

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**



Daily Support Services

8400 Bustleton Avenue, STE 303
Philadelphia, PA 19152
Office : (800) 383-2452
E-Mail : info@daily-support-services.com

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

Date of Birth: _____

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key <input type="checkbox"/> No	Processing	<input type="checkbox"/> No
Personal	<input type="checkbox"/> Yes	<input type="checkbox"/> PC	Other	_____	_____ WPM
Computer	<input type="checkbox"/> No	<input type="checkbox"/> Mac	Skills	_____	_____

Please list two professional references.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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formed, skills used or learned, advancements or promotions

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

**Work
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Supervisor Name	Employment dates	Pay or salary
	Job Title	From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Job Title	From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Daily Support Services creates an actual or implied contract of employment. I understand that, if I accept employment with Daily Support Services it will be on an at-will basis. This means that either Daily Support Services or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Daily Support Services. I release Daily Support Services, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Daily Support Services to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Daily Support Services and its employees from all liability arising from such investigation.

Signature of applicant _____ Date: _____

Daily Support Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Daily Support Services depends solely on your qualifications.

DAILY SUPPORT SERVICES

www.dailysupportservices.com

(800) 383-2452



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, Daily Support Services needs to complete a background check on me regarding:

- 1. Criminal record;
- 2. Sex and Violent Offenders Record;
- 3. Employment Verification;
- 4. Education Verification;
- 5. License Verification;
- 6. Motor Vehicle Records;
- 7. Personal/Professional Reference Verification;
- 8. Medical Suitability
- 9. Drugs/Alcohol
- 10. Child Abuse Clearance (if indicated)

- ◆ I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Daily Support Services or its authorized agent(s).
- ◆ I understand that this authorization is to be part of the written and signed employment application.
- ◆ I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- ◆ I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- ◆ I further authorize that a photocopy of this authorization may be considered as valid as the original.
- ◆ I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Daily Support Services is contingent upon successful completion of a background check.

Signature

Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states, and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



COMPETENCY TEST for DIRECT CARE WORKERS: WRITTEN

PLEASE READ: The purpose of this test is to enable this Agency to determine your competency to perform Direct Care Worker duties. It is NOT a Direct Care Worker certification tool. It will be used by the Agency as one of the factors to assess your suitability for employment or continued employment with this Agency as a Direct Care Worker. To pass this test, you will need to score at least 85% or correctly answer 43 of the 50 questions. Good Luck!

Name: _____ Date: _____

1. Which of the following activities is a Direct Care Worker permitted to perform?
 - a. take telephone orders from a doctor
 - b. assist client with transferring, repositioning and walking
 - c. give medications
 - d. perform procedures that require sterile techniques

2. When documenting information in a client's file, which of the following is correct?
 - a. chart procedures before they are completed
 - b. cross out incorrect information and initial the correction
 - c. use an eraser for corrections to keep notations neat
 - d. document an observation that a Team Member saw

3. A client's risk of injury can be reduced by:
 - a. decreased vision
 - b. use of medication
 - c. decreased awareness
 - d. wearing anti-slip foot-ware

4. When applying a transfer belt onto a client, a Direct Care Worker should:
 - a. have the client stand up first
 - b. apply the belt directly over the client's clothing
 - c. place the belt around the client's chest
 - d. ensure the belt is tight, even if it makes breathing difficult

5. Which of the following is considered a "healthy" type of grief for a dying client to experience:
 - a. complicated grief
 - b. anticipatory grief
 - c. unresolved grief
 - d. inhibited grief

6. A client asks to read Direct Care Worker's notes after she has written them. What should a DIRECT CARE WORKER do?

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- a. Advise him the notes are only for the agency workers who are involved in his care.
 - b. Advise him the notes are only to be viewed by agency & community resources. involved in his care
 - c. Advise him that she and the Supervisor are the only ones permitted to see the notes.
 - d. Allow him to read the notes.
7. Which would a Direct Care Worker not do when trying to get a senior to eat properly?
- a. serve three large meals a day
 - b. serve snacks between meals
 - c. flavor the food with herbs and spices
 - d. serve food which the senior enjoys
8. Which of the following is a safe way to handle food?
- a. Thaw food in the refrigerator.
 - b. Ensure meat is cooked enough by smelling it.
 - c. Use the same cutting board for meat, & vegetables.
 - d. Leave cooked food out of refrigerator overnight.
9. Which of the following does not cause urinary incontinence?
- a. underwear that is too tight
 - b. urinary tract infection
 - c. certain medications
 - d. conditions of nervous system
10. Constipation may be caused by:
- a. too much fiber in a diet
 - b. too little fiber in a diet
 - c. drinking too much water
 - d. certain medications
11. What does a Direct Care Worker not usually document after observing a stool specimen?
- a. amount in each bowel movement
 - b. color of feces
 - c. consistency & shape of feces
 - d. temperature of feces
12. Immobility can cause a number of problems for a client. Which of the following is an emotional consequence of immobility?
- a. depression
 - b. delirium
 - c. diversion
 - d. dementia
13. When caring for clients with indwelling catheters, a Direct Care Worker does not:

