



EMPLOYEE HANDBOOK



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WELCOME

Welcome to the Greenstaff Medical Staffing, LLC Team! We are looking forward to exciting and rewarding career opportunities in working with you. This handbook will serve as your point of reference for standards, policies, and procedures that Greenstaff Medical Staffing, LLC employees are expected to follow.

It is required that you review and accomplish the acknowledgment form at the back of the handbook and return the form. It will be kept on file for our records.

This handbook, however, is in no way, shape, or form a contract since your employment is at will. Greenstaff Medical Staffing, LLC has the right to terminate the employment of an assigned employee, with or without notice or cause at any time.

WHY YOU WILL LOVE Greenstaff Medical Staffing, LLC

We will always provide the personalized service you expect from a small, family-owned firm. When you call Greenstaff Medical Staffing, LLC, you'll speak to a human being. When you send us a message, we'll contact you promptly. We are committed to open and timely communication with every one of our clients and employees.

INTRODUCTORY STATEMENT

This handbook is designed to acquaint you with Greenstaff Medical and provide you with information about working conditions, employee benefits, and some policies affecting your employment. You should read, understand, and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed by Greenstaff Medical to benefit employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about policy. As Greenstaff Medical continues to grow, the need may arise and Greenstaff Medical reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion. The only exception to any changes in our employment-at-will policy permitting you or Greenstaff Medical to end our relationship for any reason at any time. Employees will, of course, be notified of such changes to the handbook as they occur.

The employee handbook supersedes and replaces any and all prior handbook or policy manual that may have been provided to employees prior to your employment with Greenstaff Medical. These policies are not a legal document or an employment contract.

We have designed this Handbook to serve as a resource for information and policies, procedures, and practices relating to your employment with Greenstaff Medical (“the Company”).

This Handbook is intended to answer many of your questions and provide information on matters of importance to you as an employee. It includes the following information:

- Code Business Ethics/Standards of Conduct
- Employment Practices
- Classification and Pay Policies
- Employee Benefits
- Time Off and Leave of Absence
- Employee Policies
- Accommodations

In certain instances, specific information regarding your work will be provided by the Management staff. Greenstaff Medical follows all TJC, The Joint Commission Standards of Care, and is currently awaiting their Survey and Certification for this year 2021.

I. EMPLOYMENT PRACTICES

1. Nature of Employment

Employment with Greenstaff Medical is voluntarily entered, and the employee is free to resign at will at any time, with or without cause. Similarly, Greenstaff Medical may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

Policies outlined in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between Greenstaff Medical Staffing LLC (“Greenstaff Medical”) and any of its employees. The provisions of the handbook have been developed at the discretion of management and, except for its policy of employment-at-will, may be amended or canceled at any time, at Greenstaff Medical’s sole discretion.

These provisions supersede all existing policies and practices and may not be amended or added to without the express written approval of the Management Staff of Greenstaff Medical.

2. Equal Employment Opportunity

To provide equal employment and advancement opportunities to all individuals, employment decisions at Greenstaff Medical will be based on merit, qualifications, and abilities. Greenstaff Medical does not discriminate in employment opportunities or practices based on race, color, religion, genetics, sex, national origin, age, disability, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their manager. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

3. Americans with Disabilities Act (“ADA”)

Greenstaff Medical is committed to providing equal employment opportunities to otherwise qualified individuals with disabilities. Greenstaff Medical may make reasonable accommodations for qualified individuals with known disabilities where appropriate unless doing so would result in an undue hardship for the Company.

In general, it is your responsibility to notify your supervisor of the need for accommodation. Upon doing so, your supervisor may ask you for your input on the type of accommodation you believe may be necessary, or the functional limitations caused by your disability. Also, when appropriate, Greenstaff Medical may need your permission to obtain additional information from your physician or other medical or rehabilitation professionals.

Greenstaff Medical is also committed to not discriminating against any qualified employee or applicants because they are related to or associated with a person with a disability. Greenstaff Medical will follow any state or local law that provides individuals with disabilities greater protection than the ADA.

This policy is neither exhaustive nor exclusive. Greenstaff Medical is committed to taking other actions necessary to ensure equal employment opportunities for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

4. Employee Relations

Greenstaff Medical believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly to their supervisors.

Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear, and attitudes can be positive. We believe that Greenstaff Medical amply demonstrates its commitment to employees by responding effectively to employee concerns.

5. Employment Application Process

In keeping with our standard of excellence, Greenstaff Medical Staffing, LLC's initial application process and ongoing quality assurance initiatives are designed with the primary goal to provide the highest quality of nursing professionals possible. Our objectives include:

- To recruit and employ those professionals who are dedicated to quality care with proven skill histories.
- To provide a thorough orientation for each nurse so that he/she may perform his/her work safely and effectively.
- To provide consistent opportunities for staff education via our in-service training and staff development program.
- To monitor the quality of nursing performance through regular on-site evaluations
- To work closely with clients while modifying our service concepts to meet their needs.

Each applicant undergoes a stringent screening process to verify skills and commitment to nursing excellence.

Pre-employment Hiring Requirements:

- Completion of Skills Checklist in their area(s) of Specialty and reviewed for adequate abilities to perform their job in this area of specialty
- Completion of Specialty Testing in their Area(s) of Specialty with a passing grade of 80% or greater (Relias Prophecy Testing)
- Completion of 3 Core Tests with a passing score of 80% or greater (Relias Testing site) Core testing is comprised of the NSPG Standards of Care and annual Core Competencies.
- Active license in good standing
- 2 References in good standing
- Resume with required experience in the area of specialty noted
- At least 1 year of current experience in the area of specialty
- Certifications – BLS AHA and as required for the position
- Completed Background

Proof of Citizenship or Ability to Work as Required by Law

Greenstaff Medical Staffing, LLC verifies eligibility to work in the United States. The U.S. Immigration and Naturalization Service require that employees show proof of citizenship/eligibility to work by completing an Employment Eligibility Verification Form (I-9). Failure to produce the necessary proof according to the applicable laws will result in the postponement of employment.

Background Checks

Greenstaff Medical Staffing, LLC may perform criminal background checks on applicants, which may include a felony and misdemeanor search in the state the applicant resides and may also include states and counties of residence/employment for the previous 7 years when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. Criminal background checks can also be conducted post-employment based upon reasonable suspicion of criminal activity.

In addition, Greenstaff Medical Staffing, LLC verifies that applicants are not included in the Office of Inspector General's (OIG) or the Excluded Parties List System (EPLS) databases of excluded providers.

COVID Mitigation Policy

Greenstaff Medical Staffing, LLC abides by the COVID healthcare professional guidelines of each Client and State that we partner with and provide healthcare staff to on a contracted basis. Initial Application Process includes the collection and uploading of applicants COVID vaccine records and/or Religious and/or Medical Attestation; whichever form of COVID documentation that is the Healthcare Professionals preference. All Required State and/or Client COVID guidelines are reviewed with our clientele and any healthcare professional worker prior to submission to said Client facility(s). The Healthcare worker is educated regarding these Client specified guidelines and must agree to adhere to these policies prior to submission. All COVID requirements are met as per the State and/or Client guidelines prior to any healthcare worker's start date. All Client and/or State COVID requirements are housed in the Onboarding Department System.

COVID-19 Credentialing Extension Policy

Due to the COVID-19 virus pandemic, the various authorities and regulatory bodies have taken actions in exercising regulatory flexibilities to help healthcare providers enter into assignments as rapidly as possible to treat patients during the spread of 2019 Novel Coronavirus Disease (COVID-19).

As a result, the following blanket waivers are in effect, with a retroactive effective date of March 1, 2020, through the end of the emergency declaration. The following will be waived for 60 days after the state of emergency is lifted in your area.

- BLS/CPR/ACLS/PALS/NRP/Fire Cards (including any other expiring specialty certification)
- Background Checks
- Health Screening
- Out of State Licenses - As pertaining to the location of practice during the state of emergency. Healthcare provider must obtain the license for the state in which they are working or no longer work past the date of the ending of the local state of emergency

If the local (state, county city) state of emergency is enforced longer than the national state of emergency Greenstaff Medical Staffing, LLC will utilize the end date of the local state of emergency to enforce the 60-day credentialing deadline. If credentials were due during the time period of the state of emergency, the *employee* would have an additional 60 days to become compliant.

License/Certification/Education Verification

Applicants may be required to provide valid, original professional licenses to practice their profession in the state of the assignment, Basic Cardiac Life Support (BCLS) certification and any other professional certifications required for the practice of their specialty when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. Greenstaff Medical Staffing, LLC conducts primary source verification of professional licenses in all states where Greenstaff Medical Staffing, LLC Inc. is employing the provider or offering placement for the provider, with the appropriate licensing bodies to verify issue date, expiration date, active status of license and to determine if a license has ever been suspended, revoked, restricted, reprimanded, sanctioned or disciplined. Any disciplinary action on a professional license can be terms for non-employment with Greenstaff Medical Staffing, LLC and falsification of any documentation will render applicant completely ineligible for employment with Greenstaff Medical Staffing, LLC

Positions that require a specific educational requirement and/or certification must have verification of such. Where education and licensure are required, but the license may not be obtained without meeting the education requirements, it is not necessary to confirm education, but only to verify the license (Specific example would be an RN where state licensure is required and completion of an approved nursing program or completion of a certain number of continuing education units. In this case, the individual may not obtain state licensure or renewal without completion of an approved program or continuing education units, therefore only license verification would be required. If the position requires state licensure as an RN and a Master's degree, then both the licensure and the education would need to be verified).

It is the employee's responsibility to maintain a current valid license. Failure to do so will result from removal from duties and progressive discipline. Employees are required to immediately notify Greenstaff Medical Staffing, LLC if a license/certification is suspended or revoked prior to education.

Reference Checking

Greenstaff Medical Staffing, LLC verifies at least one reference from previous employers or from clinical peers that may provide information related to the applicant's knowledge and applied job skill proficiency or confirm dates of employment.

Pre-Employment Skills and Competency Assessment

To ensure that work is performed safely and efficiently in the hospital setting, all applicants are required to complete a competency self-assessment for every unit and specialty to which they will be assigned. All current competency assessment tools are maintained in their personnel file.

Applicants must also complete a competency examination for every specialty to which they would like to be assigned and receive a passing score of at least 70%. Any applicant not receiving a passing score on their first time will be given one additional opportunity to re-take the competency exam and pass. Failure to achieve a passing score of at least 70% within the first two attempts is automatically ineligible for employment with Greenstaff Medical Staffing, LLC in addition, all staff must complete a Pharmacology examination and receive a passing score of at least 70%. Any applicant not receiving a passing score on their first time will be given one additional opportunity to re-take the Pharmacology exam and pass. Failure to achieve a passing score of at least 70% within the first two attempts is automatically ineligible for employment with Greenstaff Medical Staffing, LLC.

Health Screening

Applicants may need to go through a screening process when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients, to demonstrate that they are free from communicable disease and are free from any health impairment that is of potential risk to the patient, caregiver, other employees, or that may interfere with the performance of duties. All applicants may need to provide:

- **Clearance for Work:** is only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. If required, the applicant will submit a written clearance for work conducted within the last twelve months prior to hire date. The Clearance for Work shall include whatever specifications are in the written agreement between Greenstaff Medical Staffing, LLC and its clients, which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that the employee is physically and medically qualified to perform the duties to be assigned. In addition, annual physicals are required thereafter.
- **Tuberculosis Tests:** are only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. TB tests if required may need to be conducted within the last twelve months prior to hire date. The TB test may show a negative result. Applicants who test positive as a tuberculin reactor are required to submit documentation of a negative chest x-ray showing no abnormalities and/or provide proof of prophylactic antibiotic therapy. One clear chest x-ray is required for individuals following a positive skin test or documented history of positive skin test, repeat chest X rays thereafter are not required for those who present positive skin results, repeat chest x rays are only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients.
- **Vaccinations/Titers:** are only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. If required the applicant will Submit proof of exposure to, immunity, or immunization to Rubella, Rubeola, mumps, and Varicella zoster and COVID 19. Our credentialing department has instituted a process to collect, track, and verify when required, a report on the vaccination status to include the first and /or 2nd dose of the vaccine for all healthcare professions. Proof of the vaccine documentation will be verified. Vaccine records must contain the following: Facility, Name of Candidate- matching Government ID, date, site given, Medication ID, Name of vaccine and signature of administrating Healthcare provider. Routine vaccination status reports will be provided to Clients as required; and onsite COVID-19 testing and/or supporting efforts will be initiated to meet the required infection control policies and practices to protect both employee and patient safety.
- **Vaccination Declines to include COVID 19:** A Vaccine Decline form maybe completed by Healthcare Professionals related to Medical, Personal and/or Religious reasons as part of their profile and as required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. Greenstaff Medical Staffing LLC will support and communicate facility requirements to our best ability to expedite the onboarding process and meet the expected start date. Medical Declines must include a medical reason and physician signature; Religious Declines must include a religious reason and a Personal Decline must include a statement as to why the candidate is refusing to get the vaccine. Healthcare

Professionals that complete a vaccine declination must sign that they acknowledge the documented health risks associated with their decline of said vaccine.

- **Drug Test:** are only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. If required the applicant will submit a drug screen that may screen any or all of the following: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, meperidine, Methadone, Opiates, Phencyclidine, Propoxphene.
- **Hepatitis B:** are only required when specified in the written agreement between Greenstaff Medical Staffing, LLC and its clients. Must provide proof of vaccination to Hepatitis B or sign waiver/declination. The Hepatitis B vaccine and vaccination series shall be made available at no cost to all employees. Employees shall not receive the vaccination if they have previously received the Hepatitis B vaccination series or have antibody resting which reveals the employee is immune or for whom the vaccine is contraindicated for medical reasons.

**** Please note that random drug screening and drug screening for cause may occur at any time.*

Interview and Education

Applicants whose qualifications are in question are interviewed by the President or Clinical Liaison. Interviews are designed to determine applicants' knowledge, competence, and skills in specified areas of expertise. Interviews are based on actual events and circumstances that applicants are likely to encounter in the work environment.

Applicants are also oriented to Greenstaff Medical Staffing, LLC's general policies and procedures, as well as specific administrative policies on overtime and scheduling. Orientation for select hospitals is also provided, as specified by select client hospitals.

