

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' comp? 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) for employees? Yes No
- 3) % of employee population that received the COVID-19 vaccine as of today: _____%
- 4) Are COVID booster vaccinations mandated for employees? Yes No
 a) If yes, number of boosters required: _____ % of employees meeting booster requirement: _____%
 b) Are boosters a requirement for newly-hired employees? Yes No

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: _____