

**CONSUMER GRIEVANCE/COMPLAINT PROCEDURE
(For Services Provided or Denial of Services
Or Person Involuntarily Dismissed from a Program)**

Step 1

A written grievance/complaint, either written by the consumer or by a staff member at the request of the consumer, may be presented to your counselor or his/her supervisor. A copy of the complaint will be furnished to the Clinical Director on the day the complaint is received.

You may be asked to meet with your primary staff member and/or his/her supervisor to discuss your grievance/complaint.

You will receive a written or verbal reply to your grievance/complaint within five (5) working days. Verbal reply shall be documented in writing.

Step 2

In the event your grievance/complaint is not resolved after such a meeting, you may request a meeting with the Clinical Director.

The Clinical Director will reply to your grievance/complaint within five (5) working days.

Step 3

If the grievance/complaint is not resolved after Step 2, you may request a hearing with the Continuous Quality Improvement (CQI) Committee.

Within five (5) working days after the meeting, you will receive a response with a copy to be filed with minutes of the CQI Committee meeting.

Step 4

If the grievance/complaint is not resolved after Step 3, you may request a meeting with the Executive Director.

Within five (5) working days you will receive a response.

Step 5

If your grievance/complaint is not resolved after Step 4 you may request a meeting with East Central Mental Health Center Board of Directors. The decision of the Board of Directors is final.

Consumers exercising their rights to use the grievance/complaint procedure shall be free from interference, coercion, intimidation or reprisal. A complaint against an employee does not mean that any disciplinary action will automatically be taken against said employee.

RIGHTS PROTECTION AND ADVOCACY PROGRAM

Alabama Department of Mental Health

YOUR RIGHTS, YOUR CIVIL, LEGAL AND PERSONAL RIGHTS

Be Informed About Your Rights:

Make sure staff inform you about your rights. If you have questions, ask your Advocate for assistance.

Due Process:

Know that your rights cannot be taken away without justification.

Habeas Corpus:

If you feel you are being held in this facility illegally, you have the right to file a petition for a Writ of Habeas Corpus with the attorney of your choice.

Education

If you are school age, you have a right to receive a free and appropriate public education.

Complaints:

When you feel your rights have been violated, you should notify staff of your Advocate.

Legal Competency:

You have the right to be treated as a legally competent individual unless a court has determined you to be otherwise.

Safe and Human Environment:

You have a right to safe and humane living areas and treatment for your positive self-image and human dignity.

Freedom from Abuse:

You should not be physically or mentally abused or neglected by staff of this facility.

Privacy/Confidentiality:

Your treatment should be respected and treated with privacy.

Freedom of Movement:

You should not be unnecessarily restrained or isolated unless for your safety or the safety of others.

Personal Possessions:

You have the right to wear your own clothing and keep your personal possessions.

Communication and Social Contacts:

You have the right to have visitors, receive and send mail and telephone use.

Religion:

While in this facility, you have the right to worship in the religious faith of your choice.

Confidentiality of Records:

Records of your treatment and care should be kept confidential.

Labor:

You should not be forced to perform work for which you are not adequately compensated.

Disclosures of Services Available:

When you have been admitted, you should be informed of the cost and care and services you will receive.

Your Treatment Rights

Quality Treatment:

You have the right to receive quality treatment and care from trained professionals, regardless of your age, sex, national origin or handicap.

Individualized Treatment:

Your plan of treatment or habilitation should be designed just for you, based on your individual abilities and needs.

Participation in Treatment:

You should be allowed to actively participate in your treatment while in this facility.

Least Restrictive Conditions:

You should receive the least restrictive treatment and be placed in the least restrictive settings necessary and available for your treatment and care.

Research and Experimentation:

You have the right not to participate in research and experimental projects in this facility.

Informed Consent:

Your voluntary, written, informed consent should be obtained for treatment, care and services you receive.

YOUR RESPONSIBILITIES

Realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following list of responsibilities is expected of each person who is in the care of the Alabama Department of Mental Health within the limits of his/her abilities:

1. To provide to the best of your knowledge, accurate and complete information regarding your medical history including: present and past illnesses, medications, hospitalizations, etc.
2. To be responsible for your actions should you refuse treatment or do not follow instructions of Mental Health/Retardation or Substance Abuse Professionals.
3. To be familiar with and follow rules and regulations governing your care and conduct.
4. To attend scheduled activities and keep appointments.
5. To be considerate of the rights of others.
6. To be respectful of the property of others and of the facility.
7. To take an active part in planning for your treatment/habilitation program and discharge.
8. To ask questions when you do not understand instruction, treatment, etc.
9. To help take care of and clean up your living area.
10. To help keep yourself clean and dressed.
11. To obey the laws which apply to all citizens.