Applicants are also oriented and asked to acknowledge their comprehension of a variety of topics, including, but not limited to:

- Medication: administration, safety, and prevention of errors
- Abuse: Child, elder, and reporting, SCAN
- Sexual and domestic violence, assault, rape
- Drugs in the workplace, workplace violence
- Safety: electrical, fire, environmental, safety signals
- Hazardous materials
- Infection control and CDC Hand Guidelines
- OSHA and bloodborne pathogens
- Dress code and fingernail policy
- JCAHO education, National Patient Safety Goals, List of Abbreviations/Do-not-use
- Patient rights/advance directives
- Emergency preparedness
- End-of-life care
- Code situation policies
- Sentinel event policies and procedures
- Restraints
- Age-specific education
- HIPAA
- Pain Management
- Body Mechanics
- Documentation: of patient care, transcribing of physician orders
- Conscious Sedation
- Patient safety and education
- Fall prevention

The completion of orientation shall be documented and signed by the applicant. And the form will be retained in the employee's personnel record.

Maintaining Nursing Personnel Files

All personnel files are maintained by HR, HR monitors relevant requirements and expirations of any requirements. Requirements are kept current through daily alerts of soon-to-expire or expired requirements.

Orientation

Greenstaff Medical Staffing, LLC will provide all new employees with an orientation to the company's policies and procedures. Each employee will receive an Employee Handbook.

Some facilities require some form of orientation. The amount of time required by each facility varies. Some facilities require computer training classes and orientation prior to the first shift worked. The Recruiter will explain the required orientation to all employees prior to scheduling the first shift with a facility. Orientation time worked at the facility is paid at the orientation rate. (Usually less than regular pay rate)

Some facilities require that their specific pre-employment orientation "packets" be completed by the prospective caregiver at Greenstaff Medical Staffing, LLC before the first shift is worked, and there is no pay for this required activity.

The first time you visit a facility the following guidelines should be followed:

- Report approximately one (1) hour early for an orientation (it may vary for each facility).
- Carry photo ID for evidence of identity when reporting for assignment
- Take your nursing license and certifications with you
- Report to the appropriate supervisor
- It is expected that the healthcare practitioner locates and complies with the facility policy and procedures manual, locating fire pulls, crash cart, med. room, linen cart, and appropriate exits before your shift starts.
- Always dress in proper attire when working at the facility. Orientation is only paid when the time has been properly verified by facility staff.

Occasionally, a Greenstaff Medical Staffing, LLC employee may show up early as directed for the orientation shift and no one is available for orientation. Please take it upon yourself to utilize this time to become familiar with the floor layout and the location of vital items you may need to function effectively on your shift. It will be to your advantage to know the location of the policy and procedures manual, fire pulls, crash cart, med. room, linen cart, and appropriate exits prior to the onset of your shift.

Greenstaff Medical Staffing, LLC attempts to provide a comprehensive pre-employment orientation and in-service training that reflects current compliance and promotes safe healthcare delivery. The program includes, but is not limited to the following:

- Age Specific
- Disaster Preparedness
- Cultural Diversity
- Environmental Safety
- Hazardous Chemicals
- HIPAA
- Infection Control/Blood borne Pathogens
- Abuse
- Domestic Violence
- Ethics for Healthcare
- Annual National Patient Safety Goals
- Pain Awareness
- Patient Restraints
- Patient Rights
- Workplace Violence

Candidates for employment will be asked to complete, date, and sign the standard Company Application for Employment. Questions asked on this form are designed to elicit job-related information that the Company may need to assess an applicant's qualifications. Your resume may also be used to gain information necessary for performance and job movement evaluation. Because of this, the Company relies upon the accuracy of information provided on a resume or employment application. In certain circumstances, the Company may find it necessary to investigate information provided on an application, consent form or resume and reserves the right to deny or terminate the employment of anyone giving false or incomplete information.

Additionally, the Company is committed to hiring and retaining the most qualified people and conducts reference checks on each formal candidate for employment which may include any or all of the following: 1) references, 2) employment history, 3) criminal records, 4) driving records 5) education, 6) credit history and 7) behavioral skills and assessments. The Company reserves the right to deny or terminate employment based on the results of a background check. In compliance with the Fair Credit Reporting Act, all candidates and employees who are requested to submit to a background check utilizing an outside Consumer Reporting Agency will be required to complete the required authorization documents. In addition, all candidates and employees who are either denied employment or are terminated based upon the results of the background check, will be given a copy of the results, summary of rights, the name and contact information of the background check agency, and the opportunity to refute the information obtained.

6. Pre-Employment Drug Testing

Greenstaff Medical is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol prior to employment. Employees should also review and be familiar with the Company's Drug and Alcohol Policy. Failure or refusal to submit to drug testing will result in withdrawal of a conditional employment offer and/or discharge if employed pending receipt of intoxicant test results. All applicable offers of employment are conditional upon a negative test result when applicable. Questions concerning this policy, or its administration should be directed to Administration.

7. Personnel Data Changes

It is the responsibility of each employee to promptly notify Greenstaff Medical of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency, educational accomplishments, and other such status reports, should be accurate and current at all times. If any personnel data has changed, notify their Recruiter within 7 days of the change.

8. License Certifications

Employees whose positions require licensure or certifications are responsible for maintaining such license and certification in good standing with all relevant state licensing authorities. Greenstaff Medical will retain a copy of license verification in the employee's personnel file. Employees are required to notify Greenstaff Medical within seven (7) days of the initiation of any complaint, inquiry, investigation, or review with or by any licensing or regulatory authority, peer review organization, Client review committee, or other committee, organization, or body that reviews quality of medical care which complaint, inquiry, investigation, or review that directly or indirectly relates or pertains to the Employee, either in any specific instance or in general. Employee is also required to provide Greenstaff Medical with a copy of any written response provided to a complaint, inquiry, investigation, or review that pertains to the Employee.

9. Conflict of Interest

Employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which Greenstaff Medical wishes the business to operate. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation. Contact the Management staff for more information or questions about conflicts of interest.

An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of Greenstaff Medical's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

No “presumption of guilt” is created by the mere existence of a relationship with outside firms. However, if employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to an officer of Greenstaff Medical as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Personal gain may result not only in cases where an employee or relative has a significant ownership in a firm with which Greenstaff Medical currently does business, but also when an employee or relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving Greenstaff Medical.

10. Outside Employment

Employees may hold outside jobs as long as they meet the performance standards of their job with Greenstaff Medical. All employees will be judged by the same performance standards and will be subject to Greenstaff Medical’s scheduling demands, regardless of any existing outside work requirements.

If Greenstaff Medical determines that an employee's outside work interferes with performance or the ability to meet the requirements of Greenstaff Medical as they are modified from time to time, or if it is a conflict of interest with Greenstaff Medical, the employee may be asked to terminate the outside employment if he or she wishes to remain employed with Greenstaff Medical.

Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside Greenstaff Medical for materials produced or services rendered while performing their jobs.

11. Confidentiality

Information that pertains to Greenstaff Medical’s business, including all nonpublic information concerning the Company, its clients, vendors, and suppliers is strictly confidential and must not be given to people who are not employed by Greenstaff Medical. Please help protect confidential information, which may include, for example, trade secrets, customer lists and Company financial information, by taking the following precautionary measures:

- Discuss work matters only with other Greenstaff Medical employees who have a specific business reason to know or have access to such information.
- Do not discuss work matters in public places.
- Monitor and supervise visitors to Greenstaff Medical to ensure that they do not have access to confidential information.
- Destroy hard copies of documents containing confidential information that is not filed or archived.
- Secure confidential information in desk drawers and cabinets at the end of every business day.

Your cooperation is particularly important because of our obligation to protect the security of our customers’ and our own confidential information. Use your own sound judgment and good common sense, but if at any time you are uncertain as to whether you can properly divulge information or answer questions, please consult your supervisor.

Employees who improperly use or disclose trade secrets or confidential business information may be subject to disciplinary action, up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information.

12. Identity Theft

Greenstaff Medical respects the privacy of your personal data and is committed to a number of measures and precautions so that personal data will only be accessed and utilized as necessary, in a professional and confidential capacity. In all circumstances, we take reasonable steps to:

- Give you clear notice when we are requesting information from you, the types of information we request from you, the general purposes for which that information will be used or disclosed, and the categories of users to whom we provide the information, and;
- Use safe and secure systems, physical and electronic, to safeguard your non-public personal information, including your social security number.

If at any time you feel as if your personal data has been misused or improperly accessed, please ask for and report your concerns to Greenstaff Human Resources for further investigation.

13. Personal Relationships in the Workplace

The employment of relatives or individuals involved in a dating relationship in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried over into day-to-day working relationships.

For purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage. A dating relationship is defined as a relationship that may be reasonably expected to lead to the formation of a consensual “romantic” or sexual relationship.

Greenstaff Medical prohibits employing relatives of current employees. In case of actual or potential problems, Greenstaff Medical will take prompt action to include termination of employment for one or both individuals involved. Employees in a close personal relationship should refrain from public workplace displays of affection or excessive personal conversation.

14. Personnel Files

Greenstaff Medical maintains a personnel file on each employee. The personnel file includes such information as the employee’s job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel records must contain accurate and up-to-date information about each employee. If there is a change in your name, address, or telephone number you must notify the Management staff so that your records may be kept current. This is important to avoid any confusion or delay should we have to contact you in the case of an emergency, schedule change, or any other reasons.

You should also contact the payroll department should you wish to change the number of exemptions on your withholding tax, change your marital status, or make other personnel related changes which could affect your pay. We depend on you to provide all important information and changes in your personnel file.

Personnel files are the property of Greenstaff Medical, and access to the information they contain is restricted. Generally, only supervisors and management personnel of Greenstaff Medical, who have a legitimate reason to review information in a file are allowed to do so. With reasonable advance notice, employees may review their own personnel files in Greenstaff Medical’s offices and in the presence of an individual appointed by the Company to maintain the files.

Personnel file access by people who are not employed by Greenstaff Medical is governed by the policy on employment references or by applicable state or federal laws. In the event personnel file information is subpoenaed or summoned by a

federal, state or local administrative government or law enforcement agency, the Company seeks the advice of our outside legal counsel for guidelines to ensure we are doing the right thing by you while complying with applicable laws.

II. CLASSIFICATION AND PAY POLICIES

1. Employment Categories

It is the intent of Greenstaff Medical to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will at any time is retained by both the employee and Greenstaff Medical.

Each employee is designated as either NONEXEMPT or EXEMPT for purposes of federal and state wage and hour laws. NONEXEMPT hourly employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT salary employees are excluded from specific provisions of federal and state wage and hour laws. An employee's EXEMPT or NONEXEMPT classification may be changed only upon written notification by Greenstaff Medical. In addition to the above categories, each employee will belong to one other employment category:

Regular Full-Time employees are those who are not in a temporary or introductory status and who are regularly scheduled to work a full-time schedule of 30 or more hours per week. Candidates are employed as W2 employees of Greenstaff Medical Staffing LLC as applicable. Generally, they are eligible for Greenstaff Medical's benefit package and subject to the terms, conditions, and limitations of each benefit program.

Regular Part-Time employees are those who are scheduled to work less than 30 hours per week. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of Greenstaff Medical's other benefit programs.

2. Salary Administration

The salary administration program at Greenstaff Medical was created to achieve consistent pay practices, comply with federal and state laws, mirror our commitment to Equal Employment Opportunity, and offer competitive salaries within our labor market. Because recruiting and retaining talented employees is critical to our success, Greenstaff Medical is committed to paying its employees equitable wages that reflect the requirements and responsibilities of their positions and are comparable to the pay received by similarly situated employees in other organizations in the area.

Compensation for every position is determined by several factors, including job analysis and evaluation, the essential duties and responsibilities of the job, and salary survey data on pay practices of other employers. Greenstaff Medical periodically reviews its salary administration program and restructures it as necessary.

Employees should bring their pay-related questions or concerns to the attention of the Management staff who is responsible for the fair administration of departmental pay practices.

3. Timekeeping

Greenstaff Medical strives to maintain strict compliance with the Fair Labor Standards Act (FLSA). The FLSA is a federal law that protects employees from unfair pay practices and guarantees nonexempt employees' payment of minimum wage and overtime. The rules below are designed to help Greenstaff Medical comply with the FLSA and to ensure that all employees

are paid fairly and legally. Failure to follow these rules may subject an employee to disciplinary action, up to and including termination of employment.

- You must keep an accurate record of all your work hours on the timekeeping system designated by Greenstaff Medical.
- Employees are responsible for maintaining their own time records. Do not allow another employee to punch in/out for you, and do not punch in/out for any other employee.
- Your time records should include entries for time spent at mandatory, job-related training programs, or meetings.
- You should account for all time worked, as well as time taken for meal breaks, vacation, personal leave, holidays, and/or unpaid time. If corrections or modifications are made to the time record, you and your supervisor should verify the accuracy of the changes.
- Do not carry over hours of work from one day to the next, or from one week to the next. Your timesheet should reflect the exact hours worked for each day indicated.

Because of the strict requirements we must uphold, altering, falsifying, tampering with time records, recording time or clocking in on another employee's time record are serious issues and will result in corrective action, up to and including termination of employment.

4. Overtime

When operating requirements or other needs cannot be met during regular working hours, employees may be asked to work overtime assignments. All overtime work must receive the supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. Time off on sick leave, vacation leave, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Employees who work overtime without receiving prior authorization from their supervisor may be subject to disciplinary action, up to and including termination of employment.

5. Timecard Submission

A Greenstaff Medical work week begins at 12:01 a.m. on Sunday and ends at midnight on Saturday. To receive a paycheck for all hours worked, employees must submit a timecard to Greenstaff Medical (email is as follows: Timecards.US@greenstaffmedical.com) no later than the following Monday by 8:00 a.m. CST. The client must then approve and sign the employee timecard before Greenstaff Medical will process payroll for those hours worked. **If a timecard is submitted late, the employee must notify their Recruiter immediately. Failure to submit timecards by the designated time will result in delayed payroll payments.**

6. Paydays

ADP is the Payroll Processing System used by Greenstaff Medical. All employees are paid weekly on Friday ("Company Payday"). Each paycheck will include earnings for hours worked for the previous payroll period (Sunday through Saturday) as per Greenstaff Medical's Payroll period; the pay period may differ based on a specific Client's payroll period. If the Company Payday falls on a holiday, employees will be paid on the preceding non-holiday workday.

