

## Home Healthcare & Hospice Supplemental

Employer: \_\_\_\_\_ Website: \_\_\_\_\_

### General Information

- 1) In operation since (year): \_\_\_\_\_
- 2) Description of services offered:
- 3) Percentage of non-ambulatory clients: \_\_\_\_\_%
- 4) Number of employees in governing class code: \_\_\_\_\_ FT      \_\_\_\_\_ PT
- 5) Service radius of individual field workers: \_\_\_\_\_ miles
- 6) Does organization provide labor to staffing companies?     Yes       No
- 7) What services are subcontracted out?
- a) Are Certificates of Insurance collected from these contractors for workers' compensation?     Yes       No
- 8) How many volunteers are used? \_\_\_\_\_
  - a) What are their duties?
  - b) How many hours did volunteers work last year? \_\_\_\_\_
  - c) Describe the screening processes that volunteers must complete:
  - d) Are volunteers required to sign any waiver of liability in favor of the organization?     Yes       No
  - e) Is there expectation of workers' compensation coverage for volunteers?     Yes       No  
If not, is coverage available elsewhere (*i.e.*, GL policy or accident policy)?     Yes       No
- 9) Does the organization administer injections?     Yes       No
  - a) If yes, what controls are in place for this exposure?

10) Is health insurance offered to non-management employees?  Yes  No

a) What is the participation rate? \_\_\_\_\_

## Employees

1) Does the organization require any of the following for new hires?

Pre-employment/post-offer physicals

Fit for Duty testing

Post-offer Medical Questionnaires

2) Is COVID-19 vaccination mandated (or will it be mandated) by the employer for employees?  Yes  No

3) How many employees have received the COVID-19 vaccine as of today? \_\_\_\_\_

## Safety Program

1) Does the organization have a written safety program?  Yes  No

2) Does the organization have a bloodborne pathogen program?  Yes  No

3) Does the organization have a safety committee?  Yes  No

a) If yes, does the committee have written reports specifically noting corrective action on inspections or claims reviews?

Yes  No

4) Is patient handling training conducted?  Yes  No

a) Does the organization have formal patient handling controls for clients who need transfer/ambulation assistance?

Yes  No

b) Are "smart beds" available that automatically turn patients?  Yes  No

5) How often are motor vehicle records reviewed for drivers of non-owned autos?

6) How often is defensive driving training required? \_\_\_\_\_

7) Is a formalized Post Accident Drug Testing program in place?  Yes  No

8) Is a formalized Early Return to Work program in place?  Yes  No

9) Has a specific medical provider been identified for initial medical care?  Yes  No

a) If yes, designated provider info: \_\_\_\_\_

10) What percentage of clients use caregivers who are relatives? \_\_\_\_\_%

11) Additional comments:

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_