would be outside their scope of practice or job responsibilities.</p>
	<p>This policy often contains the same, or similar information as the Infection Control section.</p>
	<p>Infection control and communicable diseases: Agencies tend to go overboard on names of bacteria and long lists of diseases, and statistics; while this is informative this is not always beneficial, especially for staff who do not have any medical training and will likely find themselves lost in the medical jargon. When that happens we run the risk of staff missing the important points of how to protect themselves and others.</p>
	<p>Infection control methods used to control communicable diseases may be found in this policy or separately in the infection control policy as referenced in the guidelines listed below for Regulation 4.5.2.9.</p>
3.6	<p>Procedure including consumers and families right to report concerns/complaints to the Department at a telephone number established for that purpose, if any, to have their concerns addressed without fear of reprisal</p>

	<p>Although this section refers to contacting the Office of Facilities Licensing and Certification (OHFLC) / Department, it must also include Agency contact information as well, and may include an outline of the grievance process. If it is included then it must be accurate and complete. Agency information should follow the grievance procedure regulations listed in regulation 6.4. and include full Agency contact information(mailing address/phone number) and who at the agency should be contacted.</p>
	<p>Agencies often include this information in the Client Rights policy and the Client Rights form that the client signs as an acknowledgment it is being received and understood.</p>
	<p>Agencies often mistakenly state the client should not contact OHFLC unless they are unhappy with the grievance resolution. Although clients are encouraged to first address their grievances with the agency, it is the client's and family's right to contact OHFLC with concerns at any time. Agencies sometimes misinform clients that they should only contact OHFLC if they are dissatisfied with the resolution of their complaint. However, clients and their families have the right to contact OHFLC at any time with any concerns they may have, although they are encouraged to first address their grievances with the agency.</p>
	<p>OHFLC / Department contact information including new address/phone/fax/ hotline. Office of Health Facilities and Certification (OHFLC)is located at 263 Chapman Rd. Suite 200 Cambridge Bldg. Newark, DE 19702 Office: 302-292-3930; Fax 302-292-3931; Hotline: 1-800-942-7373 (24 hours per day / 7 days per week).</p>
	<p>Policy(s) should state that a copy of this information is provided to the client at Intake or Admission before services are provided.</p>

	This information is also included in other sections of the compliance binder. The information should be consistent and accurate in all sections where it is listed.
	The agency grievance form should be congruent with State regulations, and the Agency grievance policy. The form used should be included for Department review (see also Regulation 6.4 guidelines section for more information).
3.10	Policies and an operational system which assure uninterrupted implementation of the service plan. At a minimum: 1) maintain a sufficient pool of qualified direct care workers to fulfill service plans and provide scheduled services; and 2) develop and maintain a back-up system to provide substitute direct care workers (DCWs) if regularly scheduled direct care workers are unavailable.
	This policy outlines the steps to be taken to prevent any disruption in service. It covers guidelines to be followed by staff members in case they need to cancel their scheduled shift, as well as any other protocols to be followed in situations that may cause a delay in service. The policy should also detail the steps to be taken by the Supervisor in the event of a call off, including how to find a replacement staff member and how to document the actions taken. Finally, the policy should specify when and how the client will be notified in case of delays, missed appointments, or alternative options.
	The policy should clearly differentiate how the requirements of 1 and 2 are met.
	Having ample staff employed (based on the number of clients enrolled) and those staff members available on call, is usually sufficient for requirement 1.

	However, a disaster event is most likely when a backup system is implemented, policy should outline how the backup system is organized, and who are the backup staff (additional PRN staff, qualified administrative staff, contract, etc.). Backup staff are not just regular off duty staff must, backup staff may also include PRN staff, contract staff, and qualified administrative staff.
	If the backup plan includes the use of PRN staff, qualified administrative staff, and or contract staff then regulations 3.8 and 4.2.2 would apply. How does the Agency plan to ensure that the backup staff meets the same requirements as care workers employed by the agency? (background checks, physicals, TB Screening, completed orientation, and competency test, etc....)
	Most agencies use missed visit forms for visits that were unable to be met as scheduled or that could not be scheduled for an alternate day. The forms are used for QA tracking / trending and to watch for patterns of missed appointments. The form is also used to document missed visits due to client hospitalization or other interruptions that were not the fault of the Agency. Copies are kept in the client chart and Agency records.
4.3.1	The PASA shall have written policies regarding qualifications, responsibilities and requirements for employment/referral for each job classification.
	All positions listed in the Agency binders should appear on the Organizational Chart; likewise, all positions listed on the organizational chart should appear in this policy.
	Classification Examples: (Position/Role) Agency Director, Alternate Director, Office staff, Supervisors, Direct Care Worker (DCW), Homemaker/Companion