Employees will have their paycheck directly deposited into their bank accounts. This information is provided through a written authorization submitted to Greenstaff Medical. Employees can access ADP's website portal to receive an itemized statement of wages on an as needed basis.

7. Pay Deductions and Garnishments

The law requires that Greenstaff Medical make certain deductions from every employee's compensation. Among these are applicable federal, state, and local income taxes. Greenstaff Medical also must deduct Social Security taxes on each employee's earnings up to a specified limit that is called the Social Security "wage base." Greenstaff Medical matches the amount of Social Security taxes paid by each employee.

Greenstaff Medical may offer programs and benefits beyond those required by law. Eligible employees may voluntarily authorize deductions from their paychecks to cover the costs of participation in those offered programs.

Pay setoffs are pay deductions taken by Greenstaff Medical, usually to help pay off a debt or obligation to Greenstaff Medical or others. Greenstaff Medical will adhere to legally imposed wage assignments or garnishments; we will not modify the terms of those legal arrangements unless ordered to do so by a court. The Company may deduct the administrative costs of complying with wage assignments or garnishments, up to the amount allowed by applicable state and federal laws.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, the Management staff can assist in having your questions answered.

8. Administrative Pay Corrections

Greenstaff Medical takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday. In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of their supervisor so that corrections can be made as quickly as possible.

9. Wage Deductions

Greenstaff Medical prohibits improper wage deduction pursuant to the Fair Labor Standards Act ("FLSA"). If an employee believes his or her wages have been subject to an improper deduction, the employee must report it immediately to his/her supervisor and the Management staff.

After conducting a prompt investigation into the complaint, Greenstaff Medical will inform the employee of the resolution. If an improper deduction has been made, Greenstaff Medical will correct the error by reimbursing the employee promptly for the improper deduction. Greenstaff Medical is committed to the fair payment of wages to all employees consistent with the requirements promulgated by the FLSA. In the event of an improper deduction, Greenstaff Medical will, in addition to reimbursing the employee, review whether counseling and/or discipline of the supervisor/staff responsible for the improper deduction is warranted to ensure future compliance with FLSA regulations.

10. Corrections in Pay

If you experience an error in your pay, promptly notify your Recruiter. In most cases, the correction will occur on the next regularly scheduled paycheck. However, if the error causes undue hardship on you, we will make every attempt to make sure the correction is made before your next paycheck.

Failure to report an overpayment of wages may result in disciplinary action up to and including termination and possible legal action to recover overpayments. It is the responsibility of the employee to notify the Company of any change in name, address, telephone number, dependent information, payroll deductions, and emergency contacts in a timely fashion.

III. EMPLOYEE BENEFITS

1. Employee Benefits

Eligible employees at Greenstaff Medical are provided a wide range of benefits. A number of the programs (such as Social Security, workers' compensation, state disability, and unemployment insurance) cover all employees in the manner prescribed by law. Benefits eligibility is dependent upon a variety of factors, including employee classification. Our HR Benefits Specialist and/or your Recruiter can identify the programs for which you are eligible.

2. Health Insurance

Greenstaff Medical offers group health insurance plan benefits for employees and their dependents. Regular full-time employees are eligible to participate in the health insurance plan subject to all terms and conditions of the agreement between Greenstaff Medical and the insurance carrier Blue Cross Blue Shield of Texas. Please see the HR Benefits Specialist for additional details.

A change in employment classification that would result in loss of eligibility to participate in the health insurance plan may qualify an employee for benefits continuation under the federal Consolidated Omnibus Budget Reconciliation Act ("COBRA"). Refer to the Benefits Continuation (COBRA) Policy for more information.

Details of the health insurance plan are described in the Summary Plan Description ("SPD"). An SPD and information on cost of coverage will be provided in advance of enrollment to eligible employees. Contact the Management staff for more information about health insurance benefits.

3. Benefits Continuation

COBRA gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under Greenstaff Medical's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Greenstaff Medical provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under Greenstaff Medical's health insurance plan. The notice contains important information about the employee's rights and obligations.

4. Workers' Compensation Insurance

As required by law, Greenstaff Medical provides workers' compensation benefits for the protection of employees with work-related injuries or illnesses. Workers' compensation insurance provides coverage to employees who receive job related injuries or illnesses. If an employee is injured or becomes ill as a result of his/her job, it is the employee's responsibility to immediately notify a supervisor of their injury in order to receive benefits. Report every illness or injury to a supervisor, regardless of how minor it appears. Greenstaff Medical will advise the employee of the procedure for submitting a workers' compensation claim. Failure to report a work-related illness or injury promptly could result in denial of benefits. An employee's report should contain as many details as possible, including the date, time, description of the illness or injury, and the names of any witnesses. A separate insurance company administers the workers' compensation insurance. Representatives of the insurance company may contact injured employees regarding their benefits under the plan. Additional information regarding workers' compensation is available upon request to the HR Benefits Specialist.

Greenstaff Medical will report any concerns of false or fraudulent claims to the workers' compensation carrier for investigation. Any person who makes or causes to be made any material statements or representation, known to be false or fraudulent, for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a crime and subject to criminal and civil penalties.

5. Holiday Pay

Holiday pay varies for each client facility. For further information on holiday pay, consult with Greenstaff Medical Staffing, LLC payroll and management directly

6. Lunch Break Policy

Greenstaff Medical Staffing, LLC Employee agrees to clock in and out for a minimum of thirty (30) minutes and up to a maximum of one (1) hour for meal periods, unless otherwise specified by facility policy. If the facility requests Greenstaff Medical Staffing, LLC employee to work their lunch period due to patient care and safety, Greenstaff Medical Staffing, LLC Employee agrees to obtain a supervisor signature from a Client Manager for each applicable shift and to have the supervisor sign off their approval on the sign-in sheet in the nursing office.

7. Orientation

Hospital orientation information or requirements will be provided to Greenstaff Medical Staffing, LLC Employee prior to assignment start by a representative of the client facility.

8. Clinical Supervision

The President or Clinical Liaison provides clinical staff supervision for Greenstaff Medical Staffing, LLC's healthcare professionals. The President or Clinical Liaison has an understanding of the scope of services provided by the disciplines supervised. The President or Clinical Liaison utilizes the appropriate practice acts, the professional licensing and certification boards and professional associations as clinical resources, as needed. It is the President or Clinical Liaison's responsibility to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.

9. Floating Policy

Greenstaff Medical Staffing, LLC employees may only be placed in assignments that match the job description for which Greenstaff Medical Staffing, LLC assigns them. If an employee is asked to float to another department with the customer, the department must be a like department or unit and the float employee must have demonstrated previous competency and have the appropriate certifications, credentials for that department/unit. Employees should only be floated to areas of comparable clinical diagnoses and acuities.

The following procedures should be followed for healthcare professionals and nurses who are assigned to an area in which they do not feel competent:

- The healthcare provider will immediately notify Greenstaff Medical Staffing, LLC,
- The Greenstaff Medical Staffing, LLC employee is obligated to inform the hospital of his/her professional limitations based upon the Nurse Practice Act standards and upon Greenstaff Medical Staffing, LLC client contract specifications as they relate to the assignment.
- The President or Clinical Liaison at Greenstaff Medical Staffing, LLC will work within the bounds of each discipline's Professional Association or State Governing Body and the client agreement to resolve the issue.
- Greenstaff Medical Staffing, LLC will pay healthcare professional for hours worked up until the end of his/her shift.
- Greenstaff Medical Staffing, LLC will pay nurse for hours worked up until the end of his/her shift.

IV. TIME OFF AND LEAVE OF ABSENCE

1. Holiday and Paid Time Off

Employee schedules are dictated by client assignment. Such assignment will provide employees with details regarding any potential holiday pay

2. Family and Medical Leave Act (“FMLA”)

Greenstaff Medical is covered under the federal Family and Medical Leave Act and complies with all FMLA requirements.

Eligibility

To be eligible for FMLA leave, employees must have worked at Greenstaff Medical for 12 months and have worked at least 1,250 hours in the 12 months prior to taking FMLA leave.

Reasons for FMLA Leave

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- 1) For incapacity due to pregnancy, prenatal medical care, or childbirth.
- 2) To care for the employee’s child, stepchild, foster child or a child in which the employee is standing in “loco parentis” (Where the employee has day to day responsibilities for the care and the financial responsibility of the child);
- 3) To care for the employee’s child after birth, or placement for adoption or foster care.
- 4) To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition.
- 5) For a serious health condition that makes the employee unable to perform the employee’s job; or
- 6) Military Caregiver Leave - FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Military Family Leave Entitlements (Qualifying exigencies) - Eligible employees with a spouse, son, daughter, or parent on active duty or call to active-duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Eligible employees can take up to seven (7) calendar days of FMLA leave for short-notice deployments beginning on the date service members are notified of an impending call or order to active duty; short-notice deployment leave can be used to address issues that arise from service members' call or order to active duty seven calendar days or less prior to the date of deployment. Employees also can take up to five (5) days of FMLA leave for rest and recuperation; rest and recuperation leave can be used to spend time with service members on short-term, temporary rest and recuperation leave during a period of deployment.

Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The Company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the Company will compute the amount

of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. A single 12-month period of leave to care for a service member with a serious illness or injury begins on the first day employees take leave to care for the service member and ends 12 months after that date. If employees do not take the full 26 workweeks of leave during a single 12-month period, they forfeit the remaining amount of leave. Greenstaff Medical provides leave on a per service member, per injury basis.

Requesting FMLA Leave

Greenstaff Medical determines if employees' need for leave qualifies as FMLA leave based only on information received from employees or their spokesperson, such as their spouse or healthcare provider. Employees who request FMLA leave must give 30 days' advance notice to their supervisors. If employees fail to provide such notice, they can be required to explain to their supervisors why such notice was not provided.

Certification for FMLA Leave

1) Health Condition

If FMLA leave is taken because of employees' or their family members' serious health condition, Greenstaff Medical will require certification for the serious health condition from a healthcare provider. Employees must respond to such requests within 15 calendar days of the request or provide a reasonable explanation for the delay.

Greenstaff Medical can require employees to obtain a second medical certification from a health care provider that is selected and paid for by Greenstaff Medical. If Greenstaff Medical receives a medical opinion from the second health care provider that is different from employees' health care provider, Greenstaff Medical can require employees to obtain a third medical certification from a third health care provider. Greenstaff Medical and employee will discuss and agree upon the selection of the third health care provider, and Greenstaff Medical will pay for the third health care provider. The third health care provider's medical opinion is considered to be the final medical opinion.

2) Active-Duty Leave

Employees who request leave due to a spouse, child, or parent who is a service member of the Armed Forces' Reserve components or National Guard or retired service member of the Armed Forces or Reserves and is on active duty or called to active-duty status in support of a contingency operation must provide Greenstaff Medical with a copy of service members' active military orders and other certification.

3) Leave to Care for Service member With a Serious Illness or Injury

Employees who request leave to care for a military service member with a serious illness or injury incurred while serving on active duty in the Armed Forces must obtain certification completed by authorized health care providers. Health care providers from the federal Department of Veterans Affairs, federal Department of Defense, and DOD TRICARE network and non-network private health care providers are authorized to complete certification for such leave.

During FMLA Leave

During FMLA leave, employees must keep their supervisors informed of the estimated duration of leave and their intended date to return from leave. If employees need to take FMLA leave than originally anticipated while on leave, they must notify Greenstaff Medical within two (2) business days.

Scheduling FMLA Leave

FMLA leave can be taken all at once or, under certain circumstances, on an intermittent or reduced leave schedule. Intermittent leave is leave taken in separate blocks of time for a single FMLA-qualifying reason. An FMLA reduced leave schedule is a work schedule that reduces employees' usual number of working hours per workday or workweek. Employees will be informed whether they can take intermittent leave or a reduced leave schedule when they apply for FMLA leave. When it is

physically impossible for employees using intermittent leave or working on a reduced schedule leave to begin or end their work midway through a shift, the entire time that employees are absent will be designated as FMLA leave.

Employees who request intermittent leave or a reduced leave schedule must arrange medical treatments and appointments to minimize work disruptions. Greenstaff Medical can transfersuch employees temporarily to positions that permit them to take intermittent leaves or reduced leave schedules with limited work interruptions.

Pay and Benefits During FMLA Leave

FMLA leave is unpaid. Greenstaff Medical requires employees to substitute all accrued PaidTime Off (“PTO”) hours for FMLA unpaid leave. FMLA leave taken after employees’ accrued PTO hours are exhausted is unpaid. Holidays that occur during FMLA leave will not be paid. Employees will not accrue vacation, sick, and personal time during FMLA leave. All leave will run concurrently with FMLA including workers’ compensation, short-term disability and long- term disability.

Greenstaff Medical maintains group health plan benefits for employees on FMLA leave. Employees may be required to pay premium copayments while they are on FMLA leave and are notified how to make the payments for their share of their group health plan premiums during leave. Employees can be required to reimburse Greenstaff Medical for any group health insurance premiums paid during leave if employees do not return to work from leave. If employees are on unpaid FMLA leave and desire to continue life insurance, disability insurance, or other types of benefits that are employee paid, they must contact the Management staff to discuss payment options.

Return From FMLA Leave

Employees who return from FMLA leave will be reinstated to their former positions or to positions with equivalent pay, benefits, and other employment terms and conditions. If employees are no longer qualified for their former positions because of their inability to attend certain work-related functions or classes as a result of leave, Greenstaff Medical will provide them with a reasonable opportunity to fulfill those conditions upon returning to work. Certain “key” employees, who are among the highest paid employees at Greenstaff Medical, might not be reinstated to any position. “Key” employees will be notified of their status in writing when they apply for FMLA leave and will receive notice at that time of the potential consequences with respect to reinstatement and maintenance of health benefits if they are not reinstated.

V. EMPLOYMENT POLICIES

1. Job Assignments

Employees of Greenstaff Medical have the right to turn down any assignment offers. Once an assignment has been accepted, Greenstaff Medical counts on its employees to meet this commitment. Failure to complete a job assignment as agreed upon will be considered a voluntary resignation and may result in ineligibility for future job referrals.