The Alabama Department of Mental Health has a legal and ethical responsibility to safeguard the rights of individuals receiving services within its facilities and programs. Predicated on the Department's philosophy to provide quality care, treatment and habilitation, the Rights protection and Advocacy Program evidences our continued commitment to the delivery of quality services and rights protection for your citizens.

For More Information Contact:

State of Alabama Department of Mental Health

Office of Advocacy Services

RSA Union Building

100 N. Union Street

P.O. Box 301410

Montgomery, AL 36130-1410

Phone: (334) 242-3454 in Montgomery or 1-800-367-0955 outside of Montgomery

FEE POLICY STATEMENT

SELF-PAY FEES

The Center's fee for outpatient services is \$124.00 per hour. As a consumer of E.C.M.H., you are eligible for a discounted fee based on your annual income and family size. All persons regardless of insurance, Medicaid, Medicare or other third party payer are eligible for this discount and will receive a determination of the self-pay fee at the time of the initial visit.

In order for us to make this discount available to you, it is important that payment is made when the service is received. Failure to pay your discounted fee could result in losing your discounted fee status and services will be billed to you at the full \$124.00 per hour rate.

NON-DISCRIMINATION POLICY

No Service will be denied based on race, religion, color, sex, national origin, disability, sexual orientation, or inability to pay.

INSURANCE

The Business Office will process all insurance, Medicaid, or Medicare claims. For individuals with insurance we encourage you to make payments based on your discounted fee at the time of the service to apply toward amounts not covered by your insurance.

After application of insurance and Medicaid benefits, you will be billed at the discounted rate for non-covered services or partially paid claims. Medicare recipients will be billed at the applicable rate. If you have any questions or problems concerning your statement, please use the account number on the monthly statement to request clarification of your statement.

RELEASE AUTHORIZATION

I, _____, hereby authorize East Central Mental Health to release to
Consumer

_____, information regarding services provided for billing purposes.
Agency / Individuals

This consent may be terminated at any time by the consumer, but terminating this consent will not cancel any action that has already been taken as allowed by this form. The release can be revoked in writing except to the extent that the covered entity has taken action in reliance on it. Unless the consumer wishes to cancel this consent at an earlier time it will automatically stop when all fees have been collected.

Consumer's or Authorized Person's Signature Date

Witness Signature Date

AUTHORIZATION OF PAYMENT

I authorize the release of any medical or other personal health information necessary to process all claims. I also request payment of government benefits to East Central Mental Health, who accepts assignment.

Consumer's or Authorized Person's Signature Date

Witness Signature Date

I authorize payment of any medical benefits to East Central Mental Health and clinician or physician of record for services rendered and described in claims for the duration of the services received at East Central Mental Health.

Consumer's or Authorized Person's Signature Date

Witness Signature Date

This consent may be terminated at any time by the consumer, but terminating this consent will not cancel any action that has already been taken as allowed by this form. The release can be revoked in writing except to the extent that the covered entity has taken action in reliance on it. Unless the consumer wishes to cancel this consent at an earlier time it will automatically stop when all fees have been collected.

NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Mental Health Record Information

Each time you visit a mental health provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment
- Means of communication among the many mental health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of mental health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your mental health records are the physical property of the mental health care provider who completed it, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations § 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.
- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C § 263a, to the extent that giving you access would be prohibited by law.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
- In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These "reviewable" grounds for denial include the following:
 - A licensed healthcare professional, such as your attending physician or counselor, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
 - PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
 - The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 30 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.
- If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.
- Obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - To correlation institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.

We must provide the accounting within 30 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, A REVISED NOTICE WILL BE GIVEN TO YOU.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the Clinical Director by phone at (334) 566-6022 ext. 221].

Examples of Disclosures for Treatment, Payment, and Health Operations

- If you give us consent, we will use your health information for treatment.

Example: A physician, a counselor, a nurse, or another member of your mental health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

Upon your request we will also provide your physician, other health care professionals, or a subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you.