	Qualifications should include any education or work experience needed as required by regulation or Agency preference. For Example, Director: An Associate's degree plus two (2) years of healthcare or home care supervisory experience.
	Agencies often include the pre-employment requirements in the Qualification (criminal background check, adult and child abuse check, drug screening, credible references, etc.)
	The requirement of successfully completing orientation and passing a competency test before being assigned client care should be in the policy
	The Qualification section usually includes a note such as " Responsibilities as outlined in the job description" instead of listing all responsibilities here. The notation shows that the Agency did not forget or overlook this required information, it is simply listed in the responsibilities section of Job description/regulation 4.3.2.2
4.3.2.1	Written policies shall include: Pre-employment/referral requirements
	Completed Applications, Service letters, References, documented In-person Interviews, and Criminal Background Checks including child and adult abuse registries, physical, TB testing, and drug testing ... See PASA Regulations section 4.4. OIG FRAUD CHECK (if the Agency receives any type of government funds for services (http://exclusions.oig.hhs.gov/)
	All applicants who are hired shall receive a letter of offer that specifies the position, the position conditions, and the working environment.
4.3.2.2	Written policies shall include: Position descriptions

	All positions listed in the Agency binders should appear on the Organizational Chart; likewise, all positions listed on the organizational chart should appear in this policy written for 4.3.1 (classifications/qualifications) and this policy for Job descriptions.
	The organizational chart should be updated annually and as changes occur, with employees being notified of the changes.
	Responsibilities should also include those limited or regulated by the State or Agency.
	Direct Care Worker responsibilities should include all the services the Agency offers and what the individual may be expected to provide.
	A position that has regulatory assignment or limitation should be included in the position description. For example, the Director has an educational and work history requirement as well as several specific responsibilities as listed in 3.9, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.2.1, 4.3.3, 4.3.2.5 and 5.21 - 5.2.5.
4.3.2.3	Written policies shall include: Orientation policy and procedure for all direct care workers
	Orientation policy: Must state that successful completion of orientation and passing grade on competency testing must be achieved before being assigned client care. (Regulation 4.5.3)
	Check all of the Orientation topics listed in the policy to make sure all those listed in Regulation 4.5 are included, in addition to Regulation 8.3 orientation to include a disaster preparedness plan (currently a total of 25 orientation topics).

	Orientation and training of contract staff should be included in this policy (Regulations 3.8, 4.2.2)
	Other - what is considered a passing grade? The general guideline for passing grade is 80%
	How is training handled for a new hire who does not complete orientation or does not pass the competency test?
	The policy should also state, either in this policy or the employee evaluation policy, how training is handled when poor job performance is reported and more training is needed.
	Words such as "unsupervised" or "will not be asked to perform a skill that they did not pass", are not permitted. Both imply that the employee will be allowed to function as a care provider before successfully completing orientation and passing the competency exam - this is not permitted.
	Orientation checklists, attendance records, and competency testing should be maintained in the employee's file for the duration of their employment. The records stand as proof of proper orientation, in-service training, and annual training/testing.
4.3.2.4	Written policies shall include: Annual performance review and competency testing policy and procedure

	Annual performance review is usually included in job classification 4.3.1, job description, 4.3.2.2 position description, 4.5.2.1 orientation policy, and usually included in Agency Personnel Policies.
	Most agencies have an evaluation after a probationary period that would include a review - usually 90 days. This should be stated in the policy and noted that this review is separate and in addition to the annual review.
	Policy states who is responsible for conducting the employee's annual performance review
	The policy should state how the employee is free to make observations/comments concerning their review and how it is handled/documented if the employee refuses to sign their written review.
	Annual competency training and testing. Testing is to include questions addressing the competencies listed in section 4.5.2 (orientation topics). The competency test should have a passing grade (80%) and state how it is to be handled if an employee does not complete or pass the annual training/competency testing.
4.3.2.5	Written policies shall include: Program review and evaluation of the program
	Director responsibility. Regulations: 4.3.3 Policies are to be reviewed and signed annually, revised as needed
	The annual evaluation reports shall be presented to the Owner/Governing body and shall be retained as an administrative record.

	<p>Program review would include updating Orientation material to reflect the current standards such as new developments in the care of Dementia clients or a change in Agency policy. Updated orientation subjects would also include newly mandated training required by the State of Delaware on new or emerging topics (such as COVID-19)</p>
	<p>Program review and evaluation could also include client satisfaction surveys, review of staff turnover and reasons why, and review of accidents, injuries and medical emergencies to determine if change is needed in how those events are handled.</p>
	<p>Final reports for all annual program reviews should be maintained in office administrative records and available for review by the Department. The administrative records and policies with reviewed/dated updates serve as proof of the Agency's compliance with Regulation 4.3.2.5</p>
	<p><u>ORIENTATION:</u> IT IS NOT SUFFICIENT TO SAY THAT THE AGENCY "WILL" CREATE OR PRESENT CERTAIN TRAINING TOPICS OR MATERIALS. THE ACTUAL MATERIALS USED MUST BE SUBMITTED FOR REVIEW BY THE DEPARTMENT.</p>
	<p>EACH SECTION OF THE ORIENTATION PROGRAM MUST INCLUDE THE TEACHING MATERIAL THAT IS BEING USED TO INSTRUCT NEW EMPLOYEES ON THAT TOPIC.</p>
	<p>LINKS TO TRAINING VIDEOS ARE NOT TO BE SUBMITTED AS TRAINING MATERIAL, THE DEPARTMENT WILL NOT REVIEW VIDEO LINKS. IF A TRAINING VIDEO IS BEING USED, THE AGENCY MUST SUBMIT A DETAILED SUMMARY (PREFERABLY A TRANSCRIPT OF THE VIDEO)</p>
4.5.2.1	<p>Orientation Program must include: Organizational structure of the agency</p>