2. When to Contact Greenstaff Medical re: Assignment

Employees should call Greenstaff Medical regarding a question or problem concerning job assignment or employment. Greenstaff Medical’s job is to address the employees’ problems or concerns. The employee must not contact a Client Supervisor directly with the following concerns, unless instructed to do so by a Greenstaff Medical Management staff:

- a. In the event that the employee is ill or unable to arrive at an assignment on time, then a Greenstaff Medical Management staff and the client must be contacted by telephone at least two (2) hours prior to the start of the shift. For attendance calls made before or after business hours, Greenstaff Medical’s voicemail service is available to leave a detailed message. Reliable and punctual attendance is an essential function of any position with any client.
- b. If the employee is absent for two or more days without contacting Greenstaff Medical’s and the client as directed above, then the employee will be considered to have abandoned and voluntarily resigned from the assignment.
- c. If a client requests that the employee stay beyond the scheduled work time and the employee is unable to do so,

then a Greenstaff Medical Management staff must be notified to arrange a replacement with the client.

- d. If the employee submits a late timecard, then a Greenstaff Medical Management staff must be notified immediately.
- e. If a client asks the employee to continue working beyond the original commitment, then a Greenstaff Medical Management staff must be notified.
- f. If the employee is asked to drive a personal vehicle or a client's vehicle on client business, then the employee must notify Greenstaff Medical immediately. Employees are not to proceed with such tasks without permission from a Greenstaff Medical Management staff.
- g. If the employee is injured while on the job, then the client and a Greenstaff Medical their Recruiter must be notified immediately.
- h. If the employee is unable to complete an assignment for any reason, then their Greenstaff Medical Recruiter must be notified.
- i. If the assignment is different from the assignment the employee expected or has changed overtime, then the employee should notify their Greenstaff Medical Recruiter.
- j. If the employee wishes to end the employment relationship with Greenstaff Medical, then their Greenstaff Medical Recruiter must be notified.
- k. If the employee is offered or accepts permanent employment with the client, then their Greenstaff Medical Recruiter must be notified.

3. Job Schedule

Employee schedules and assignment details will be provided to them by Greenstaff Medical in the form of an assignment confirmation letter. In the event a client makes any changes to an employee assignment after the employee begins working, the employee should immediately notify a Greenstaff Medical Management staff prior to agreeing to accept any changes.

The success of our business is heavily reliant upon our ability to deploy people and resources, as needed, to meet the needs of those we serve. Regular, reliable attendance is an essential function of every job at Greenstaff Medical and we appreciate your commitment to helping us achieve consistent and reliable service.

We do understand, however, that from time to time, it may be necessary for you to be absent from work. Greenstaff Medical is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside your work hours may arise. However, any unexcused absence of two or more consecutive days is grounds for immediate dismissal.

In the event that the employee is ill or unable to arrive at an assignment on time, then a Greenstaff Medical Management staff and the client supervisor must be contacted by telephone at least two (2) hours prior to the start of the shift. If you are unable to contact your supervisor, notify another supervisor or member of management at your assigned location. If you must leave a message, be sure to leave a phone number where you can be reached. Text messages or emails are not considered sufficient notification. Employees must make verbal contact with the appropriate personnel. For attendance calls made before or after business hours, Greenstaff Medical's voicemail service is available to leave a detailed message. Reliable and punctual attendance is an essential function of any position with any client.

If you know in advance that you will need to be absent, submit the request to your manager. Your manager will work with you to determine the best time for you to be absent from work, given your time off needs.

If you are absent because of illness for three or more consecutive days, your manager may request that you submit written documentation from your doctor validating your illness. If you are absent, you will be responsible for any charges made by your doctor for this documentation.

When you don't report to work or notify your manager of your absence, it creates a business hardship. Failure to notify your manager of an unplanned absence for two consecutive days will be considered a voluntary resignation.

4. Authorization to Work

All new employees, as a condition of employment with Greenstaff Medical, must complete the Employment Eligibility Verification Form (I-9) and present proper documentation establishing identity and employment eligibility. If you have not produced the proper documentation within three days of hire date you WILL NOT be scheduled or allowed to work until the proper documentation is completed. If proper documentation is not provided within 21 days of your date of hire, your employment may be terminated.

5. Social Media and Social Networking

At Greenstaff Medical USA, we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends, and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media. This policy applies to all employees who work for Greenstaff Medical USA or one of its subsidiary companies in the United States. Supervisors should contact their management staff for additional guidance in administering this policy.

6. Guidelines

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether not associated or affiliated with Greenstaff Medical USA as well as any other form of electronic communication. The same principles and guidelines found in Greenstaff Medical USA policies and three basic beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects members, customers, suppliers, people who work on behalf of Greenstaff Medical USA or the Company's legitimate business interests may result in disciplinary action up to and including termination.

Know and follow the rules

Carefully read these guidelines, the Greenstaff Medical USA's Computer, Email and Internet Policy and the Discrimination & Harassment Policy, and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Be respectful

Always be fair and courteous to fellow employees, customers, members, suppliers, or people who work on behalf of Greenstaff Medical USA. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers or by utilizing our Open-Door Policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, members, employees or suppliers, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment based on race, sex, disability, religion or any other status protected by law or company policy.

Be honest and accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about Greenstaff Medical USA, clients, fellow employees, members, suppliers, and people working on behalf of Greenstaff Medical USA competitors.

Post only appropriate and respectful content

Maintain the confidentiality of Greenstaff Medical USA trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures, other internal business-related confidential communications.

Respect financial disclosure laws. It is illegal to communicate or give a “tip” on inside information to others so that they may buy or sell stocks or securities. Such online conduct may also violate Insider Trading Policies.

Do not create a link from your blog, website, or other social networking site to a Greenstaff Medical USA website without identifying yourself as a Greenstaff Medical USA employee.

Express only your personal opinions. Never represent yourself as a spokesperson for Greenstaff Medical USA. If Greenstaff Medical USA is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of Greenstaff Medical USA, fellow employees, members, customers, suppliers, or people working on behalf of Greenstaff Medical USA. If you do publish a blog or post online related to the work, you do, or subjects associated with Greenstaff Medical USA make it clear that you are not speaking on behalf of Greenstaff Medical USA. It is best to include a disclaimer such as “The postings on this site are my own and do not necessarily reflect the views of Greenstaff Medical USA.”

Using social media at work

Refrain from using social media while on work time or on equipment we provide unless it is work-related as authorized by your supervisor or consistent with the Company Equipment and Internet Policy. Do not use Greenstaff Medical USA email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is prohibited

Greenstaff Medical USA prohibits taking negative action against any employee for reporting in good faith a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Nothing contained in this policy shall be interpreted or applied in a way that interferes with the legal rights of employees to engage in protected activities and engage in Section 7 rights as defined by the NLRB.

For more information

If you have questions or need further guidance, please contact your Recruiter or the Management staff.

7. Conduct

At Greenstaff Medical USA we strive to uphold our reputation of integrity by conducting our business with the highest ethical and legal standards. With that in mind, we endeavor to hire the best people to help us achieve that goal and have confidence that those we employ will uphold these standards.

To support our people and to ensure that we have clearly set appropriate expectations, we have established the following guidelines regarding professional and personal conduct.

It is not possible to list all the forms of behavior that hinder our ability to be a productive workplace. However, we've provided some examples of conduct that may result in corrective action, up to and including termination.

Professional Conduct

There are certain types of business-related conduct that could adversely impact the Company and are deemed unacceptable for those reasons. Examples include but are not limited to:

- The disclosure or sale of proprietary and confidential information.
- Use of the Company funds or assets for any unlawful purpose.
- “Moonlighting” or holding a secondary job apart from the Company that affects a person’s ability to productively contribute to the Company.
- Conflicts of interest. Potential conflicts of interest can occur when an employee:
 - Has significant financial interest with a business organization that deals with the Company or any of its affiliates.
 - Directly or indirectly impacts the Company’s decisions to enter a business transaction with a Relative or associate.
 - Uses any Company asset for personal gain.
 - Uses a Company affiliation to secure special consideration in personal affairs.
 - Accepts gifts, gratuities, payments, or other favors from clients, vendors, suppliers, or other persons doing business with the Company, by employees and/or their family members may give the appearance of influence regarding business decisions, transactions, or services.

Personal Conduct

There are certain types of personal conduct that could adversely impact the Company or endanger the safety of other employees and is deemed unacceptable for those reasons. Examples include but are not limited to:

- Falsification of Company records.
- Possession, distribution or use of alcoholic beverages or controlled substances on the job or reporting for work under the influence of either. This may include use of drugs or alcoholic beverages during off work hours that affect the employee’s efficiency and/or safety on the job or may adversely affect the perception of the Company and/or the relationships with Company affiliates including vendors, program partners or recipients.
- Employees arriving at work (including the premises of vendors, partners or clients/customers) smelling of alcohol or “hung-over.”
- Removing or borrowing Company property without prior authorization and unauthorized use of Company equipment, time, materials and/or facilities.
- Acts resulting in injury, fighting, or horseplay on Company premises.
- Immoral conduct that may affect Company goodwill.
- Insubordination, including but not limited to failure or refusal to obey the directions or instructions of a supervisor or member of management, or the use of abusive or threatening language toward a supervisor or member of management.
- Gambling of any kind on the premises.
- Engaging in criminal conduct whether or not related to job performance.
- Damage to Company property due to negligence.
- Removal and/or damage to property belonging to others.
- Sleeping or deliberately loafing during working hours.
- Using abusive language at any time on the Company premises.
- Excessive absenteeism or any absence without notice.
- Unauthorized absence from work during the workday.
- Unauthorized use of telephones, mail system, computers, or other employer owned equipment.
- Unauthorized disclosure of business “secrets” or confidential information.
- Unsatisfactory work performance.
- Committing a fraudulent act or a breach of trust under any circumstances.
- Failure to report work related injuries and illnesses, regardless of their extent or nature, unsafe working conditions, and the need for maintenance of equipment.

- Violation of any safety, health, security, or Company policy.
- Failure to observe required work schedules as defined by position, including breaks and lunch periods.
- Failure to provide a physician's certificate when requested or required to do so.
- Inability to work in harmony with coworkers.
- Harassment of any nature, frequency, or severity.
- Any other reason which may be deemed by the Company to make disciplinary action and or termination necessary.

8. Confidentiality/Non-Disclosure

The protection of confidential business information and trade secrets is vital to the interests and the success of Greenstaff Medical USA. In the course of work, you may have access to confidential information regarding Greenstaff Medical USA, its suppliers, its customers, or coworkers. Everyone is responsible for safeguarding confidential information obtained in connection with their employment.

For all employees' protection, no one may attempt to obtain confidential information for which you have not received access authorization. Anyone who improperly uses or discloses trade secrets or confidential business information is subject to corrective action, up to and including termination and legal action, even if there is no benefit from the disclosed information.

9. Health Insurance Portability and accountability Act (HIPAA)

It is the intent of Greenstaff Medical USA Center to safeguard and protect the privacy and security of its clients', applicants', and employees' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

"Protected health information" includes individually identifiable information, maintained, or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered "individually identifiable" if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, social security number, dates of service, telephone number, email address, or vehicle identification number).

It is the policy of Greenstaff Medical USA to protect the confidentiality, integrity, and availability of protected health information entrusted to the Company by its clients, applicants, and employees by taking reasonable measures to prevent unauthorized access, alteration, deletion, or transmission and to maintain physical security of those assets. Employees and managers are prohibited from making any unauthorized transmission, alteration, deletion, or access of protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in the Company's computer system to an unauthorized location.

These privacy and security obligations apply regardless of the manner in which the employee or manager acquires the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to the individual or intended for his/her access.

The unauthorized access, use, disclosure, alteration, deletion, or transmission of protected information in violation of this policy may subject an employee to disciplinary action, up to and including termination of employment.

10. Drug, Alcohol and Tobacco Use

Greenstaff Medical USA is committed to providing a work environment that is productive and safe for all employees. The following statements and policies reflect how serious Greenstaff Medical USA is about maintaining a "Drug Free Workplace."

We sincerely believe that the people we hire will make responsible decisions around this issue. However, to ensure you and all employees are safe from the influence of drugs and alcohol in the workplace, the following policy establishes the standards of conduct, which are not all-inclusive, and which apply to all employees of Greenstaff Medical USA and the Company affiliates:

Prescription Drugs

The proper use of medication prescribed by your physician is not prohibited; however, we do prohibit the misuse of prescribed medication. Employees' drug use may affect their job performance, such as by causing dizziness or drowsiness. It is the employee's responsibility to determine from his/her physician whether a prescribed drug may impair safe job performance and to notify a supervisor of any job restrictions that should be observed as a result.

Tobacco in the Workplace

Smoking (including e-cigarettes) is prohibited in all areas of the building, parking lot and the Company vehicles except in specifically designated areas. Employees found removing "no smoking" signs or smoking in prohibited areas will be subject to discipline, up to and including discharge from employment.

"For Cause" Testing

The Company will require employees to submit to a drug test for cause:

- If a reasonable suspicion exists that an employee is under the influence of alcohol or any illegal drug, intoxicant, or is otherwise in violation of this policy.
- If an employee is found in possession of alcohol or any illegal drug, intoxicant, or controlled substance in violation of Company policy, or when any of those items are found in area controlled or used by the employee, such as a desk or locker.
- If an employee has tested positive for alcohol or illegal drug use on previous drug tests while in the Company's employ; or
- If a Company employee is involved in an accident on Company time which results in either personal injury or property damage.

Employees have the right to refuse testing. However, in our effort to provide a safe and productive work environment for all, anyone refusing to be tested will be subject to corrective action, up to and including termination.

Consent

No test will be administered, sample collected, or drug test conducted on any sample without the written consent of the person being tested. However, a person's refusal to submit to a proper test will be viewed as insubordination and will subject the person to disciplinary action, up to and including termination. A refusal to test includes any behavior designed to obstruct the testing process, including efforts to substitute, adulterate, or dilute specimens, as well as any failure to appear for testing within a reasonable time and failure to cooperate with collection staff.

The Company will pay the costs of all drug and/or alcohol tests it requires of employees and applicants.

Collection, Chain-of-Custody, Testing Methods

All drug tests will be performed by a certified laboratory. Breath and/or saliva tests may be used to detect the presence of alcohol. Alcohol tests will typically be conducted and, if positive, confirmed immediately at the collection site. Tests will seek only information about the presence of drugs and alcohol in an individual's specimen and will not test for any medical condition.