- If you give us consent, we will use your health information for payment.

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis and treatment received.

- If you give us consent, we will use your health information for health operations.

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

- Business Associates: We provide some services through contracts with business associates.

Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. Business associates must comply with the same federal security and privacy rules as we do.

- Notification: We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.

•Communication with family: With your consent, mental health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.

- Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Food and Drug Administration ("FDA"): We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.

- Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

•Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- Correctional institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

•Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena/court order.

- Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health or the State Department of Mental Health. Such information would be that required for site visits, incident reports, DMH/MR mandated quality assurance indicators, and other DMH/MR data requirements.

•The federal Department of Health and Human Services ("DHHS"): Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**EAST CENTRAL MENTAL HEALTH CENTER
STATEMENT OF UNDERSTANDING**

1. I _____ understand that information concerning the treatment of _____ will be held in confidence by East Central Mental Health Center staff unless I give specific written consent for the release of information except for requests in accordance with state and federal laws and regulations. In the event of an emergency, the center is authorized to request or release information necessary for the emergency treatment.
2. I understand that in the event of such emergency that Protected Health Information (PHI) may be disclosed to notify or assist in notifying a family member, relative, or another person responsible for my care, of my location, and general condition.
3. I understand that my PHI may be used and disclosed to carry out treatment, payment, or healthcare operations.
4. I also understand that the following types of information will be contained in my consumer files: (a) identifying demographic data (b) reason for referral or requests for treatment (c) initial assessment of need for treatment (d) any specific diagnostic evaluations necessary to formulate treatment plans (e) services provided during treatment (f) progress made during treatment (g) status of the consumer at the time of discharge from treatment.
5. I also understand that I have the right to receive information concerning the contents of my consumer file upon submitting a written request for such to my primary therapist, unless a clinical determination has been made that access would be detrimental to my health.
6. I also understand that I have the right to have information concerning the contents of my record discussed with my private attorney and/or physician, and/or licensed psychologist upon submitting a written request for such to my primary therapist.
7. I also understand that no unusual experimental treatment or utilization of special observation equipment and audio visual techniques or participation in any research will occur without full disclosure and my written consent to participate therein. I understand that I may withdraw or withhold consent at any time.
8. I also understand that I have the right to initiate a complaint or grievance and request a hearing or review of my complaints with the center's Continuous Quality Improvement Committee if I feel that I have received inappropriate or unfair treatment. I verify that I have received a statement of my rights and complaint/grievance procedures, as well as information on accessing advocacy services.
9. I also understand that I have the right to decline further services at any time during the treatment process without reprisal, except when refusal is not permitted under applicable law.

10. I acknowledge that I have received Notice of Information Practices and understand that I have the right to read the notice before signing any consent for release for my PHI.
11. I also understand that I will be charged a fee for services, according to the East Central Mental Health Center's sliding fee scale based on my annual income and the number in my family and that I am expected to pay for services as they are received. I understand that it is my responsibility to pay any co-pay/deductible required at the time of service. I further understand that I should contact my therapist if there is any change in my financial status. I certify that I have received a copy of the Fee Policy Statement, and have been given the opportunity to request assistance in securing third-party payment.

If consumer named above is a minor, or has been declared legally incompetent, I hereby give permission for treatment.

Consumer: _____

Parent or Legal Guardian: _____

Case Number: _____

Date: _____

Witness: _____

Title: _____

Date: _____

Update: ____ / ____ / ____

Witness: _____

Update: ____ / ____ / ____

Witness: _____

Update: ____ / ____ / ____

Witness: _____

Infection Control & Fire Safety



EAST CENTRAL MENTAL HEALTH
WALTERS STREET CRISIS RESIDENTIAL FACILITY

Infection Control

Universal Precautions includes:

*Good Hygiene

*Wash hands and exposed skin carefully with soap and water after exposure.

*Flush eyes, nose, or mouth with water ASAP after contact with blood or possibly infected materials.

DO NOT eat, drink, smoke, apply cosmetics, or handle contact lenses in areas that could contain infectious materials.

Practice Good overall Hygiene

Do **NOT** share personal items with others, including:

- Razors
- Soaps
- Toothbrushes
- Towels
- Food or drinks
- Deodorants or other personal care items
- Cosmetics
- Nail clippers

Hand Hygiene

Handwashing is the single most effective way to prevent the spread of infections.