	Organizational chart should be included in the Org. structure training material
	Org chart should reflect the job classifications and job titles/descriptions as listed in 4.3.1 and 4.3.2.2;
	When creating or reviewing agency manuals and binders, watch for titles or positions that were not included on the org chart or in regulation sections 4.3.1 and 4.3.22.
	The org chart should show clear lines of authority and accountability for all staff. The teaching material should expound on what the chart indicates so that the DCW clearly understands who they report to and who they should contact when in need of guidance.
	The organizational chart should be updated annually and as changes occur, with employees being notified of the changes.
4.5.2.2	Orientation Program must include: Agency consumer care policies and procedures
	Employees should be informed of the agency's office hours and the days and hours care is available for clients, with a focus on consumer care.
	Consumer care orientation should impress upon the employees that they are the "eyes and ears" of the agency. Changes in the client's condition or environment should be reported to the agency as soon as possible.

	Consumer care orientation should also include a brief description of the service contract and how it will guide their actions while in the client's home. The service contract is discussed in greater detail later in the Service Contract section of the orientation program.
	Direct Care Worker responsibilities should include all the services the Agency offers and the individual may be expected to provide. Each service should include detailed teaching of what is expected in all aspects of care, be it the physical care of the client, the client's home, meal prep and feeding, transportation, etc.
	An in-depth discussion of each service provided along with instructions on how properly performed the service should be in this section. For example, the steps taken to prepare a bath and bathing a male or female client. This should include activities of daily living, client care actions listed in the scope of practice regulations, and any other services the Agency is offering.
	The documentation submitted for this section varies. Most list the Scope of Service regulations, which are not all-inclusive, so it often looks like bathing, grooming, mobility assistance, transportation, and other services are not included. The Agency should make sure all tasks being performed by a DCW are included in the consumer care policies and orientation.
	Many are still listing the old regulation for nail care (pushing back cuticles) which is no longer permitted (5.4.2.2)
	Consumer care orientation should include safety, both the clients' and their safety. What steps should be taken if the DCW feels unsafe or fears for the safety of their client?

	This section should also include a discussion of "competent clients" (regulation 5.4.1)
	This section should also include the definition and limitations of "medication reminders". See Medication Reminders in the Definitions section. Regulation 4.6 addresses DCWs who have successfully completed a department-approved medication administration course.
4.5.2.3	Orientation Program must include: Philosophy of consumer care
	This is often confused with a Mission Statement, and Philosophy is not provided if a mission statement is in their binder.
	The difference being the philosophy of care is the principles and values that govern the work that is provided by the agency. Honesty, integrity, dedication, compassion...
	A mission statement is a look towards the future and what they want to become. The Philosophy (values and principles) is the work that enables the Mission statement goals to be achieved.
4.5.2.4	Orientation Program must include: Description of consumer population and geographic location served
	Consumer population: This is usually indicated by age or need, such as individuals over the age of 18 who require in-home assistance due to age, disability, or condition such as dementia.

	<p>Geographic areas: This is based on the location of the home office and adjacent counties. Example: The home office is located in New Castle County, and the service area will be New Castle and Kent Counties.</p>
	<p>A description of the consumer population and geographical location should be indicated on the Application and the required attachments. Information provided in Orientation should be the same as those indicated on the application.</p>
	<p>Is the information being provided congruent with the PASA definition of "Service Area" and "Consumer"? (See PASA Definitions at the beginning of PASA Regulations)</p>
4.5.2.5	Orientation Program must include: Consumer rights (See Regulation 6.0)
	<p>Client /Consumer Rights Policy must be part of this orientation training.</p>
	<p>The orientation training documentation should include the rights listed in Regulation 6.0. It should also provide a detailed explanation of each right and describe the actions that Direct Care Workers (DCWs) should or should not take to support and maintain the client's rights.</p>
	<p>A copy of the Notice of Direct Care Worker Status form is also presented during the orientation section.</p>
4.5.2.6	Orientation Program must include: Agency personnel and administrative policies
	<p>Personnel and Admin policies vary from listing only hiring practices and performance review policy, while others include much more such as attendance, uniform and grooming, time off, benefits, etc.</p>

	There are no mandates on admin policies, other than those required by regulations, such as hiring practices. However, Agencies are not permitted to have administrative policies that conflict with State regulations.
	Agencies have used this section to outline mandatory in-services beyond those required by the State, such as Agency policies on Sexual Harassment, Violence in the workplace, bullying, proper use of company equipment, proper use of PPE, and employee safety.
	If the Agency is unclear as to what this section is referring to, they may call or email and ask for guidance, but normally it is whatever admin policies the Agency feels they need in place to function properly.
4.5.2.7	Orientation Program must include: Principles of good nutrition
	Training material for Nutrition is usually pretty straightforward. It includes nutrient classifications, food pyramid, difficulty with food types, textures, or limitations of the act of eating limited by injury, disability, or aging. Special Diets are often included in this section and are accepted for the requirement for 4.5.2.17.
	This section should discuss in detail clients with limitations specifically difficulty chewing, decreased mobility, chronic health conditions, decreased appetite, confusion, adverse effects of some foods and medications, visual impairment, the need for special non-medical feeding devices, difficulty swallowing, or limitations by culture, religion or personal convictions. If not in this section this information may be found under Meal Planning but must be in one or the other.