Notification

Any individual who tests positive for drugs will be contacted by a Medical Review Officer (“MRO”) (a health care professional with an expertise in toxicology) before the result is reported and given an opportunity to provide any legitimate reasons, he or she may have that would explain the positive drug test. If the individual provides an explanation acceptable to the MRO that the positive drug-test result is due to factors other than the consumption of illegal drugs, the MRO will order the positive test result to be disregarded and will report the test as negative to the Company. Otherwise, the MRO will verify the test as positive and report the result.

Individuals also will be provided on request with a copy of their own positive or non- negative test results. An individual who tests positive for drugs may request, within three days of being notified of the positive result, that his or her sample be sent to an independent, certified laboratory for a second confirmatory test, at his or her own expense, although we may suspend, transfer, or take other appropriate action pending the results of any such re- test.

Confidentiality

All records relating to positive test results, drug and alcohol treatment, and employee medical information shall be kept confidential, and disseminated to and within the Company only on a need-to-know basis. Such records will be kept in secure files separate from personnel files. Test results will not be released outside the Company without the written consent of the tested individual, or as otherwise may be required by law or legal process.

A positive test result is cause for corrective action, up to and including termination.

11. Gift Acceptance Policy

Non-Director level Employees of Greenstaff Medical USA and their immediate family members are prohibited from giving or accepting gifts or favors from clients, contractors, vendors, suppliers, or other companies or individuals either currently providing goods or services purchased by Greenstaff Medical USA or seeking to provide such goods or services. This policy restricts non- directorial level employees and their immediate family members from accepting any gifts/favors, including but not limited to meals, other foods and beverages, gift certificates, trips, employment, products, or equipment in excess of \$100.00.

If you receive a gift more than \$100.00, inform the sender of our policy on accepting gifts and return the gift to the sender immediately. Notify your manager of the gift and provide your manager with the information confirming that the gift has been returned.

12. Harassment

The Company is committed to providing a professional, businesslike work environment that is free from physical, psychological or verbal harassment and that ensures that all people are treated with respect and dignity.

Harassment is defined as conduct that substantially interferes with a person’s work performance or creates an intimidating, hostile or offensive work environment. This includes but is not limited to harassing, threatening or offensive conduct directed towards a person’s gender, race, age, marital status, disability, religion, national origin, veteran or current military status, and sexual orientation.

What is harassment?

Harassment encompasses a broad range of physical or verbal behavior that may include, but is not limited to, the following:

- Verbal conduct such as threats, epithets, derogatory jokes, comments or sounds, slurs or unwanted advances and

invitations.

- Visual conduct such as derogatory and/or sexually oriented posters, objects, photography, computer screen savers or wallpaper, drawings or gestures, displayed in the work environment or sent via e-mail, including cyber bullying.
- Physical conduct such as inappropriate gestures and looks, assaults, unwanted touching, blocking normal movement or interfering with work.
- Practical jokes, horseplay or teasing that makes fun of or is offensive.
- Retaliation for having reported or threatened to report harassment.

Sexual Harassment can differ from other types of harassment. Unwelcome advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- Submission to the conduct is made either an explicit or implicit condition of employment.
- Submission to or rejection of the conduct is used as a basis for employment-based decisions, salary, or other benefit changes affecting the harassed person.
- The harassment substantially interferes with an employee's work performance or creates an intimidating, difficult, hostile or offensive work environment.
- The nature of the harassment is verbal abuse of a sexual nature, graphic or verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes or invitations.

Greenstaff Medical USA's harassment policy prohibits any behavior that could be perceived as harassment by all persons involved in the operation of Company business including any employee, manager, vendor, or other individual affiliated with the Company in any way. We consider a violation of this policy to be very serious. The Company will take swift and appropriate action against offenders, up to and including termination or ending the business relationship.

What should employee do?

We have confidence that the Company's employees, vendors, and clients will act responsibly and that everyone will take responsibility for their own behavior. However, if you feel you have been the subject of harassment:

- Politely but firmly confront whoever is demonstrating the harassing behavior. State how you feel about their actions and request that they cease the behavior against or towards you immediately. If you do not feel comfortable approaching the alleged harasser, go to the next step.
- You must immediately report the matter to your manager. If your manager is involved in the behavior, report the behavior directly to any other manager or officer of the Company verbally and in writing, be sure to state specific details of the harassing behavior. Include specific dates, times, places and witnesses, if any.
- In all cases, if you believe inadequate action is being taken once you make the appropriate person aware of the harassing behavior, please contact someone else, i.e., another manager, until you receive appropriate attention to the matter.

What happens when the employee reports a harassment issue?

All issues will be investigated immediately, with no exceptions. Your identity as well as the identity of the individual who has exhibited the harassing behavior will be kept as confidential as possible. However, to conduct a thorough investigation for resolving the issue it is sometimes necessary to reveal the source of the issue. In this case, we will endeavor to notify you first.

Will the employee be retaliated against?

The Company is opposed to retaliation against a person who has raised a harassment issue. If this occurs, please report the conduct immediately. Any retaliatory behavior may result in corrective action, up to and including termination for individuals exhibiting such behavior.

What happens after the investigation?

Once the incident has been thoroughly investigated, Greenstaff Medical USA will take preventive and/or corrective action where appropriate. Any person exhibiting harassing behavior will be subject to immediate corrective action, up to and including termination. Offenses by vendors, clients, or customers will be handled through the offender's company, as appropriate.

Additionally, it is important to keep in mind that a charge such as this can cause serious damage to the personal reputation and career of the person accused. In our support for all people, when a thorough investigation determines that the claim is unfounded, we will manage the situation appropriately. This is not to discourage you from raising an issue; we just ask that you carefully consider the situation before making a claim.

What else can the employee do?

Once again, we are committed to supporting the people who drive the success of this Company. In no case do we want you to endure behavior that will hinder you in your success. Don't let it go unreported and have confidence that the issue will be dealt with appropriately.

13. Performance Evaluation

Greenstaff Medical USA relies upon feedback and evaluations provided by clients regarding an employee's performance on assignment. At the discretion of Greenback Medical USA, any written evaluation or feedback provided by a client may be shared with the employee and maintained in the employee's personnel file.

14. Personal Appearance

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image Greenstaff Medical USA presents to clients and visitors.

During business hours or when representing Greenstaff Medical USA, you are expected to present a clean, neat, and tasteful appearance. You should dress and groom yourself according to the requirements of your position and accepted social standards. This is particularly true if your job involves dealing with clients or visitors in person.

Your supervisor or department head is responsible for establishing a reasonable dress code appropriate to the job you perform. If your supervisor feels your personal appearance is inappropriate, you may be asked to leave the workplace until you are properly dressed or groomed. Under such circumstance, you will not be compensated for the time away from work. Consult your supervisor if you have questions as to what constitutes appropriate appearance. Where necessary, reasonable accommodation may be made to a person with a disability or religious beliefs.

Without unduly restricting individual tastes, the following personal appearance guidelines should be followed:

Hygiene

- Hair must be clean, simple, and conservatively styled.
- All clothing must be clean and in good condition.
- Scented lotion, cologne, perfume, and toiletries should be worn in moderation.
- Offensive body odor and poor personal hygiene is not professionally acceptable.

Attire

- Must be clean, neat and with no holes, rips or tears.
- Must be suitable, non-see-through material.

- Shall not attract undue attention.
- Shall fit properly and should complement the employee's own appearance.
- Skirts/dresses shall be an appropriate length.
- Appropriate undergarments are required and must not impede the employees' ability to perform their routine work.
- Must be professional and appropriate for the position held.
- Shirts must be buttoned.
- T-shirts/sweatshirts shall not be worn, as well as exercise attire, halter style or cut-out tops and spaghetti straps.

Footwear

- Shoes must provide safe, secure footing, and offer protection against hazards.
- Flip-flop sandals are unacceptable.

Hair

- Hair must be kept clean, neat and well-groomed at all times and not draw undue attention.
- A neatly trimmed moustache and/or beard is acceptable.

15. Preventive Suspension

If you perform any of the actions listed below, or any other action not specified but similarly serious, you may be given a written notice of suspension, without pay, pending the investigation of the situation. Following the investigation, you may be terminated by written notice without any previous corrective action having been taken.

- Theft
- Conflict of interest
- Failure to follow safety practices
- Threat of, or the act of doing bodily harm
- Neglect of duty
- Willful or negligent destruction of property
- Falsification of Company records
- Use and/or possession of intoxicants, drugs or narcotics
- Refusal to perform assigned work or to follow a direct order

As discussed in the "Personnel Files" section of this Handbook, Greenstaff Medical USA maintains certain personnel information, which helps us effectively manage our business. We treat that information with sensitivity and carefully manage those who may or may not have access to that information. All requests for employment references should be directed to the management. Employees and managers are not authorized to release information to satisfy requests for employment references for current, retired, resigned, or terminated employees. Managers only provide information concerning dates of employment, position held and status, i.e., regular full or part-time, etc. If we receive a request, in writing, that has been authorized by you, we will provide the information that is needed in that request i.e., salary information, etc.

For your protection, the Company takes this issue very seriously. Anyone who fails to support this policy is subject to corrective action, up to and including termination.

16. Reporting Violations or Raising a Concern

If an employee reasonably believes that some practice of the Company, another employee of the Company, or another individual or entity with whom the Company has a business relationship is in violation of the law, the employee should file a written complaint with the Management staff of the Company, or a Manager of the Company. For some minor issues, employees should raise concerns with their immediate supervisor. In general, however, the whistleblower policy is expected to be used for potentially more serious and sensitive issues (e.g. fraud, corruption, harassment, collusion, conflict of interest, improper use of Company information, substance abuse, accounting irregularities, discrimination, potential violence etc.).

17. Safety

Your safety and the safety of others are of utmost important to us. Greenstaff Medical USA endeavors to comply with all laws, rules, and regulations concerning safe practices as published by governmental agencies having jurisdiction over such matters. We promote safe working conditions and expect you to be safety-conscious while performing your job. We also ask you to assist us in finding conditions in our office that might cause accidents or present harmful situations for employees. Please immediately report any unsafe conditions to your manager.

Work-Related Injuries and Illnesses

All work-related injuries and illnesses, regardless of their extent or nature, must be immediately reported to your manager. See the “Workers’ Compensation” section of this guide for more information.

Accident While Traveling

If you are involved in an accident while traveling on business, please report the incident immediately to your manager. Vehicles owned, leased, or rented by Greenstaff Medical USA or its clients may not be used for personal use without prior approval.

18. Termination of At-Will Employees

While there is no obligation on the part of Greenstaff Medical USA or you to continue this employment relationship for any guaranteed or specified period of time, it is the Company’s goal to provide a satisfying and rewarding work environment that encourages and rewards long-term employment. However, in the event that it is in the best interest of the Company and you to end our employment relationship, please keep in mind the following regarding your employment:

Voluntary

You may resign your position at any time, with or without notice, and for any reason you deem appropriate. While Greenstaff Medical USA would appreciate at least two (2) weeks written, advance notice, this is a matter of courtesy and is not required however failure to provide at least two (2) weeks’ notice will make you ineligible for rehire.

Likewise, Greenstaff Medical USA may waive any advance notice that is given if it is deemed appropriate and is in the best interest of Greenstaff Medical USA or our employees.

Keep in mind, too, that, if you do not report to work for three (3) consecutively scheduled workdays and do not notify your manager or other appropriate management team member, we will have no choice but to consider you to have voluntarily terminated your relationship with us.

Involuntary

Greenstaff Medical USA’s goal is to avoid involuntary terminations whenever possible. We firmly believe that we hire the “best” and we are committed to providing a work environment that supports productivity and success. We set high goals and

have high expectations of all that we employ, and we know that we can achieve success only if everyone is giving 100% to reach our goals.

Sometimes, for the success of Greenstaff Medical USA and everyone who works with the Greenstaff Medical USA, we need to make tough decisions regarding employment relationships. If it has been determined that individual performance and productivity levels or behaviors are not meeting our expectations and positively contributing to the culture we've worked hard to build, we will take necessary actions, such as terminating the employment relationship, to ensure the stability of our success.

While involuntary termination is an undesirable outcome for Greenstaff Medical USA and the individual, it may be necessary for the well-being of everyone.

Exit Interviews

Before leaving, you may be asked to participate in a voluntary exit interview. This will provide closure to your employment with Greenstaff Medical USA and will allow the Company to ensure it has resolved various administrative matters, answer any questions about continuation of benefits, and listen to any of your comments or ideas about improving the Company's operations.

Departure

All exiting employees will be asked to return all Greenstaff Medical USA property, i.e., computer equipment, keys, cell phones, credit cards, telephone cards, pagers, and any other Company-issued equipment, on or before the final day of employment. You will receive your regular salary until the effective date of your termination and any unused, accrued PTO.

Additionally, all exiting employees will receive information on options for continuing benefits (as required by COBRA), and options for converting life policies.

Final paychecks will be provided according to federal and state laws.

19. Whistleblower Policy

Greenstaff Medical USA encourages its employees to maintain high ethical standards. The Whistleblower Policy is intended to encourage and enable employees to raise serious concerns within the organization rather than overlooking a problem or handling it externally. This whistleblower policy is meant to provide a confidential and effective means for reporting suspected violations of the law. It further serves to protect individuals who report suspected violations from retaliation in any form.

Confidentiality

An individual may report a suspected violation anonymously or on a confidential basis, keeping in mind that in the course of the investigation it may become necessary that the source of the complaint be identified.

Retaliation

The Company will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of the Company that the employee reasonably believes is in violation of a law, or a rule or regulation mandated pursuant to law, or is in violation of a clear mandate or public policy concerning the health, safety, welfare, or protection of the environment.

Good Faith Allegations

An individual is not required to prove the truth of an allegation but is required to act in good faith. Any individual who does not act in good faith in reporting a suspected violation may be subject to disciplinary action.

Open Door Policy

If an employee reasonably believes that some policy, practice or activity of the Company is in violation of the law, or a clear mandate or public policy, the employee should share their questions, concerns, suggestions, or complaints with someone who may be able to address them properly.