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- a. Ensure urine is draining freely into the drainage bag;
 - b. Tape catheter to the inside of the thigh
 - c. Clean catheter and give peri-care weekly
 - d. Document the color & amount of urine in collection bag
14. When assisting a client with his medication a Direct Care Worker does not?
- a. Loosen and remove container lids.
 - b. Count out the required number of tablets & give them to client.
 - c. Watch client while he pours medication into spoon/hand or cup.
 - d. Bring prefilled syringes to client, according to the care plan.
15. An example of a blood-borne disease is:
- a. Hepatitis B
 - b. Mumps
 - c. Pneumonia
 - d. Measles
16. A Direct Care Worker is with a client, who starts to fall. The DIRECT CARE WORKER should:
- a. Try to stop the fall by grabbing hold of his arms.
 - b. Allow him to fall and hope he lands safely.
 - c. Ease him gently to the floor, as the Direct Care Worker bends her knees & straightens back
 - d. Lower him slowly to the floor, as Direct Care Worker leans over from the waist.
17. A Direct Care worker is caring for a bed-ridden client who needs to be turned often. Since she is working alone, the DIRECT CARE WORKER should not:
- a. Adjust the height of the bed to avoid reaching, twisting or bending.
 - b. Lower bed rails on both sides of the bed.
 - c. Ensure turning sheet is under the client.
 - d. Move him in several small movements instead of one motion.
18. When dressing a client with an injured arm, a Direct Care Worker should:
- a. Decide what the client should wear.
 - b. Put clothing on the injured arm first.
 - c. Put clothing on the uninjured arm first.
 - d. Dress him herself so dressing does not take as long.
19. To be an active and effective Team Member a Direct Care Worker would not:
- a. provide input and offer opinions
 - b. try to solve problems
 - c. consult with other team players
 - d. be unwilling to compromise

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20. When handling household waste, which of the following is not correct:
- Place soiled bandages/disposable sheets and disposable gloves directly into waste containers.
 - Keep wastes in separate packaging during collection, storage and transportation.
 - Sort all wastes into correct categories at the spot where they are produced.
 - Wash hands for 15 seconds with soap and water after contact with waste.
21. Which of the following confidentiality practices is not okay?
- The client's personal information may be shared with others, as long as the client consents.
 - The client's personal information may be shared with another Agency Direct Care Worker who is not involved with his care.
 - The personal information of clients should be kept secure and private.
 - The client's personal information should only be used for the purpose in which it is intended.
22. When bathing a client, which of the following activities would a Direct Care Worker not do?
- Ensure privacy and water is at comfortable temperature
 - Wash from the cleanest area to the dirtiest area
 - Wash from the dirtiest area to the cleanest area
 - Use soap first, followed by a thorough rinsing
23. A client is reacting to his illness by turning away from others. A Direct Care Worker can help him through this withdrawal reaction by:
- avoiding the client and allowing him to be alone
 - scheduling family activities along with care and rest periods
 - making decisions for him so he doesn't have to bother
 - ignoring his being undressed and dishevelled appearance
24. What is most the most effective way to prevent a client's skin from breaking down and decubitus ulcers from forming? :
- change his position every 2 hours
 - change his position every 4 hours
 - allow knees to remain in contact with each other
 - allow his body to rest directly on the mattress
25. A client's Care Plan states he is to do his range-of-motion exercises t.i.d. At what times during the day should these exercises be scheduled?
- 10:00 am; 2:00 pm; 6:00 pm & 10:00 pm
 - 10:00 am & 3:30 pm
 - 9:00 am
 - 10:00 am; 2:00 pm & 7:00 pm