	Discussion of meal supplements should be included, such as what may be prescribed by a physician or offered regularly, during regular meals, or as extra snacks to increase caloric intake.
4.5.2.8	Orientation Program must include: Process of growth, development and aging
	Agencies and consultants tend to focus on basic body structures and the deterioration of the systems of the body due to aging. They also suggest care plan modifications, which is helpful for the DCW, however, some suggestions are outside the PASA scope of practice or not appropriate changes to make to a client's home and should be discussed with the family first. Agencies should carefully review their policies and teaching material to make sure their documentation is congruent with State regulations and within the PASA scope of practice.
	Others focus on depression, anxiety, and hopelessness caused by aging. While this is relevant it should not be the total focus of the needs of an aging population.
	The process of growth, development, and aging should include physical growth/changes as well as emotional growth, goals, and shifting of priorities that occur with aging. Quality of life, and the changes of focus, goals, relationships, hobbies, wants, and needs are all important parts of growth, development, and aging.
4.5.2.9	Orientation Program must include: Principles of Infection Control
	Infection and modes of transmission of germs and bacteria causing infection and disease.
	Proper handling of hazardous waste: what is considered hazardous waste and how it is properly disposed of.

	Housekeeping practices to prevent infection such as: Proper clean up of spills, use of disinfectant, proper use and cleaning of sponges and mops, disposal of mop water, and airing rooms when possible to decrease the risk of colds, flu, and airborne diseases.
	Policy for regulation 3.5 Control of communicable disease should be included in this training segment as well as the infection control policy
	How the use of flu, COVID, and Hepatitis B vaccines play into the goal of infection control.
	Personal hygiene to include the length of nails, securing hair, changing soiled uniform as soon as possible, etc.
	Proper use and disposal of PPE, proper handwashing technique, use of alcohol-based gel hand sanitizer, and WHEN it is appropriate to use hand sanitizer instead of soap and water
	Standard Precautions and Universal precautions, and guidelines to prevent airborne and or bloodborne infections in the home.
	Steps to be taken for the proper cleaning and maintaining of common surfaces such as door knobs, bathroom sinks, toilets, kitchen counters, appliances, etc.
	Steps to be taken for the proper cleaning of items or surfaces with blood or other bodily fluids

	Handling and changing of linens.
	Safe handling of food, food freshness, safety measures to be taken during food preparation, and food storage. Cleaning of dishes/utensils and other cooking supplies.
	First aid steps to be taken if contaminants are splashed on to the DCW's skin, eyes or open cuts/wounds, accidental needle sticks, etc.
	Training should include basics such as cough/sneeze etiquette.
	It is important to note that medical needles should not be touched or handled by a Direct Care Worker (DCW). Proper training and orientation should be provided to DCWs on what steps to take in case they find the client or their family not following the right procedures for handling needles or contaminated items. not following the right procedures for handling needles or contaminated items.
	Reporting and management of infections: reporting suspected infections, documentation, investigation, medical needs, and follow-up.
4.5.2.10	Orientation Program must include: Observation, reporting and documentation of consumer status
	Training information is much like that of 4.5.2.20 items that should be referred to the Agency.
	Training should include examples of physical or emotional changes, changes in mobility, changes in speech, response time or appearance of confusion, and other status changes to look for.

	Instruction should also include what procedure to follow if changes are present. This would include immediate verbal reporting to the Supervisor and a written report of observations.
	Documenting verbal reports is also to be included: date, time, who was notified, what status change was reported, and what directives, if any, were given by the Supervisor.
	How to document, on what, is there a form that is to be used, or is the documentation entered on the Activity log? If there is a specific form, was the form provided for review?
	Documentation tips should be included: such as documenting only the facts, being accurate, using ink pen and writing legibly, Agency guidelines of using client name or initials, staff member name or initials, how to properly correct an error, details of documentation date/time/place. Remember that documentation is a communication tool, a legal document, billing support, and as a source of reference during service plan evaluation.
4.5.2.11	Orientation Program must include: Maintaining a least restrictive environment
	This area causes some confusion. Most interpret it as safety precautions so that the client may move about freely. Safety is covered under 4.5.2.19.
	Least restrictive in this sense means the use of chemical, physical, or environmental restrictive measures to subdue, contain, or inhibit movement.

	Encouraging a client to take their meds early or administering meds early to subdue the client, using pillows to inhibit their ability to get out of bed or out of a chair, using dining room chairs to block off exits to other rooms, or moving their mobility devices out of their reach are all forms of restrictive environment.
	While many feel these measures are for their own good, "keeping them safe" it is considered abuse.
	Encouraging independence by the use of adaptive tools for daily tasks (grabbers, dressing sticks, long-handled shoe horn), devices that provide stability and mobility (cane, walker, wheelchairs), devices to improve sight and hearing (glasses, hearing aids) are all helpful devices that a DCW can encourage clients to use when available.
4.5.2.12	Orientation Program must include: Verbal/non-verbal communication skills
	Training material should provide definitions and examples of verbal and nonverbal communication.
	Most want to list what not to do and "how to fix it", which is not a useful approach to positive, effective communication. Training should focus on the effective use of both verbal and nonverbal communication that would enhance the DCW's relationship with the client
	Equally important, training should include when verbal and nonverbal communication may be signaling changes such as pain, not feeling well, or even more serious, abuse. Examples of the types of changes to watch for should be included.