VI. WORKPLACE VIOLENCE PREVENTION

For the safety and wellbeing of all employees, Greenstaff Medical USA strives to maintain a workenvironment free from intimidation, threats or violent acts and has a policy on Workplace Violence. This includes, but is not limited to, intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, use of weapons, carrying or possession of weapons of any kind onto Company property without prior approval from the Executive Team, or any other act, which, in our opinion, is inappropriate to the workplace. In all situations where we deem appropriate, we reserve the right to immediately terminate employment and/or contact local enforcement authorities when violations of this policy have been substantiated.

All employees working for the Company have the right to be treated with courtesy and respect. We expect all employees to:

- Refrain from fighting, “horseplay,” or other conduct that may be dangerous to others.
- Without prior approval from the Executive Team, refrain from bringing firearms, weapons, and other dangerous or hazardous devices or substances onto Company premises.
- Refrain from conduct that threatens, intimidates, or coerces another employee, or a member of the public at any time, including off duty periods. This includes all acts of harassment, including harassment that is based on an individual’s sex, race, age, or any characteristic protected by law.
- All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

We look to you to help us keep the Company a safe place to work. If you believe you have been the recipient of, or have witnessed any of the behaviors listed above, immediately report the incident to your manager. Additionally, if you observe or have knowledge of any violation of this policy, immediately report it, as well, to a management team member.

Be assured that all instances will be thoroughly, and confidentially investigated and appropriate, immediate action will be taken. The identity of the individual making a report will be protected as much as possible. Understand, too, that you may contact the proper law enforcement authorities without first informing us of a situation that you believe poses a threat to the safety of you or others.

Anyone determined to be responsible for threats of, or actual, violence or other conduct that is opposed to these guidelines will be subject to corrective action up to and including termination. Through an investigation, the Company may suspend employees with or without pay.

VII. ACCOMODATIONS

1. Disability Accommodations

Reasonable accommodation will be provided to individuals with a known physical or mental disability if such accommodation would not impose an undue hardship on Greenstaff Medical USA, and would enable the individual to apply for, or perform, the essential functions of the position in question.

Any applicant or employee, who requires an accommodation in order to perform the essential functions of the job, including a possible leave of absence, should notify his or her supervisor to request such an accommodation. Greenstaff Medical USA will then identify possible accommodations, if any, that will help to eliminate the limitation or barrier. If the accommodation is reasonable, will not impose an undue hardship, and will not pose a direct threat to the health and/or safety of the individual or others, Greenstaff Medical USA will make the accommodation. The individual is required to fully cooperate with the Company in seeking and evaluating alternatives and accommodations. Greenstaff Medical USA may require medical verification of both the disability and the need for accommodation.

2. Religious Accommodations

Greenstaff Medical USA will attempt to make reasonable accommodations for employee observance of religious holidays and sincerely held religious beliefs, including dress and grooming practices and time off for religious holidays, unless doing so would cause an undue hardship on the Company operations. Employees absent from work due to a religious obligation must use available PTO.

If you desire a religious accommodation, you are required to make the request in writing to your supervisor as far in advance as possible. Employees requesting religious accommodation should notify his or her supervisor and request such an accommodation.

VIII. CODE OF BUSINESS ETHICS

The first element of the Code of Business Ethics is putting the interests of the client facilities and ultimately the patient above our personal and individual interests. It is in the best interest of Greenstaff Medical Staffing, LLC to avoid conflicts of interest between the client hospital, employees, and staff.

Greenstaff Medical Staffing, LLC has developed corporate compliance guidelines to supplement and reinforce our client facilities' existing policies and procedures. It is also meant to assist Greenstaff Medical Staffing, LLC comply with all applicable laws, rules, and regulations.

- All employees are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity
- Preserving Greenstaff Medical Staffing, LLC reputation for integrity and professionalism is an important objective. The manner in which employees carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
- No employee should, at any time take any action on behalf of Greenstaff Medical Staffing, LLC, which is known or should be known to violate any law or regulation.
- Information about healthcare provider's medical condition and history is required during the hiring process. Greenstaff Medical Staffing, LLC recognizes this health information and electronic information must be held securely and in confidence. It is the policy of Greenstaff Medical Staffing, LLC that clinical staffs' specific information is not to be released to anyone outside of Greenstaff Medical Staffing, LLC without a court order, subpoena of applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of Greenstaff Medical Staffing, LLC
- To maintain high standards of performance, Greenstaff Medical Staffing, LLC employs only those individuals it believes are most qualified without regard to race, color, religion, sex, age, national origin, handicap or disability in compliance with all federal and state laws regarding discrimination.
- Greenstaff Medical Staffing, LLC is committed to maintaining a workplace environment in which employees are free from sexual harassment.
- Greenstaff Medical Staffing, LLC will not tolerate violence or threats of violence in the workplace, including but not limited to abusive language, threats, intimidation, inappropriate gestures and/or physical fighting by any employee. These actions are strictly prohibited and may lead to severe disciplinary action up to and including termination.

- Greenstaff Medical Staffing, LLC recognizes that its employees and clinical staff are its most valuable assets and is committed to protecting their safety and welfare. Employees are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.
- Employees that are licensed or certified in any profession shall follow all applicable rules and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- Greenstaff Medical Staffing, LLC prohibits the use or possession of illegal drugs and alcohol abuse on Greenstaff Medical Staffing, LLC property or while engaged in company activity.
- Greenstaff Medical Staffing, LLC is committed to providing initial and ongoing education for all employees regarding their responsibilities to uphold the code of business ethics and this set of Greenstaff Medical Staffing, LLC's Corporate Compliance guidelines.
- Greenstaff Medical Staffing, LLC prohibits field staff to discuss bill rates of hospitals or special rates of Greenstaff Medical Staffing, LLC with other healthcare providers.
- Greenstaff Medical Staffing, LLC prohibits field staff to discuss personal or business affairs of any employee (field or office staff) with any individual not directly involved with the said personal or business affair.
- Greenstaff Medical Staffing, LLC is committed to protecting the privacy, confidentiality, and security of personal (education, employment and health) information of its employees. This policy is designed to assure compliance with applicable state and federal laws and regulations.
- Greenstaff Medical Staffing, LLC is committed to protecting its own and its client's trade secrets, proprietary information and other internal information.
- It is the desire of Greenstaff Medical Staffing, LLC to provide authorized third parties with information whenever requested while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the employee and/or corporate information.
- Employees are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.

Any employee that becomes aware of any ethical issues or unethical practices must immediately report it to their supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, because of their involvement in the situation, you should immediately contact the Greenstaff Medical Staffing, LLC Corporate Office or any other member of management. Any employee can raise concerns and make reports without fear of reprisal or retaliation.

All reports and inquiries are handled confidentially to the greatest extent possible under the circumstances. You may choose to remain anonymous, though in some cases that can make it more difficult to follow up and ensure resolution to the situation.

Greenstaff Medical Staffing, LLC wants every employee to report violations of our ethical or other principles whenever you see them or learn about them. In fact, it is a requirement of your employment. If you do not know whether something is a problem, please ask a member of management.

IX. STANDARDS OF CONDUCT

It is the responsibility of every member of Greenstaff Medical Staffing, LLC's clinical field staff to exercise appropriate judgment and conduct themselves in a manner that reflects the highest standards of professional and personal ethics and behavior.

1. Employee Responsibilities

Greenstaff Medical Staffing, LLC Employee is and shall be duly licensed to practice his/her profession in any State where Greenstaff Medical Staffing, LLC Field Employee is assigned and shall maintain current professional standing at all times. Evidence of such licensing shall be submitted to Greenstaff Medical Staffing, LLC prior to commencing the Assignment. Greenstaff Medical Staffing, LLC Field Employee agrees to give immediate notice to Greenstaff Medical Staffing, LLC in the case of suspension or revocation of his/her license, initiation of any proceeding that could result in suspension or revocation of such licensing, or upon the receipt of any notice or any other matter which may challenge or threaten such licensing.

Greenstaff Medical Staffing, LLC Field Employee agrees to submit to Greenstaff Medical Staffing, LLC, before commencing any Assignment, all requested documentation that is necessary to comply with Joint Commission, Client and Greenstaff Medical Staffing, LLC expectations 10 days prior to Assignment start date in Assignment Detail.

Greenstaff Medical Staffing, LLC Field Employee agrees to and shall observe and comply with the applicable policies, procedures, rules and regulations established by Client.

Greenstaff Medical Staffing, LLC Field Employee agrees to work all scheduled shifts as directed by Client (including weekends and holidays).

Greenstaff Medical Staffing, LLC Field Employee agrees to adhere fully with all quality assurance, peer review, risk management program or other programs that may be established by Client to promote appropriate professional standards of medical care. Greenstaff Medical Staffing, LLC Field Employee agrees to accept both clinical and operational supervision from his/her immediate supervisor.

Greenstaff Medical Staffing, LLC Field Employee agrees that patient records and charts shall at all times remain the property of the Client. Greenstaff Medical Staffing, LLC Field Employee agrees to maintain the confidentiality of all information related to patient records, charges, expenses, quality assurance, risk management or other programs derived from, though, or provided by clients and all information related to this Agreement.

Greenstaff Medical Staffing, LLC Field Employee agrees to immediately provide written notice to Greenstaff Medical Staffing, LLC as to any legal proceeding instituted or threatened, or any claim or demand, made against Greenstaff Medical Staffing, LLC Field Employee or Greenstaff Medical Staffing, LLC with respect to Greenstaff Medical Staffing, LLC Field Employee's rendering of services under this Agreement.

Greenstaff Medical Staffing, LLC Field Employee agrees to notify Client of any unscheduled absence at least two (2) hours prior to beginning a shift and to notify Greenstaff Medical Staffing, LLC within twenty-four (24) hours to report the unscheduled absence.

Any injury or illnesses suffered by Greenstaff Medical Staffing, LLC Field Employee must be reported to a Greenstaff Medical Staffing, LLC representative within 24 hours of the incident. If injury occurs while working, notify your supervisor immediately, and if applicable, seek appropriate medical attention and follow the Client's specific injury procedures.

Employee agrees not to disclose any Greenstaff Medical Staffing, LLC trade secrets or any confidential or proprietary information of Greenstaff Medical Staffing, LLC, Greenstaff Medical Staffing, LLC employees, Clients, or patients of Clients. Greenstaff Medical Staffing, LLC Field Employee further agrees not to compete either as a direct competitor or with a competing company at the Client assignment where Greenstaff Medical Staffing, LLC Field Employee has been placed by Greenstaff Medical Staffing, LLC

2. General Standards

The following set of standards are to inform and guide, all staff assigned to work in hospital units. The guidelines below include but are not limited to the following:

- Patient care providers are to render care in a manner that enhances the personal dignity and rights of each patient. Any form of patient abuse and/or neglect will not be tolerated, and patient care providers are to support Greenstaff Medical Staffing, LLC's policies and procedures in this regard.
- Interactions with all hospital patients, visitors, employees, physicians, vendors, etc., must be conducted in a courteous and professional manner at all times ensuring that Greenstaff Medical Staffing, LLC is always presented in the most favorable light.
- The practice of counseling of the patient regarding personal problems and / or participation of the Greenstaff Medical Staffing, LLC patient care provider in conversations with patients about topics not relevant to the plan of care--is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly and the selection of "favorites" is not acceptable
- Appropriate language is to be used at all times when a Greenstaff Medical Staffing, LLC patient care staff member is at a Greenstaff Medical Staffing, LLC client facility, and in any patient care area private and / or public. Abusive, profane, threatening, demeaning, language resulting in violation of HIPPA regulations or compromising patient confidentiality can result in immediate termination
- Touching patients, except in the direct delivery of care or by a greeting, is prohibited
- Socializing with patients and/or patient's significant others outside of the facility is unacceptable
- Socializing with patient's and/or patients' significant others after discharge from the Hospital is prohibited. Staff are not to

call, date, nor develop personal or social relationships with patients, former patients, or family/significant others of patients, including giving of personal information or residential phone numbers. Staff should discuss with their manager, any matter of concern regarding their contacts with current or former patient/family members of patient's significant others.

- All staff will uphold all rules and regulations related to patient confidentiality in all areas including patient care, public and non-patient care areas. These rules and regulations include but are not limited to the following:
 - Patient care providers are not to divulge to anyone any information or records concerning any patient without proper authorization. Unauthorized release of confidential information may constitute ground for termination and/or civil action.
 - Conversations regarding patients are not to be held in the presence of other patients or any other person not privileged to this communication.
 - Problems of a patient are not to be discussed with another patient.
 - Patients are not to be named or discussed with anyone in or outside of the facility who does not have the legal right to receive information about the patient.
- Personal problems, concerns or personal life information of patient care providers are not to be discussed with any patient, patient group or family/significant others.
- Staff is not to discuss disagreements or criticize other patient care providers or physicians within the earshot of patients/families/significant others. A professional difference of opinion must be discussed in an appropriate private space.
- Behavior in patient areas and at the nurses' station shall be oriented toward patient care. Personal reading and conversations, including personal phone calls, are not to be conducted in these areas.
- Employees must avoid any situation, which involves a possible conflict between their personal interests and those of Greenstaff Medical Staffing, LLC Staff shall not solicit, and are encouraged not to accept gifts or compensation of any kind from any individual or Greenstaff Medical Staffing, LLC outside of Greenstaff Medical Staffing, LLC as a consequence of their position at Greenstaff Medical Staffing, LLC
- Any inappropriate interactions between patients and staff, staff and staff, or staff and others within the hospital will be met with investigation and quick response within the framework of Greenstaff Medical Staffing, LLC policy and procedure.
- Employees who are licensed or certified in any profession shall follow all applicable rules or professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- All Greenstaff Medical Staffing, LLC patient care staff will be expected maintain English proficiency standards and use English exclusively during all paid working hours.
- The client's name badge must be worn at all times while on assignment, above the waist with name and title fully visible.
- While at the hospital, all employees must follow these basic rules:
 - Eating and drinking are only permitted in the cafeteria, designated employee lounges, unit conference rooms and in private offices, when not in use for patient care.
 - Sleeping is not permitted during paid working hours.
 - Personal phone calls on the unit during work time are prohibited, except in emergency situations
 - Assigned duties must be carried out in a timely, efficient manner as directed or delegated.
 - When entering a patient room and/or when greeting a patient, practice the following.
 - Knock before entering
 - Greet the patient by name
 - If it is first contact of the day, introduce yourself by name and title
 - Tell the patient why you are in the room.
 - When exiting a pt room Greenstaff Medical Staffing, LLC patient care staff is expected to:
 - Inform the Patient / Family that you are leaving
 - State time you expect return
 - Ask if there is anything the pt. / family needs before you leave

3. DRESS CODE/FINGERNAIL POLICY

Dress code policy must be followed at all times while on the hospital premises. The Greenstaff Medical Staffing, LLC dress code includes but is not limited to the following:

- Clothing must be clean, neat, and allow for quick, efficient movement as necessary in the performance of job duties, including emergencies. Professional healthcare attire is acceptable.
- Unacceptable attire includes but is not limited to:
 - Bare midriffs

- Low cut, tank, tube, or sleeveless tops
- Transparent, provocative, excessively form fitting or revealing clothing
- Mini skirts
- Sweat (warm-up) shirts or pants
- Clothing with printed messages, caricatures or pictorial representations (e.g., university logos, beverage cans, and cartoon characters) applications that have the potential of falling off (e.g., sequins, glitter) shorts. Note: Exception business attire that is identified by small logo (e.g., Polo insignia).
- Denim jeans (any color).
- Spandex tights or leggings.
- Fishnet stockings.
- Hats (other than nursing caps).