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26. Several measures can be used to determine if a non-verbal client is experiencing pain or discomfort. Which of the following behaviors does not suggest pain?
- holding the affected body part
 - maintaining one position and refusing to move
 - restlessness, irritability, moaning
 - constant coughing
27. A Direct Care Worker finds her frail client wedged between the wall and his wheelless bed. He is unresponsive. What should the DIRECT CARE WORKER
- Call for assistance.
 - Try to move the bed away from the wall.
 - Grab hold of his body and try to pull him out.
 - Place a blanket over him.
28. A client comes from a culture that believes bathing should only be done weekly. He is incontinent of both stool and urine and should be bathed daily. How should a Direct Care Worker handle this situation?
- Bathe him daily, or more frequently, to deal with the incontinency.
 - Bathe him weekly, as he requests.
 - Suggest wash only “dirty areas”, as needed between regular weekly bath
 - Advise him to obtain another Direct Care Worker.
29. Which of the following would a Direct Care Worker not do to prevent transmitting germs?
- Wear masks, eye protection &/or face shields during procedures that are likely to cause splashes.
 - Wash gloves thoroughly before re-using them.
 - Wash hands between tasks and procedures on the same client.
 - Wash hands after removing her gown.
30. A Direct Care Worker is assisting a client to prepare for an appointment. He insists on wearing his favorite shirt, which is stained and frayed. What should the Direct Care Worker do?
- Let him wear the shirt.
 - Tell him he can't wear it and remove it from his sight.
 - Phone the Supervisor for instructions
 - Insist that he wear a shirt that she chooses.
31. Which of the following is not an effective listening technique?
- being able to understand gestures, words and behavior;
 - being unsympathetic and judgmental
 - being a good listener;
 - recognizing when to stop listening and when to start providing suitable replies

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32. A client hands his Direct Care Worker \$25.00 for “all the little extras” she does for him. What should the Direct Care Worker do?
 - a. Accept the money but tell him it is a one-time only gift.
 - b. Thank him for the thought, but don't accept the money.
 - c. Accept the money and donate it to charity.
 - d. Don't accept the money and tell his family about the gesture.
33. Which of the following will help prevent germs from spreading?
 - a. going to work with an undiagnosed rash
 - b. keeping immunizations up-to-date
 - c. washing hands thoroughly at the beginning and end of shift
 - d. rubbing eyes with hands
34. A Direct Care Worker observes a co-worker sneaking a drink of alcohol while on duty. As a Direct Care Worker, what should her first step be?
 - a. Notify the supervisor.
 - b. Advise the co-worker that she saw her take a drink.
 - c. Follow her company's policy for reporting suspected alcohol abuse.
 - d. Let other employees know that she saw her consume alcohol.
35. An individual, hired as a companion, is not permitted to:
 - a. Converse and play games with the client.
 - b. Help client to keep in touch with friends and the outside world.
 - c. Assist client with range of motion exercises.
 - d. Transport client to appointments, run errands and shop
36. Which of the following is not a vital sign?
 - a. Blood Pressure
 - b. Temperature
 - c. Pulse
 - d. Pain radiating down left arm
37. Which of the following methods would a Direct Care Worker not use to share information about a client's status with the other members of the Health Care Team?
 - a. progress notes
 - b. texting
 - c. shift change reports
 - d. follow-up reports
38. A client asks his Direct Care Worker for the name and phone number of the Supervisor so he can complain about another Direct Care Worker. What should a Direct Care Worker do?
 - a. Try to find out what his complaint is.
 - b. Advise him the supervisor is not available.