	Training should include barriers to effective communication such as Hearing difficulties, vision difficulties, speech difficulties, cognitive difficulties, and cultural differences... what changes in approach or communication should the DCW take to compensate for those deficits?
	Examples of effective communication approaches may include: being at eye level when communicating, using appropriate body language, staying attentive to the client, tone of voice, speaking slowly and being mindful of boundaries, and allowing the client enough time to think and then respond. Teaching material should provide the DCW steps to use in each of the approaches listed above.
4.5.2.13	Orientation Program must include: Principles of body mechanics
	Training on Principles of body mechanics should include pushing, pulling, and lifting heavy objects although it is not likely those techniques would be used in the client's home, they would be beneficial to avoid injury in everyday activities.
	Proper body mechanics focused on client care should be included in the training, such as assisting clients to stand, pivot, transfer, how to properly ease a client to the floor to break a fall, and access objects or equipment without overreaching/overextending themselves.
	Teaching should include actions that are prohibited by regulation: 5.4.2.6.1, 5.4.2.6.2, and PASA definition of Activities of Daily Living
	Illustrated handouts for the techniques discussed would be beneficial so that the DCW does not have to rely on memory when in the client's home.

	Training should include what is NOT permitted for use: Hoyer lifts, i.e., mechanical or electric lifts and slide boards are not permitted. Gait belts may be used.
4.5.2.14	Orientation Program must include: The needs of the elderly and persons with disabilities
	Teaching material usually focuses on changes in the physical body due to age or disability. However it is important to include the emotional, spiritual and social needs of these individuals.
	Teaching material should include caring for clients with physical disabilities and those with developmental disabilities.
4.5.2.15	Orientation Program must include: Activities of daily living
	See PASA definition of ADLs. Training should include scope of practice regulations in addition to all other services to be offered to the client such as bathing, grooming, dressing, bowel and bladder control and toileting, shaving, hair care, eating, etc. If shopping, transportation, and escorting to appts are part of the services the Agency provides, then guidance should be presented on how to safely carry out those tasks with the client and what to do if something goes wrong.
	Each care task that the DCW will be performing should be spelled out in detail and in writing as to how to do it properly and safely.
4.5.2.16	Orientation Program must include: Introduction to common assistive technology
	This section often focuses on assistive devices for eating, sight, hearing, and their proper use.

	However, it should also familiarize the DCW with canes, wheelchairs, walkers, and other mobility devices along with safety measures that should be taken when using them. DCWs should never adjust or change the settings or height of assistive devices. Those are often determined by the Physician or Physical Therapist.
	In addition, instruction should be given on where the DCW should stand or what they should do to help a client who is using an assistive device.
4.5.2.17	Orientation Program must include: Meal planning, food purchasing and preparation of meals, including special diets
	The training material should focus on meal planning within the confines of any special diet limitations, as well as client preferences.
	The 5 main food groups, if not already presented under the Nutrition section.
	Use of meal planning tools AFTER reviewing instructions and limitations listed on the client's service plan.
	Use of tools such as Choose My Plate.gov and TUFTS Food Guide Pyramid for Older Adults, to prepare well-balanced menus within the client's budget and dietary needs.
	Information concerning the types of special diets and their limitations should be included if it was not already presented under the Nutrition section.

	Meal preparation should take into consideration any eating difficulties the client may have that involve certain foods, or textures that may need to be limited or altered before being consumed. The type of preparation (boiling, broiling, steamed, fried..) should also take into consideration clients' preferences and healthy choices. Does the food need to be mashed, cut into small pieces, pureed...? Meal prep should also consider preferences or limited use of spices and additives.
	Food purchasing with the use of weekly ads, coupons, and economical choices that coincide with the weekly menu, that are cost-saving but still nutritional and appealing.
	Handling, cleaning, and storage of foods before and after cooking should be included for food safety. Kitchen clean up and maintaining clean safe cooking spaces
	Training should also present information making it clear that DCW should not feed a client or attempt to provide TPN or PEG tube feeding. DCW should also not attempt to feed a client who is exhibiting difficulty chewing, swallowing, or appears to be choking. If this situation arises, what actions should the DCW take?
4.5.2.18	Orientation Program must include: Information on the emotional and physical problems accompanying illness, disability of aging
	Information concerning the physical change of the body systems and the decline of their functions due to illness, disability, and aging and how those changes affect the individual . For example: loss of taste or ability to smell due to a decreased number of taste buds, a general decline in ability to smell results in the client feeling as if food is tasteless and lacks flavor, or to tell that meat and foods are no longer fresh or are spoiled. The client may not be able to smell smoke or gas fumes placing them at risk or in danger.