Note: Exceptions to these rules may be made with the written approval of the manager when the job expectations demand different attire.

- Jewelry is to be kept at a minimum and be in keeping with the general safety and infection control practices for the employee and the patient. Long dangling earrings, large or excessive necklaces and/or bracelets and sharp rings are not acceptable.
- Fingernails must be kept short, clean, and natural; no artificial applications are to be worn.
- Hair must be neat and well-groomed.
- Shoes must be clean, in good repair, provide good support and protection and allow for quick and efficient movement as necessary in the performance of job duties, including emergencies. Heels should not be more than two-and-a-half inches high. Open-toed and open-back shoes are not permitted. Socks or stockings must be worn at all times.

4. CUSTOMER SERVICE

It is important for all Greenstaff Medical Staffing, LLC nurses to promote our culture of service excellent while on assignment at a client facility. Every time you interact with a customer and patient, you are representing Greenstaff Medical Staffing, LLC

Behaviors of Exceptional Customer Service

1. Take pride and joy in creating a positive experience
2. Smile and be friendly.
 - a. Make eye contact
 - b. Give a genuine warm greeting, using patient/customer name when possible
 - c. Be positive, talk positively
 - d. Respect patients and co-workers
 - e. Take ownership: you are responsible for safety, cleanliness and confidentiality

Standards of Service Excellence

1. Use L.E.A.P: if you receive a patient complaint, OWN IT!
 - a. L- Listen
 - b. E- Empathize
 - c. A- Ask questions
 - d. P- Produce a solution
2. Customer perceptions are reality: Deliver service the customer wants (not what you think they want)
3. Provide SMART feedback to team members. Everyone wants feedback. Build positive relationships with coworkers by recognizing their strengths, successes, and weaknesses. Be:
 - a. S- Sensitive
 - b. M- Meaningful
 - c. A- Accurate
 - d. R- Reinforcing
 - e. T- Timely

5. TELEPHONE COURTESY

Telephone courtesy guidelines include but are not limited to:

- Answering the phone, preferably by the third ring
- Identify yourself by giving your department and name.
- Identify the caller and what they are requesting
- When leaving the line, before placing the caller on hold, ask the caller if he/she can hold the line and wait for the caller's response
- When returning to the line, thank the caller for waiting
- When you give the call to another person, inform them both that they have a call and who the caller is.
- Try not to leave the caller holding for more than thirty (30) seconds. If you have to handle several calls at the same time or are unable to find the requested information or person quickly, ask if the caller would prefer to wait or to be called back.
- If the person receiving the call is not available, advise the caller of this and offer the options of speaking with someone else or leaving a message
- After taking a message, repeat the message to the caller to confirm that you have taken it down correctly and thank the caller.
- When transferring a call, let the caller know that you are transferring the call and why. Also, identify the extension to which you are transferring in case the caller is inadvertently disconnected.
- Allow your voice to reflect courtesy and a smile. What and how you say what you say makes a difference.
- Employees are to seek guidance from their manager when there are questions, concerns or problems with these rules or any other part of their employment.

Any violations of the Code of Conduct will be investigated and may result in Disciplinary action up to and including termination, per Greenstaff Medical Staffing, LLC Policy and Procedures.

SUBSTANCE ABUSE: DRUGS IN THE WORKPLACE

Greenstaff Medical Staffing, LLC believes that maintaining a workplace that is free from the effects of drug and alcohol abuse is the responsibility of all persons involved in our business, including Greenstaff Medical Staffing, LLC employees and clients.

The use, possession, sale or transfer of illegal drugs or alcohol on company property, in company vehicles, or while engaged in company activity is strictly forbidden. Also, being under the influence of drugs or alcohol, while on company property, in company vehicles, or while engaged in company activities is strictly forbidden. A violation of this policy will result in disciplinary action up to and including termination. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy. In accordance with the Drug-Free Workplace Act of 1989, as a condition of employment, patient care providers must comply with this policy and notify management within five (5) days of conviction for any use of, or distribution of a controlled substance. Failure to do so will result in immediate termination of employment pending the outcome of any legal investigation and conviction.

For the protection of our employees, the public and to insure an environment as free from the influence of illegal drugs as is reasonably and practically possible, the company requires a pre-employment drug screen, annual drug employment screen and reserves the option to conduct a "for cause" drug screen for the presence of illegal drugs under certain conditions. Consent to the testing program will be a condition of further employment of each and every employee. If any director, manager, supervisor or other company officer or client representative has any suspicion that an employee under his or her supervision may be affected by or under the influence of illegal drugs, the employee under suspicion will be asked to undergo a laboratory test to determine the presence of illegal drugs. Refusal to take the test will subject the employee to immediate termination. Additionally, consistent with the law, drug and alcohol screening tests will be given after accidents or near misses, or upon reasonable suspicion of alcohol or drug use, when a client requires pre-assignment testing, or upon any other circumstances which warrant a test.

SEXUAL AND OTHER UNLAWFUL HARRASSMENT

Greenstaff Medical Staffing, LLC is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated.

Sexual Harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples.

- Unwanted sexual advances—verbal and/or non-verbal.
- Offering employment benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters.
- Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, e-mails or invitations.
- Physical conduct that includes touching, assaulting or impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly as term or condition of employment.
- Submission or rejection of the conduct is used as a basis for making employment decisions, or
- The conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

Upon experiencing or witnessing sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Greenstaff Medical Staffing, LLC Corporate Office or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the greatest extent possible, the alleged victim's confidentiality, that of any witnesses, and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the alleged victim will be informed of the outcome of the investigation.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately advise the President or any member of management so the allegation can be investigated in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

PHYSICAL ASSAULT/WORKPLACE VIOLENCE

Greenstaff Medical Staffing, LLC is committed to providing a safe and secure workplace and an environment free from physical violence, threats, and intimidation. Employees are expected to report to work to perform their jobs in a nonviolent manner. Conduct and behaviors of physical violence, threats or intimidation by an employee may result in disciplinary action up to and including discharge and/or other appropriate action.

Greenstaff Medical Staffing, LLC will not permit employment-based retaliation against anyone who, in good faith, brings a complaint of workplace violence or who speaks as a witness in the investigation of a complaint of workplace violence.

Definitions

Workplace violence is any physical assault, threatening behavior or verbally abusive remark that is made in the workplace and/or effect the workplace behavior of an employee, which includes but is not limited to:

1. Verbal Abuse: Any verbal expression issued with the intent of creating fear or intimidation in another individual, or group of individuals, or verbal remarks or comments expressed in a loud, harsh or threatening tone of voice or in a joking manner within the workplace.
2. Physical Abuse: Any intentional movement of the body, which may include touching, gestures, pushing, striking, stalking or any unwanted intrusion of "reasonable space" of an employee. Any intentional use of any object toward an individual.
3. Creating a Hostile Work Environment: Any intentional nonphysical action that can be considered intimidating, or harassing with the intent of creating an environment that has the purpose or effect of unreasonably interfering with an individual's performance of where behaviors create hostile or threatening environment.

Responsibilities

1. Management: Management will foster an environment that is safe and free from workplace violence and will take action immediately to reduce the effects of workplace violence and/or verbal or physical abuse.
2. Employee: Employees will conduct themselves in such a way to reduce the possibility of any conflicts or acts that would create a violent, abusive or unsafe workplace environment for themselves or others. Employees will notify management of workplace violence incidents, which have occurred on or off-site that has the potential of impacting the work environment. Employees will remove him/herself from any situation that may result in workplace violence. This means that if confronted with a potential situation involving workplace violence, an employee must make a serious attempt to retreat from the situation and report to management.

X. SAFETY MANAGEMENT

LIFE SAFETY (FIRE) MANAGEMENT

General Rules

When fire strikes, the actions taken during the first few minutes make the difference between containment and catastrophe. It is with the training of personnel that proper action can be taken during these very important first few minutes and disaster averted.

Important locations you need to know:

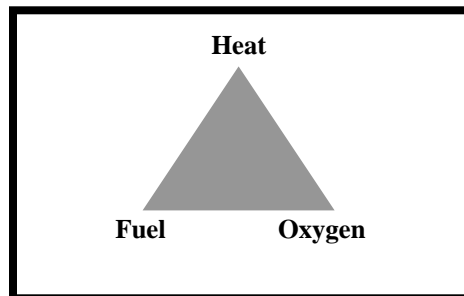
- Fire extinguisher in your department
- Closest fire-alarm pull
- Evacuation route
- Fire doors and walls
- Next safe fire zone (smoke compartments)

Important facility conditions to maintain:

- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times
- Never put door wedges under doors that prevent doors from closing.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.
- Keep telephone lines clear for fire control.

Creation of fire

A fire requires that the following three elements (known as the fire triangle) are present at the same time to burn:



If the sides of the triangle are not allowed to meet – if the triangle does not form, there will be no fire.

In the event of a fire, follow the below action plan:

- R** Rescue- remove everyone in immediate danger from the fire area.
- A** Alarm- Pull the nearest FIRE ALARM box and alert PBX to announce a Code Red
- C** Contain- Close the door and isolate the fire
- E** Extinguish/evacuate- With proper extinguisher, fight fire without endangering yourself

When using a fire extinguisher, follow the below action plan:

- P** Pull- Pull out the safety pin
- A** Aim- Aim the nozzle at the base of the fire, standing about 10 feet away from the fire.
- S** Squeeze- Squeeze the handle
- S** Sweep- Sweep the nozzle from side to side

ENVIRONMENTAL SAFETY

In every facility, it is important to follow security procedures. By taking simple security precautions, you can help to:

- Protect personal, patient, and institutional property
- Maintain a safe environment.

Personal Property

There are a number of security precautions that you can take at your facility to help protect your own personal property:

1. Lock car doors.
2. Secure all valuables.
3. Keep purses and wallets in a locked area or locker.

Patient Property

Patients should be encouraged to leave their valuables at home. If patients choose to bring their valuables into the facility with them, you can help to keep them safe by:

1. Securing patient valuables
2. Educating patients about security.

Follow your facility policy for securing patient valuables. For example, valuables may be placed in the facility safe according to policy. You can educate patients by explaining the visitor policy, including who can visit, visiting hours, and any restrictions. You should also explain how patients can identify staff.

Institutional Property

There are also things you can do to protect institutional property:

1. Keep restricted areas locked
2. Report missing or damaged equipment.

“Security-sensitive” Areas

Some areas in your facility may be restricted or "security-sensitive." This means that only people who need to be in these areas should be there.

Security-sensitive areas may include the following:

- Pharmacy
- Operating rooms
- Obstetrics (especially the Nursery)
- Pediatrics
- Medical Information Systems
- Medical Records
- Billing.

If you work in a security-sensitive area, follow facility policies and procedures to keep them secure. Procedures that should be followed all the time, especially in security-sensitive areas may include:

1. Wearing your ID badge
2. Keeping doors locked
3. Reporting missing or damaged equipment.

You should wear your ID badge according to facility policy. If you lose your badge, you should report it and have it replaced immediately. It is important for you to be properly identified. It is also important to insure no-one else uses your badge.

In addition to wearing your own ID badge, you should be suspicious of people who are not wearing proper identification. Remember, wearing a lab coat or scrubs does not mean someone is an employee.

You should also be sure to keep doors to security-sensitive areas locked. Do not prop doors open that are supposed to be secure. If you do see someone acting suspiciously, report it to your security personnel.

There are good reasons that some areas need to be secure. For example, the pharmacy must restrict access to drugs. In Obstetrics (particularly the Nursery), it is important to guard against infant abduction. Medical Records contains sensitive personal information. By following procedures, you can help keep these areas secure.

In addition to protecting personal, patient, and institutional property, it is important to ensure your personal safety. Take the following simple precautions:

1. Do not walk alone to your car at night.
2. Park in well-lit areas.
3. Do not keep valuables in your car.
4. Report any potential security hazards.
5. For your own safety, do not walk alone to your car at night or any time you feel uncomfortable. Follow your facility procedure to get an escort. Park in well-lit areas and do not keep valuables in your car, especially in plain sight. If you do have valuables in your car, lock them in the trunk.
6. Report anything that you feel might be a security hazard. This includes such things as burned out lights in a stairwell or garage. If you feel someone is acting suspiciously, notify security personnel immediately.

Some areas in your facility are "security-sensitive areas." These are areas with limited or restricted access. Security-sensitive areas may include the following:

- Pediatrics and Obstetrics (especially the Nursery), because of the risk of infant or child abduction
- Pharmacy, because of access to drugs
- Medical Information Systems and Medical Records, because of access to confidential information.
- Billing
- Your facility may have policies restricting access to these areas. There may also be security devices, such as alarms and video cameras. Restricted access to security areas applies to everyone, even staff. Only people who need to be in a restricted area should be there.

EMERGENCY PREPAREDNESS/DISASTER SAFETY

Emergencies or disasters can be classified as either "internal" or "external."

An internal emergency is one that directly involves the facility and is a threat to the staff and patients, such as an in-house fire, a toxic chemical spill, or a natural disaster such as a tornado, earthquake, or hurricane that causes damage to the facility.