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- c. Suggest he wait a day or so to see if he changes his mind.
 - d. Give him the Supervisor's name and phone number.
39. The basics of good housekeeping do not include:
- a. overlooking greasy or wet surfaces
 - b. keeping work areas neat and orderly
 - c. maintaining halls and floors free of slip and trip hazards
 - d. removing waste materials
40. A client starts vomiting while lying in bed. Which of the following would a Direct Care Worker not do?
- a. Lay him on his back in a flat position.
 - b. Turn his head & body over to one side.
 - c. Place a kidney basin under his chin.
 - d. Help him rinse out his mouth with water.
41. Which of the following signs or symptoms should a Direct Care Worker be alert for if a client is wearing an anti-embolism stocking on one leg?
- a. lack of feeling or tingling in the leg without the stocking
 - b. lack of feeling or tingling in the leg wearing the stocking
 - c. headaches and/or nausea
 - d. difficulty putting weight on the leg not wearing the stocking
42. Which of the following would a Direct Care Worker not do when dealing with a difficult client?
- a. Change whatever she can with herself.
 - b. Show an interest in him.
 - c. Let him know he us the one with a problem,
 - d. Find out why he is having a problem,
43. Aphasia often develops after a stroke or brain injury. What would a Direct Care Worker not do, when trying to communicate with a client who has aphasia?
- a. Use body language to interpret what the he is trying to say.
 - b. Advise him that she don't understand what he is trying to say.
 - c. Be patient and give him enough time to try & communicate.
 - d. Stop trying to figure him out and go on to something else.
44. A client is very committed to his religion & likes to discuss his beliefs with his Direct Care Worker. The Direct Care Worker does not share his beliefs. How should a Direct Care Worker help him?
- a. Let him talk about his beliefs.
 - b. Let him talk, then tell him what her religious beliefs are.
 - c. Ask him to change the subject from religion.
 - d. Tell him she won't come again if he talks about religion.

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45. Rehabilitation begins with the prevention of:
- frustration & anger
 - illness & injury
 - bowel & bladder problems
 - contractures & pressure sores
46. When communicating with seniors who have dementia, a Direct Care Worker should not:
- Speak to them in a normal tone and volume of voice.
 - Ask more than one question at a time.
 - Keep eye contact and smile – avoid frowning.
 - Talk while she walks with those who pace back and forth
47. A doctor phones to report he has ordered a new medication for a client. He states it must be administered as soon as the pharmacy delivers it. The Direct Care Worker is the only person with the client. There is no family locally & the client is unable to give the medication to himself. What should a Direct Care Worker do?
- Write the order down exactly as the doctor stated it.
 - Give the medication to the client as soon as it is delivered.
 - Put the medication on the counter and leave it for somebody else to deal with.
 - Contact the Supervisor.
48. A person who has an infection may exhibit one or more of a combination of symptoms. Which of the following symptoms does not suggest an infection is present?
- redness, &, inflammation
 - discharge & fever
 - nausea, vomiting
 - low temperature
49. A client is temporarily paralyzed from the waist down. A Direct Care Worker should provide support with his activities of daily living by:
- doing all his ADLs for him
 - asking a male nurse to do all his ADLs for him
 - postponing any of his ADLs until he recovers
 - encouraging him to do as much of his self-care as possible
50. Which of the following statements about used sharp objects is not correct?
- Sharp objects should not be recapped, bent, sheared or broken.
 - Sharp objects should be uncapped when they are carried.
 - Sharp objects should be discarded in puncture-proof containers.
 - Sharp objects should be picked up by mechanical means.
- =====

<p style="text-align: center;">Daily Support Services <i>“The CARE you need, The COMPASSION you deserve.”</i></p>	
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Test Score: _____

Signature & Designation of Person Conducting Test

Date



Daily Support Services LLC.

Daily Support Services LLC.
8400 Bustleton Avenue STE 303
Philadelphia, PA 19152

Emergency Contact

Tel: (800)-383-2452
Email: info@dailysupportservices.com

Emergency Contact #1

Name: _____

Relationship: _____

Address: _____

City/State/ZIP: _____

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

Emergency Contact #2

Name: _____

Relationship: _____

Address: _____

City/State/ZIP: _____

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

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800-383-2452



Employee Direct Deposit Authorization

Employee: Fill out and return to Daily Support Services.

This document must be signed by employees requesting automatic deposit paychecks and retained on file by Daily Support Services. We recommend the employee attach a voided check for each of their accounts to help verify their accounts numbers and bank routing numbers.

Account 1 _____

Account 1 type: ___ Checking ___ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account) _____

Account 2 type: ___ Checking ___ Savings

Bank routing number (ABA number): _____

Account number: _____

Attach a voided check for each account here

This authorizes Daily Support Services to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts. I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be effect until the Daily Support Services receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID# _____

Print name: _____ Date: _____

TB SCREENING ON HIRE

The updated recommendations call for health care personnel to be screened for TB upon hire. Screening for TB involves 3 steps. All 3 steps are required for compliance to regulations.

- a. Completion of a TB Risk Assessment (the CDC Risk Assessment Tool is attached)
- b. Completion of a TB Symptom Screen Questionnaire (see attached for questions to be included on the symptom screen questionnaire)
- c. A TB test (either the 2 Step Tuberculin Skin Test (TST), the Interferon Gamma-Release Assay (IGRA) – commonly known as Quantiferon, or Chest X-ray if TST cannot be done.