	Emotional changes should include those that stem from feelings of loss and limitations (sadness, loneliness, loss of self-esteem, apathy, and resentment)
	Emotional changes should also include how the priorities, social settings, goals, and needs have changed as aging takes place.
	Cognitive changes in the brain may cause slower reasoning and slower problem solving as well as the inability to grasp a word they know but have forgotten in the moment.
	Approaches a DCW can take to encourage positive aging such as promoting self-care and independence, helping the client to maintain their dignity and self-worth, preservation of the self-chosen lifestyle, and being respectful of their time, emotions, needs, and privacy.
4.5.2.19	Orientation Program must include: Principles and practices in maintaining a clean, healthy, pleasant and safe environment that encourages morale building and self-help
	Instruction should include a list of light housekeeping tasks that the DCW will be expected to do in the client's home.
	Instruction in these areas should keep in mind the limitations of a DCW in the client's home. Policies and training material should not suggest changes in the furniture arrangement, lighting, phone locations, programming phones, or any other changes that would be intrusive and unwelcome. Training should also avoid suggestions that would be outside of job description such as cleaning of medical equipment or home maintenance. equipment.
	Teaching should focus on light housekeeping tasks that keep floors clear of clutter and debris, temporarily moving rugs, cords, or items that present a slip-and-fall risk.

	Instruction should include tasks that were not already presented under Infection Control such as cleaning bathroom fixtures, dusting/cleaning/disinfecting common surfaces, and allowing for fresh air ventilation when seasonally appropriate.
	Other safety issues are often discussed such as response to a fire, being threatened by family pets, unwelcome guests, and other situations that a DCW may be faced with while in the home.
4.5.2.20	Orientation Program must include: Items requiring referral to the PASA, including changes in the consumer's condition or family situation
	Similar to 4.5.2.10
	Training material should include the use of senses to observe client changes (use of sight, hearing, smell)
	Examples should be given of physical changes, emotional changes, changes in how the client interacts with DCW or family, and changes in family dynamics that should be reported to the Agency Supervisor as soon as possible.
	Training should also include proper written and verbal reporting, and documentation of both types of reporting. Instruct employees on what the procedure is for reporting observations, what forms are to be used to document observations and verbal reporting, along with any directives the Supervisor gave.
	What is the timeframe for completing the report and submitting it to the Agency?
	In a medical emergency the DCW should be instructed to call 9-1-1 and then the office.
4.5.2.21	Orientation Program must include: Confidentiality of consumer information

	HIPAA regulations should be presented along with how these rules and regulations apply to a DCW. HIPAA should not be so deep that it confuses the staff, nor should it solely focus on infractions and punishment.
	Provide examples of what would constitute a breach of privacy and confidentiality and how a DCW should conduct themselves to avoid breaches. Training should include when it is appropriate to discuss a client and when it is not. Include what steps a DCW should take to protect client documentation, such as when transporting it in their car or taking it to the Agency.
4.5.2.22	Orientation Program must include: Service plan specific description
	Teaching for this subject should include an Agency service plan, understanding the contents of a service plan, interpreting the agreed-upon services, frequency, days, hours per day, etc.
	Teaching should include what action a DCW should take if there is a variance in the planned service, the client is not home, the client changed their mind about what services they want that day and asked for something different, etc. How are canceled or missed appts handled/documented?
	Review the regulations of when a service plan is initiated, reviewed, and revised. (Regulation 5.3)
4.5.2.23	Orientation Program must include: Applicable state regulations governing the delivery of personal assistance services to consumers
	For this section, PASA regulations should be reviewed with the new hires. This includes the PASA definitions since several of the definitions list actions that a DCW can and cannot take.

	Instruction should include the DCW's role concerning medication and the difference between medication reminders and medication administration.
	Review of the PASA regulations is an opportunity to reiterate regulations already discussed and others that also apply to the DCW, such as the use of the Activity log, consumer delegation, employee annual competency training and testing, grievance procedure, documentation of incidents, accidents, medical emergencies, and major adverse events, client rights and scope of practice. A review of the regulations also provides the DCWs the opportunity to ask questions and seek clarification.
4.5.2.24	Mandatory dementia specific training must include: communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons.
	Teaching material should include a basic understanding of dementia, its development, and how it progresses, along with the other required components of this regulation.
4.5.3	A copy of the competency test with questions addressing the competencies listed in 4.5.2.
	Are all of the listed competency topics included in the test?
	Do the questions make sense and are they a good measure of the orientation topics?
	Are there questions that do not appear to be based on any of the teaching material submitted for review?

	Are there questions/answers that are confusing, wrong, or present more than one right answer?
	Note: if the answer sheet is not provided, or the one provided is not organized in the same order as the test, then it is unmet. It needs to be revised and resubmitted.
5.1.1	Policies governing intake procedures of consumers to agency services, referral to direct care worker and case closures
	A copy of the client intake form should be submitted for review by the Department.
	The policy must include the intake procedure and the initial visit procedure. The initial visit must occur before any services are provided to the client (regulation 5.2.1 and 5.2.2)
	Agency policy addressing Intake should contain the components of 5.1.1, 5.1.2, 5.1.3, 5.5.1.1 - 5.5.1.7, and 5.5.1.2 - 5.5.1.4.
	Evaluation at time of intake. See requirements listed in regulation 5.2.3
	At the initial intake visit, clients' rights and responsibilities, services provided, cost of services, and other service-related information must be presented, and written acknowledgment obtained. Other service-related information would include a copy of the Notice of Direct Care Workers Status form (State of Delaware form)
	Policy addressing case closure should include all of the components in 5.6.3.1 - 5.6.2.

