Code of Ethics & Duty to Warn/Report

This code identifies a set of ethical standards that should be used to guide you in your work practices as a HANDS staff. Each item identifies relevant considerations to utilize when professional obligations conflict with ethical uncertainties that may arise. In addition, they provide the general public with a set of behaviors/practices to which they can hold the HANDS worker accountable.

The standards can be used by sites to assess whether a worker engages in unethical conduct and to guide decision making when ethical issues arise. However, it is not meant to be inclusive of all circumstances that could develop.

This code is signed at least annually and is intended to serve as a guide of general principles for all Kentucky HANDS program staff in regards to conduct in situations that have ethical implications.

Ethical issues that are faced by Coordinators, Supervisors, Parent Visitors, Family Support Workers and RN/SW Visitors should be discussed between the Supervisor and staff. Unresolved ethical issues can be brought to the Supervision meetings for discussion and resolution.

Kentucky HANDS Ethical Standards of Practice:
(Initial each ethical standard to indicate that you have read and understand your responsibility in upholding these.)

1. Staff shall not participate in, condone, or be associated with dishonesty, fraud, deceit, any illegal activity or misrepresentation.
2. Staff shall serve participants with loyalty, respect, determination, and the maximum application of their skill and competence to encourage the partnership and self-determination of the participant.
3. Staff shall not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity/expression, age, marital status, political beliefs, religion, immigration status, and mental/physical disability.
4. Staff shall not diagnose any medical, mental health or substance abuse condition regardless of professional qualifications.
5. Staff shall not discuss his/her own personal problems or allow them to interfere with professional judgment and performance or jeopardize the best interests of those for whom the staff has a professional responsibility. The staff should consult confidentially with their supervisor if they suspect their own judgment is impaired.
6. Staff shall be to the best of his/her ability be aware of personal limits and maintain healthy appropriate boundaries.
7. Staff shall not be personally involved with adoptions involving children of families participating in HANDS services.
8. Staff shall follow their Health Department/Agency policies in regards to use of social media (texting, messaging, Facebook, etc.) to communicate with families. Staff shall err on the side of caution to protect the family from disclosure of confidential information as it relates to HANDS services. NOTE: The Cabinet does not have policies in regards to the use of Facebook; however, it is highly recommended that Facebook is only used to advertise community events and general information, and does not support the use of Facebook as a means of individual information sharing whether through 'posting' or 'inboxing.'
9. Staff shall not use their position with HANDS to solicit personal or business activities such as loans, sales or purchases to/from participants or their families.
10. Staff shall determine their own site policy within their health department/agency guidelines for accepting offerings of food, refreshments and/or other items of little/no monetary value from HANDS participants.
11. Staff shall not condone or engage in any social or sexual relationship with participants in the HANDS Program. Each worker, with guidance from his/her supervisor, is responsible for setting clear, appropriate and culturally sensitive boundaries.
12. Staff may only accept invitations to attend special occasions/one-time cultural events (i.e., graduations, citizenship ceremonies, funerals). The decision on attendance and participation at such functions and/or gifts shall be made after discussion between the worker, supervisor and/or agency director. There should be consistency with each family and each HANDS worker within the agency.
13. Staff shall treat colleagues in the HANDS Program, in their agency, and in the community with respect, courtesy, fairness, and good faith. Staff shall avoid negative criticism of colleagues in communication with families or other professionals.
14. Staff shall not continue to provide home visitation services/GGK curriculum materials to a family once they have been discharged from the program or the staff person is no longer associated with the program. (Does not include families re-entering HANDS services.)
15. Staff will have no social contact with past participants for at least one year after discharge of the participant. (Does not include families re-entering HANDS services within the one year period).
16. Staff shall not approach any family (currently or formerly enrolled) in a public setting without the family’s initiation of contact. Conversation on the part of the HANDS staff shall not include any disclosure of HANDS services provided to the family, past or present.
17. Staff cannot provide services to their own immediate family members.

10/2013
DUTY TO WARN / REPORT
ABUSE / NEGLECT / DOMESTIC VIOLENCE

In accordance with federal and state statutes and regulations, employees of the Department for Public Health (DPH) Local Health Departments (LHD) are required to report any client that in their judgment is suspected to be a victim of dependency, neglect, abuse, or exploitation. These concerns for client safety are not gender or age specific. Prompt reporting must occur within the stated timeframes as required in "Documentation / Medical Records" section of the most current Public Health Practice Reference (PHPR).

Federal Law, P.L. 94-142: Individuals with Disabilities Education Act (IDEA):
(Suspected Developmental Delay)

Staff shall make referrals to First Steps (Kentucky’s Early Intervention System) when there is a suspected delay in a child’s development as per Federal Law, P.L. 94-142, which mandates that states identify, locate, and evaluate all children with disabilities, ages birth to 21, who are in need of early intervention or special education services.

As of July, 2012, 303.303(a)(2)(i) requires that primary referral sources (HANDS, in this case) shall refer a child with suspected delay to First Steps as soon as possible, but in no case more than seven days after identification.

KRS 620.030: Duty to Report Dependency, Neglect, or Abuse (Child Abuse)

Any Person who knows or has reasonable cause to believe that a child is being neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet for Health and Family Services or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise.

Any person who intentionally violates the provisions of this section shall be guilty of a:

(a) Class B misdemeanor for the first offense
(b) Class A misdemeanor for the second offense; and
(c) Class D felony for each subsequent offense.

KRS 209.030(2)(3) & KRS 209.990: Duty to Report Adult Abuse, Neglect, or Exploitation

Any person, including but not limited to, physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause a report to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibilities for reporting the circumstances surrounding the death. An oral or written report shall be made immediately to the Cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.

Any person, knowingly or wantonly violating the provisions of KRS 209.030(2) shall be guilty of a Class B misdemeanor as designated in KRS 532.090. Each violation shall constitute a separate offense.

NOTE:
Greater details specific to reporting requirements and the laws can be located in the ‘Abuse, Neglect and Violence’ section of the Kentucky Public Health Practice Reference, as well as the “To Report Suspected Child Abuse, Neglect or Dependency” guide.

If you have doubts whether your concern should be reported, it is preferred that you call and talk over what has been brought to your attention with a DCBS worker, who will make the determination as per investigation of concerns.

The home visitor should make a report immediately and inform the supervisor of their actions as soon as possible. If a home visitor informs his/her supervisor of suspected abuse/neglect and a report has not been made, the Supervisor will require the home visitor to immediately make a referral in their presence to ensure that the concern has been reported, while providing the home visitor with support and a witness that the report was made. In both instances, the home visitor would complete the ACF-310: Mandatory Reporting/Referral Form to document the report and the supervisor would review and sign the documentation to indicate their awareness of the report and its completeness.

I, _____________________________, have read and initialed each item of the ‘Code of Ethics & Duty to Warn/Report’ and understand that my signature below indicates that I will abide by these ethical standards and laws concerning reporting/duty to warn as a condition of employment. I understand that failure to comply could result in termination of employment.

Signature of Staff: ___________________________ Initials: __________ Date: __________

Signature of Supervisor: ___________________________ Date: __________

**It is highly recommended that Section 8: Home Visitation Safety is reviewed in conjunction with this form on an annual basis. (Please initial when done.) ___________________________

SIGNED ORIGINAL: __________ Place in staff’s personnel file

COPY of SIGNED ORIGINAL: __________ Provided to the staff person __________ Place in the Supervision Binder

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