ANNUAL TB REQUIREMENTS

Annually, TB requirements involve education which must include:

- a. Information about TB Risk factors
- b. Information about Signs/Symptoms of TB Disease
- c. Information about TB infection control policies and procedures

There must be evidence of this annual education in the personnel file.

<https://www.cdc.gov/tb/education/default.htm>

Please note:

1. Annual (or serial) testing for TB is not recommended unless the health care worker has a known exposure to someone with infectious TB disease or there is ongoing transmission in the health care setting where the health care worker works.
2. Health care personnel with a positive TB skin test or TB blood test result should receive a symptom evaluation, risk assessment and chest x ray to rule out TB disease. Treatment for latent TB infection is strongly encouraged for health care personnel diagnosed with latent TB infection (LTBI). Shorter treatment regimens, including once-weekly isoniazid and rifapentine for 3 months and daily rifampin for 4 months, should be used as they are more likely to be completed when compared to the traditional regimens of 6 or 9 months of isoniazid.
3. If health care personnel have untreated LTBI infection, they should be screened annually for the common signs and symptoms of TB disease.

Employee Name: _____ (PRINT NAME)

Date: _____

Position: _____

TUBERCULOSIS SYMPTOM SCREEN

1) Do you currently have any of the following symptoms?

Cough lasting more than 3 weeks, unexplained?	YES	NO
Hemoptysis (coughing up blood)	YES	NO
Fever or chills, unexplained	YES	NO
Night sweats (sweating that leaves the bedclothes and sheets wet)?	YES	NO
Persistent shortness of breath, unexplained?	YES	NO
Chest pain, unexplained?	YES	NO
Weight loss, unexplained?	YES	NO
No appetite, unexplained?	YES	NO
Fatigue, (feeling very tired) for no reason?	YES	NO

TUBERCULOSIS RISK ASSESSMENT

Health care personnel should be considered at increased risk for TB if any of the following statements are marked YES:

- | | | |
|--|-----|----|
| 2) Temporary or permanent residence or travel of ≥ 1 month in a country with a high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe) | YES | NO |
| 3) Current or planned immunosuppression (including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent To prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication. | YES | NO |
| 4) Close contact with someone who has had infectious TB disease during lifetime. | YES | NO |

Signature of Employee: _____

Date: _____

Signature of Agency Representative _____

Date _____

Agency representative responsible for reviewing responses and taking action if/as needed

CDC

Tuberculosis (TB)

Signs & Symptoms

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs (pulmonary TB). TB disease in the lungs may cause symptoms such as

- a bad cough that lasts 3 weeks or longer
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are

- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

Symptoms of TB disease in other parts of the body depend on the area affected.



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

	<p>Temporary or permanent residence of ≥ 1 month in a country with a high TB rate</p> <p>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
OR		
	<p>Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
OR		
	<p>Close contact with someone who has had infectious TB disease since the last TB test</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.
Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111-5).
Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439-43.
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6818a3.htm?_r=1&mm6818a3_w



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



FREQUENTLY ASKED QUESTIONS: TB TESTING OF HEALTH CARE PERSONNEL

In May 2019, the Centers for Disease Control and Prevention (CDC) updated their recommendations for [tuberculosis \(TB\) testing of health care personnel](#). The Pennsylvania TB Program follows the CDC guidelines.

WHICH HEALTH CARE PERSONNEL SHOULD BE SCREENED FOR TB?

The CDC recommends that all health care personnel be screened for TB upon hire (i.e., pre-placement). Pre-placement screening should include a TB risk assessment, a TB symptom screen, and a TB test. These recommendations should be used for people who work or volunteer in health care settings, including inpatient and outpatient settings, laboratories, emergency medical services (EMS), medical settings in correctional facilities, home-based health care and outreach settings, long-term care facilities, and homeless shelters.

WHAT IS INCLUDED IN A TB SCREENING?

TB screening is a process that includes an individual [risk assessment](#), a [symptom evaluation](#), and a [TB test](#) (e.g., a TB blood test or a TB skin test).

A positive TB test indicates that a person has been infected with TB bacteria. It does not specify whether the person has [latent TB infection](#) (LTBI) or has progressed to [TB disease](#). Anyone with a newly positive TB test should receive a symptom evaluation and chest x-ray to rule out TB disease. Additional workup may be needed based on these results.