	Policy addressing referral to direct care workers should include information on what data points go into selecting and referring a DCW (training, experience, geographic location, availability, etc.)
5.1.4.1	Consumer Agreement Form must: Specify the services to be provided by the agency, including but not limited to: scheduled days, scheduled hours, transportation agreements as appropriate, emergency procedures and procedures for termination of services.
	A copy of the Consumer Agreement must be provided to determine if the components of this regulation have been met. Note: services purchased must be itemized. How often are each one of the services performed? Example: Shopping may be once per week, whereas bathing may be every day or every other day.
	Services must be specific - what days of the week, what are the scheduled hours, and frequency of how often each service is provided (see above)
	Is transportation addressed (either providing or not providing)? If providing transportation, there should be a policy and documentation that addresses who's vehicle is used, liability, etc.
	What emergency procedures are indicated? The client's PRIORITY number should be documented on the service agreement. What are the procedures that will be followed in an emergency, who is to be contacted other than the client? If the Agreement contains language that seeks to absolve the agency from any responsibility during an emergency, then it would conflict with Regulation 3.10 and 4.2.1 and demonstrate non-compliance.

	Procedure for termination must be listed and congruent with State closure regulations, and match closure procedure outlined in the Agency policy and elsewhere in the binder.
5.1.4.2.1	Consumer Agreement Form must: Specify financial agreement which shall minimally include: A description of services purchased and the associated cost;
	Same as above: does the service agreement provide a description of the services being purchased and the associated cost?
5.1.4.2.2	Consumer Agreement Form must: Specify financial agreement which shall minimally include: An acceptable method of payment for these services
	Acceptable methods of payment are commonly listed as check, cash, credit card, or 3rd party insurance
5.1.4.2.3	Consumer Agreement Form must: Specify financial agreement which shall minimally include: An outline of the billing procedures.
	Billing procedures are preferably typed out to show consistency for all clients. A fill-in-the-blank for billing frequency, and how quickly payment is expected should be avoided to ensure fair billing practices are applied to all clients. DURING REVIEW: if the billing process is spelled out completely but is not reasonable, then it is checked as UNMET and the comment section states that clarification is needed and why.
5.4.3	Provide an attestation that your agency plans to have DCW's participate in medication administration or an attestation that you are not participating in Medication administration and only doing medication reminders. If not participating, place N/A in the page number section and skip 5.4.3.1 through 5.5.2.5.2

	Attestation should be located at the front of the binder or in this section. If not present, it is marked as unmet until the form is provided.
	If the wording of the attestation is unreasonable or does not conform to the current regulations then it must be modified and resubmitted. For example, attestation states that the Agency will provide Medication Administration using a 3rd party training program. This would violate Regulation 4.6.
	If the wording of the attestation does not make sense, is confusing, or contradicts itself, then the section would be checked as Unmet, and Clarification/Revision needed would be noted
5.4.3.1	If medication administration services are provided to the consumer, need a written policy regarding medication administration authorized by a responsible caregiver who can authorize the administration of prescription and/or non-prescription medication
	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.4.3.1.1	An agreement form signed by the responsible caregiver who can authorize the administration of prescription and/or non-prescription medication and PASA agency regarding the administration of medication. The agreement must include confirmation by the responsible caregiver that both the medication to be administered and the process for administering the medication are safe and appropriate.

	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.4.3.1.2	Medication policy must include the responsible caregiver providing prepackaged medication to be given by the DCW by date and time and providing the DCW with written instructions regarding the administration procedure
	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.4.3.1.2.1	The policy must include that each medication must be packaged separately and labeled with the consumer name, medication name, medication dosage, and date and time to be administered. The responsible caregiver may decide which medication is to be given to the adult consumer by the DCW.
	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.4.3.1.3 & 5.43.1.4	The policy must include the routes of medication that are not to be administered: Injection; Intravenous therapy; through the rectum or vagina; through a catheter; or a feeding tube, including nasogastric, gastrostomy, or jejunostomy tube. Medications listed as Schedule II or Schedule IV under Subchapter 11 of Chapter 47 of Title 16 of Delaware Code may not be administered by a DCW.

	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.5.2.5.1 & 5.5.2.5.2	A medication form which shall be part of the consumer's record should include in the documentation: the DCW who administers medication to the consumer, medication name, dosage, date, and time administered.
	At this point, an agency would need to train staff using a State of Delaware approved administration of medications training program; and also consult with their insurance provider concerning increased liability.
5.5.10	Policy regarding the authentication of any computerized records.
	Policies for this regulation can be confusing. The Agency often states that they do not plan to use computerized records or documentation. Then the rest of the policy outlines how the staff and DCWs will utilize the computer system. The contradictory statements in the policy would be noted and need to be revised/clarified or checked as UNMET on the review.
	The long-standing Authentication of the computer records has been a login name and password. Unfortunately, those codes are easily hacked and companies are now adding the extra security measure of sending a code to the email or cell phone of the User (much like our State log-in). This extra step must be followed or records cannot be accessed, thus providing a second layer of authentication security.

	Many agencies do not know what it means to authenticate their computer records. Please use the information above for guidance.
5.5.11	Policy regarding the use and removal of records and the conditions for release of information.
	Regulations: 5.5.6, 5.5.7-5.5.11. These are the regulations for record management. See also Regulation 3.4.
	The policy should not include items such as using the client's pictures and information for fundraising, research, or other unreasonable purposes. This is not appropriate and if the client is asked to allow such a procedure it places them in a situation where they feel if they decline they will not be cared for properly or care with the agency will be terminated. Agencies should avoid this conflict by NOT listing this as an acceptable use of client-protected information. If found during the review of binders, it will be marked UNMET and require correction or clarification.
6.4	Policy regarding the prompt resolution of consumer grievances which must include: the procedure for the submission of written or verbal grievances; the timeframes for review of the grievance and the provision of a response; and a written notice that contains the agency contact person, steps taken on behalf of the consumer to investigate the grievance, the results of the process and date of completion.