The purpose of handwashing is to remove contaminants (GERMS) that we have acquired on the surface of our skin.

When to wash hands:

- ✓ Before, during, and after preparing food
- ✓ Before eating food
- ✓ Before and after caring for someone who is sick
- ✓ Before and after treating a cut or wound
- ✓ After using the toilet
- ✓ After changing diapers or cleaning up a child who has used the toilet
- ✓ After blowing your nose, coughing, or sneezing
- ✓ After touching an animal, animal feed, or animal waste
- ✓ After handling pet food or pet treats
- ✓ After touching garbage

How to WASH Your Hands

STEP 1: Wet your hands with clean, running water (warm or cold), apply soap.

STEP 2: Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

STEP 3: Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

STEP 4: Rinse your hands well under clean, running water.

STEP 5: Dry your hands using a clean towel or air dry them.

Hand Sanitizer



Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **NOT** eliminate all types of germs and might not remove harmful chemicals.

Hand sanitizers are NOT as effective when hands are visibly dirty.

Using Hand Sanitizers:

- ✓ Apply the product to the palm of one hand.
- ✓ Rub your hands together.
- ✓ Rub the product over all surfaces of your hands and fingers until your hands are dry.

Fire Safety

Fire results from combining fuel, oxygen, and heat.

*Fuel – paper, wood, flammable substances, such as gasoline

*Oxygen – a gas present in the air

*Heat – flame, electricity, friction, spark, chemical reaction

TO PREVENT FIRES: KEEP FUEL, OXYGEN, AND HEAT FROM COMING TOGETHER.

Practice good housekeeping to keep fuel away from heat:

- ✓ Dispose of waste promptly and properly
- ✓ Keep areas free of dust and lint
- ✓ Change A/C filters and clean vents frequently
- ✓ Use and maintain electrical equipment properly

**Electrical equipment causes the largest number of fires in home and work places.

Don't use appliances with frayed or worn wires or insulation

Don't overload outlets

Avoid exposing fuels to heat sources

Smoke only in permitted areas. Put out cigarettes carefully.

IN CASE OF FIRE, KEEP ROUTES CLEAR FOR FIREFIGHTING AND FIRE EVACUATION.

DON'T BLOCK EXITS, FIRE ALARMS, AISLES, OR SPRINKLERS

Preparing for Viral Infections (Flu, Corona Virus, etc.)

1. Practice cough and sneeze etiquette.
When coughing and/or sneezing:
 - a. Stay at least 3 feet away from other people
 - b. Cover your mouth and nose with tissue, throw tissue away
 - c. Use your upper sleeve if you do not have a tissue (not your hand)
 - d. Always wash your hands right away afterward
2. Personal hygiene and keeping things clean are great ways to help yourself and others stay healthy.
 - a. Washing hands is very important
 - b. Disinfect shared objects and common areas
 - c. Don't share personal items
3. Simple Hand Washing Steps
 - a. Wet hands with warm water
 - b. Lather up both hands with soap
 - c. Scrub hands together for at least 20 seconds (sing Happy Birthday)
 - d. Rinse hands thoroughly
 - e. Dry hands completely

Note: Alcohol-based hand sanitizers can substitute for soap and water.

4. Get a Yearly Flu Shot!
 - a. Helps protect against the flu for that season
 - b. Get the shot early in the season – in October or November
 - c. Recommended for people at high risk
 - Adults 50 and older
 - Children 6 – 23 months old
 - People with long-term conditions (diabetes)
 - Women who will be pregnant during flu season
 - People with weakened immune systems (HIV)
 - People living in nursing homes or long-term care facilities
 - d. Side effects of a shot are usually mild
 - e. A nasal spray vaccine may be available

5. Treatment for Seasonal Flu May Include:
 - a. Staying home to avoid spreading it to others
 - b. Taking antiviral medication & follow doctor's orders
 - c. Drinking lots of fluids
 - d. Getting plenty of rest
 - e. Taking fever reducer

6. Home Care for Others with the FLU
 - a. Keep the person away from others
 - b. Follow health-care provider instructions
 - c. Give medications if prescribed and available
 - d. Throw away used tissues immediately
 - e. Wash or sanitize your hands often
 - f. Avoid holding soiled laundry too closely

If you have a fever, diarrhea or vomiting, stay home from work.