HOW OFTEN SHOULD HEALTH CARE PERSONNEL BE SCREENED FOR TB?

Health care personnel should be screened for TB upon hire with an individual [risk assessment](#), a [symptom evaluation](#), and a [TB test](#) (e.g., a TB blood test or a TB skin test). Thereafter, annual TB testing is **not** recommended unless there is a known exposure to a case of infectious TB disease or ongoing transmission.

Health care personnel that have been diagnosed with LTBI and declined treatment should receive an annual [TB symptom](#) screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures. In addition, TB education should strongly encourage that health care personnel diagnosed with LTBI complete preventive treatment.

WHAT TYPES OF TESTS CAN BE USED TO TEST FOR TB INFECTION?

Either a [TB blood test](#) or a [TB skin test](#) can be used to test for TB infection. For consistency, the same type of TB test should be used upon hire (i.e., pre-placement) and for any follow-up testing.



The interferon gamma-release assay (IGRA) TB blood test is the preferred TB test for anyone who received the bacille Calmette-Guérin (BCG) TB vaccine. Prior vaccination with the BCG vaccine does not affect the results of the TB blood test but can result in a false positive with the TB skin test.

SHOULD TWO-STEP TB TESTING BE DONE?

If the TB skin test is used to test for TB infection upon hire (i.e., pre-placement), two-step testing should be done. However, if the health care worker has documentation of a negative TB skin test within the past 12 months, then just one TB skin test is needed upon hire and will count as the second-step test.

Two-step testing does not apply to the TB blood test. Even if a potential new hire had a negative TB blood test within the past 12 months, a new TB blood test should be done upon hire. The new test is done to determine whether the individual has been exposed to TB since the previous test.

WHAT IF SOMEONE UNDERGOING PRE-PLACEMENT SCREENING HAS A NEWLY POSITIVE TB TEST?

Health care personnel with a newly positive TB test result should receive a symptom evaluation and chest x-ray to rule out TB disease. Additional workup may be needed based on these results.

If TB disease is suspected, **immediately** notify the health care worker's local PA Department of Health state health center or county or municipal health department.

If a diagnosis of TB disease is eliminated and the health care worker is diagnosed with LTBI, treatment is strongly recommended. Shorter treatment regimens, including once-weekly isoniazid and rifapentine for 3 months and daily rifampin for 4 months, should be used as they are more likely to be completed when compared to the traditional regimens of 6 or 9 months of isoniazid.

Health care personnel diagnosed with LTBI who do not take LTBI treatment should receive an annual TB symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of LTBI treatment. If the benefit of treatment is expected to exceed the risk, the health care worker should continue to be strongly encouraged to complete LTBI treatment.

HOW SHOULD HEALTH CARE PERSONNEL WITH A DOCUMENTED HISTORY OF A PRIOR POSITIVE TB TEST BE SCREENED?

Health care personnel with a documented history of a prior positive TB test should receive an individual TB risk assessment and TB symptom screen upon hire (i.e., pre-placement). Repeating the TB test (e.g., TB blood test or TB skin test) is not required. Additionally, individuals with a prior positive TB test should either receive a chest x-ray or provide documentation of a normal chest x-ray within the past six months, upon hire.

Health care personnel with untreated LTBI should receive a yearly symptom screen to detect early evidence of TB disease and to reevaluate the risks and benefits of LTBI treatment. If the benefit of treatment is expected to exceed the risk, the health care worker should continue to be strongly encouraged to complete LTBI

HEALTH CARE PERSONNEL FOR TB?

For questions about the screening of health care personnel for TB, contact the Pennsylvania TB Program at 717-787-6267.



DAILY SUPPORT SERVICES

Name: _____

Date: _____ Position: _____

Interviewer: _____

1. Tell me something about yourself that I am not going to find on your resume/application?

2. What is the shortest time you ever worked somewhere and why?

3. Describe the level of care you have provided and the task you've done for other clients. Do you specialize in any conditions, ages, etc.?

4. How would you handle an emergency situation? Provide examples, if able?

5. Explain how you handle working with demanding clients or family members.

6. You suspect a client is being neglected by a family member or your coworker, how do you handle this?

7. What if your replacement hasn't shown up at the end of your shift, and there is no one to stay with the client?

8. What would you do if you noticed that a client you were caring for is exhibiting some concerning new symptoms?