	The policy must provide a process for submitting a written grievance and or a verbal grievance (See Regulation 6.4). All components of Regulation 6.4.1 - 6.4.3 must be in the policy
	This would include the mailing address and phone number of the Agency, along with the contact person. Check to see if this information matches the information listed on the application.
	Department mailing address/phone/fax/hotline (check for the updated address for the new building listed in the previous section concerning grievances)
	If the grievance is about a DCW's actions while providing care, what immediate steps are taken to protect the client and remove the caregiver if needed? A grievance of this kind would be different than a grievance about billing, and the response and investigation would need to be immediate.
	Is the grievance policy reasonable? For example, several agencies have given themselves 30 days to enact any change that was identified as being needed. Will 30 days cause further anguish for the client or place them at risk? Most Agencies choose to decrease the 30 days, to respond more quickly.
	Policies that have been submitted have gone way off track by instructing the client to file a complaint with EEOC, Delaware Dept of Labor, contact CMS, and all sorts of other agencies. The Agency policy should be simple with the Agency contact, Department contact, and grievance process that is congruent with Delaware Regulations. Anything beyond that can be confusing and overwhelming thus deterring the client from seeking assistance with a grievance/complaint.

8.0	Each agency shall prepare and maintain a comprehensive emergency management plan that is consistent with the national standards and shall include all of regulations from 8.2
	This is by far the most complicated section. It is easiest to go through each step of 8.2 and make sure each component is present. If the plan is not comprehensive and clear or has problematic areas in it, then the regulation is unmet and would need clarification/revision.
	Does the policy make sense? For example, does the sequence of events, from declaring an emergency, contacting staff, instructing staff, etc., make sense, or do the steps outlined conflict with one another?
	Does the plan indicate the use of the Backup Plan, is the action taken congruent with the Policy submitted for Regulation 3.1, for uninterrupted service?
	Is it clear what can be expected when an emergency takes place and the plan is implemented?
	Does the emergency plan refer to assessment forms, and were the assessment forms submitted for review? For example, an Agency stated that the client's needs during a disaster or emergency, their priority code, and emergency action that the client would be responsible for are all documented on the "Comprehensive Assessment Tool". The Agency must include a copy of the form where they state emergency documentation is being recorded.

	Does the plan indicate when and how a client is notified of an emergency and told what service they can expect? Before an emergency, does the client know what level of priority he/she is and the response they can expect?
	Does the policy push responsibility off to govt agencies, other senior care locations, or other Agencies stating those entities will take their clients? Where is the memorandum of understanding or contract for these agreements?
	Upon review, some agencies indicated that they will immediately enact closure of a client's case when an emergency happens, and they will be on their own. That is unacceptable and is to be removed from the policy immediately. It is not congruent with case closure regulations or uninterrupted service regulations.
	When addressing communication, some agencies state that staff will use walkie-talkies or other devices. Are those specialized devices provided by the agencies?
8.3	Orientation Program must include: orientation to the disaster preparedness plan for all agency employees/contractors

	<p>Orientation should take place at new hire orientation and contain the key components of 8.2. If the plan presented in training is not the same detailed plan submitted (and approved) for the Agency, then it would need to be revised. If the Agency says that Disaster training will take place at a later time, they need to indicate when such as within 30 days of the start date.</p>
	<p>OTHER:</p>
	<p>Agencies: If you have hired a 3rd party consulting agency to prepare your binder, you MUST check each and every page to make sure that that binder has the right state, agency name, address, policy number, etc. Several pages may contain (INSERT DOCUMENT HERE), and it is your responsibility to do so. The content and accuracy of the information presented on each page of your binder, the policies, and training material is your responsibility; be sure you know what you are submitting for review.</p>
	<p>REGULATION 3.13 - PASA must not use the word "healthcare" or any other language which implies or indicates the provision of healthcare services, in its title or its advertising. Furthermore, the use of "health", "patients" or any medical-related terms, icons, logos, or symbols are not permitted for use by PASAs and must be removed.</p>
	<p>For those who prepare their own binders but use reference books, manuals, and other material, you must be sure that the information you are using is appropriate for PASA in-home care. Manuals written for nursing homes, hospitals, CNAs, and licensed medical staff are much different from in-home care and unlicensed caregivers, and should not be used.</p>

Teaching material: The Agency is required to submit the teaching material they are using in Orientation. It is the only way we can ensure content is appropriate for the scope of practice, and skill level, and congruent with PASA regulations. "Content is Competency". The material submitted and used in training must not just be "filler and fluff"; it needs to be of substance and provide information that prepares the DCW to perform competently and confidently.

The binders that are prepared by consultants often have a quiz at the end of a section. These are not required and they do not count towards the competency test given at the end of orientation training.

Use acronyms or abbreviations - Please do not use acronyms or abbreviations without explanation. For example, it should be listed as Direct Care Worker (DCW)