An external emergency is one that occurs outside of the facility and does not directly threaten the staff, patients and others inside the building(s). The indirect effect on the facility is the possibility of large numbers of casualties arriving for treatment. External disasters include such things as:

- Accidents involving buses, trains, airplanes or multiple vehicles
- Explosions

- Chemical spills
- Large fires
- Violent incidents involving a large group of people
- Natural disasters occurring outside the facility such as tornadoes or floods.
- Spread of Infectious Disease

All organizations must have an emergency management plan or disaster plan so that patient care can continue if a disaster occurs. Hospital disaster/emergency management plans must:

- Address both external and internal disasters
- Include general activities that will occur no matter what the emergency situation
- Allow specific responses to the types of disasters the facility might face
- Include a plan for evacuation of the hospital if all or part of the facility is damaged or non-functional.

When there is an emergency situation that could affect many workers, a hospital's hospital wide-notification system will be activated to let you know what is going on and the location. The notification will direct you to take action according to the type of emergency.

Evacuation

Hospital evacuation is an entirely different process than is recommended for schools and factories. Leaving the hospital is the very last resort, while in other establishments the objective is to clear the building as quickly as possible.

Familiarity with several types of evacuation is a necessity in any hospital. There are four types of evacuation. Each may be separate and complete operation, or all four may have to be used in successive stages if circumstances so require.

1. **Partial Evacuation:** This is removing one or more patients from a dangerous room or ward. When the patients are removed, an attempt must be made to subdue the fire with the extinguisher and hose line. If this is impossible the door must be closed and the threshold sealed with a wet towel or blanket. If the fire continues to grow, then the next step is to proceed with the horizontal or vertical evacuation.
2. **Horizontal Evacuation:** This type of evacuation takes place when fire or heavy smoke from a single room or ward threatens to spread to the adjoining area. All patients should be moved laterally by bed, cart, wheelchair, gurney, blanket or other conveyance to the nearest and safest protected area. Patients in immediate danger should be moved first, including those who might be separated from safety if the fire enters the corridor. Next to move (and contrary to some opinion) should be the ambulatory patient. Panic is never caused by helpless people. Those who are ambulatory should be pre-instructed to line up outside their rooms, form a chain by holding hands and follow a lead person into the safe area. The rooms should be checked for stragglers and all windows and doors closed. When horizontal evacuation is ordered, the personnel in the receiving area should assist in the removal of the patients if needed.
3. **Vertical Evacuation:** This is the downward movement of patients to a safe area. This may be one or two floors below, or it may be down and out of the building. If the movement is out of the building, it should be an area far enough from the building to be safe and to be out of the way of the fire department. In most cases, this movement will be preceded by a horizontal movement to a safe stairwell. The priority for movement is the same for a horizontal movement.
4. **Total Evacuation:** This means vacating all floors to a place of safety. Cause would be possible conflagration or an enemy air attack warning, or dense smoke and fumes. A place of safety might mean the basement, or even leaving the building, or even leaving the city. It would be necessary to use all stairways and safe elevators. It would require the help of everyone available. This action must be undertaken floor by floor with enough trained help above and below to keep traffic moving quickly and properly by stair and elevator.

Untrained or unassigned personnel would report to the manpower pool under the direction of personnel. Remember this, more good work could be accomplished, and less panic created by the work of two dozen competent people than by 300 anxious but untrained volunteers.

There should be carrying teams to get the patients downstairs and fire escapes. These practically trained people should be called loaders, movers, and carriers. It would certainly be much more orderly arrangement than for a single team to tackle all three phases.

5. Exposure: If Staff has been exposed to an Infectious Disease:

Internal staff- if exposure to an Infectious disease is verified- a positive result is noted; action will be to remove any staff that has been exposed to the employee that has a positive result (i.e. COVID-19); they will be sent home and instructed to isolate themselves from family until they are tested. If a negative result is determined; they will need to stay out of the office for a period of 5 days and then retest and can return upon verification of a negative result. If their results are positive; they will need to stay out of the office for 5-10 days in isolation until they retest, and negative results are verified by Human Resources to return to work.

External Staff: Healthcare Professionals on assignment at a Client location; Healthcare Professionals onsite will follow the policy and procedures of said Client location. Management will be involved and monitor this Healthcare Professionals health status and be in direct contact with the facility as far as their policy and this healthcare professional's ability to return to work.

Emergency Removal

In a hospital fire, the first duty of the personnel is to remove the patient(s) who are in immediate danger. This may require moving one person or many. If eight out of twenty-five are helpless as acknowledged, then it seems sensible to assume that the proper time to learn removal techniques would be before rather than during the fire.

Three considerations may be dominant factors in emergency patient handling:

1. The nature of the emergency
2. The weight and condition of the patient
3. The strength and adaptability of the rescuer

Of all the possible equipment for evacuation, the BLANKET is more important than any other. It can be used to smother fire, drag a patient from the room, made into a stretcher with or without poles, used for carrying in halls, on stairs, or fire escapes. Eight or ten infants can be carried easily and safely in a blanket.

There should be no uncertainty in bed fires. The rule is to get the patient on the floor. In oxygen tank fire: **FIRST SHUT OFF THE OXYGEN, THEN GET THE PATIENT ON THE FLOOR.** In both situations, if you throw a blanket on the floor, you can use it to smother fire or as a drag. The fear of handling people who are on fire is undeserved. Bodies do not burn, they cook. So really all you have to contend with is the night clothing and the hair, once you free the patient from the bed.

Personnel working in orthopedics should carry a small sharp pocketknife. Do not depend on the pair of scissors in the desk, someone else may need them, too. Remove the small pair in your pocket because they may severely injure you or the patient you are moving. If there is any question of responsibility in removing someone from traction, just remember that there is always a chance of recovering from an aggravated fracture, but never from cremation or asphyxiation.

In case of fire, do not be surprised to find the patient on the floor. He/she will get out of the bed if he/she can. If the patient is supposed to be in the room and you cannot see or feel him, look under the bed, or in the closets or elsewhere.

Earthquake/Disaster Preparedness

1. Attempt to familiarize yourself with the facility/unit earthquake preparedness plan. You can reduce injuries to co-workers and patients and lessen the possibility of panic after the disaster has occurred by planning for all eventualities.
2. At least 2 persons in each unit or on each floor should assume leadership roles after the disaster has occurred. It is the facility's responsibility to be sure they are properly trained.
3. Understand how to protect yourself (and patients if possible) during an earthquake: Get under a desk or table or stand in a doorway away from the glass. Do not leave the building during the quake.
4. Attempt to locate and have available for immediate use, the telephone numbers, and alternative means of communication with public safety agencies. When given the chance, participate in drills; take advantage of the opportunity to prepare for possible disasters.

5. In medication rooms, patient rooms, clean and dirty utility rooms be aware of high or top-heavy shelves, cabinets, machinery, or any other equipment that could fall during a tremor. Heavy objects should not be on top shelves but stored in lower places.
6. Be aware of possible necessity to shut off lights, gas and water.
7. Attempt to locate several alternate routes of evacuation in the various parts of the unit and or facility, should you need to leave your work area because it is unsafe.
8. Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
9. Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aid of another person.
10. Attempt to locate areas of the facility that may be suitable as shelter areas should employees and patients be required to stay there after the disaster.
11. Be sure the fire extinguishers are kept in good working order and that you know how to use them.
12. If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
13. Attempt to locate contingency plans for continued operation of the hospital based on total and/or partial shutdowns due to building/utility/communication/transportation failures. Try to identify key personnel, communication systems, utilities and other support needs for 24 hours, 72 hours, one week and one month, if available.
14. Organize Interdisciplinary Team and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
15. Immediately check for injuries among fellow workers and render first aid as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Be sure your entire area is checked for the injured.
16. In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
17. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
18. See that these are turned off at main values and switches if required. Check for building damage and move patients to safe areas.
19. Do not use elevators or to run into the street.
20. Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas.
21. Immediately clean up dangerous materials that may have spilled.
22. Limit use of "land line" and mobile telephones for outside calls except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies.
23. Check closets and storage areas very carefully, watching for falling objects.
24. After a major earthquake prepare for aftershocks which will be occurring and may cause more damage.
25. Check that all telephones are correctly "on hook" so the system does not indicate "busy" to incoming or internal calls.

ELECTRICAL SAFETY

Much of the work to support patient care depends on electrical devices. A few basic reminders will help you to maintain a safe workplace.

- All outlets are “grounded” outlets, accepting three-prong plugs. Never try to introduce another kind of plug into the outlets.
- Water and electricity a bad mix. Never try to plug something in, or run an appliance, if water is in the area. Clean up the water first. Electricity passes easily through water and can cause serious harm to you and others around.
- If you notice an electrical hazard, contact your supervisor immediately.

CHEMICAL SAFETY/HAZARDOUS COMMUNICATIONS

A variety of chemicals are used to support patient care, including things as simple as cleaning agents or complicated medications such as chemotherapy drugs. It is your legally protected right to know about these chemicals.

Understanding the Material Safety Data Sheet (MSDS)

The Hazard Communication Standard is also known as the Workers’ Right-to-Know standard. You have the right to know about the chemical hazards in your workplace. The MSDS and manufacturer’s product label(s) are a fast and easy way to obtain information about how to work safely with a specific product.

A hazardous substance is one, which causes physical or related health hazards, may be found on Lists issued by the State of California such as: “List of Regulated Substances,” “Pesticide 200 Ingredients” and/or “The Safe Drinking Water and Toxic Enforcement Act of 1986” also popularly known as “Proposition 65.”

Information within the MSDS

1. Identification of product: You will find the product name, manufacturer’s name, address, telephone and emergency number.
2. Hazardous ingredients: Lists of all the ingredients in the product.
3. Physical data: Provides information on how to work with the chemical and describes the physical characteristics.
4. Fire and Explosion Hazard data: Specifies if the material may present a fire or explosive hazard and under what conditions the hazard exists.
5. Health hazard data: Identifies the symptoms related to overexposure (nausea, vomiting, and dizziness).
6. Reactivity Data: Describes what materials will react with the chemical you’re using.
7. Spill/leak procedures: Addresses how to respond to an accident spill or leak.
8. Control measures and special precautions: Specifies the type of PPE that you should wear when handling the product.
9. Handling and storage precautions: Describes how to safely store and handle materials.

The following are examples of some important information one may find on an MSDS.

Physical Hazards

The coverage of physical properties associated with the specific material may include the following information:

1. Compressed gas: such as high-pressure oxygen and nitrous oxide cylinders.
2. Explosive: substance that can explode under certain conditions of release.
3. Flammable or combustible: substance that easily burns such as alcohol.
4. Organic peroxide: derivative of hydrogen peroxide.
5. Pyrophoric: ignites spontaneously in air under certain conditions.
6. Unstable: reactive substance.
7. Water reactive: such as strong acids and bases when mixed with water.

Health Hazards

Disseminated as hazardous to your health are chemical substances. Both liquids and solids may be identified on a MSDS and are indicated as:

1. Carcinogens: these cause cancer, reproductive toxicity in males or females, reproductive toxins can result in fetus damage.
2. Toxic: a substance that acts as a poison.
3. Irritants: these may cause irritation to any body part.
4. Corrosives: these can cause damage to body tissue.

5. Sensitive: these can cause allergic reaction.
6. Hepatoxin: this is a liver poison.
7. Nephrotoxin: this is a kidney poison.
8. Neurotoxin: this is a nerve poison.
9. Hematopoietic System: Act on the system resulting in blood poisoning.
10. Substance compounds: damaging to lungs, skin, eyes, or mucous membranes upon contact.

Acute and Chronic Exposure

An acute exposure is a short-term exposure to a substance and can cause dermatitis, headaches, or rashes.

A chronic exposure is a long-term exposure and can cause cancer or permanently damage a biological system.

Routes of Entry

1. Through inhalation (painting, stripping floors, anesthesia gas waste).
2. Through absorption (handling formaldehyde and glutaraldehyde).
3. Through ingestion (this can occur if you handle poisonous chemicals and do not wash your hands before eating, smoking or applying cosmetics. This can also occur if containers are not properly handled, labeled, sealed).
4. Injection (accidental needle sticks).

Your responsibilities when handling hazardous materials

1. Read the label and MSDS of new chemicals you are working with.
2. Follow warnings and precautions
3. Use appropriate PPE
4. Learn emergency procedures for the chemicals with which you work.
5. Act in a sensible manner, be a safe and responsible worker.
6. Never use hazardous material substances you're not trained to use
7. Never place a chemical substance into an unlabeled container.
8. Never mix substances without asking your supervisor first.
9. Always ask your supervisor if you have a question about any substance.

Handling Hazardous Materials

Infectious waste: Separate infectious waste from other waste as soon as the material becomes a waste

Blood or body fluids: Minimize your risk by containing, removing, and disinfecting all blood or body fluid spills as quickly and effectively as possible.

Wear PPE: PPE stands for "Personal Protective Equipment." A PPE is an item you use for safety when working with chemicals. Some examples of PPE are Utility gloves, Safety glasses, Goggles, Gowns, Ventilators and Masks PPE is listed on the MSDS (Material Safety Data Sheet) for all the chemicals you work with. The PPE necessary for each substance are determined by the ways the substance can harm you.

There are three ways that a chemical substance may harm you:

- Breathing the chemical
- Having physical contact with the chemical
- Swallowing the chemical

Breathing the chemical

The chemical may have toxic fumes that can injure your lungs if you breathe them. For example, cleaning materials, especially bleach, are toxic when inhaled.

Appropriate PPE for toxic fumes may include:

- Special mask
- Ventilator

In addition, always use these products in a well-ventilated area. If you begin to feel dizzy or weak or have difficulty breathing when using a product, you need to leave the area immediately.

Having physical contact with the chemical

The chemical may injure any part of the body that comes in contact with it. Your eyes are in danger from liquid splashing into them. Any exposed skin is also at risk.

Appropriate PPE to prevent physical contact may include:

- Goggles, safety glasses, or other eye protection
- Gloves
- Gown
- Mask

In addition, flushing with water is usually the most immediate treatment for any accidental splashing of solutions in your eyes or on your skin.

Swallowing the chemical

Some chemicals are dangerous if swallowed. To prevent swallowing a solution that may have splashed on your fingers, always wash your hands thoroughly after coming in contact with anything that should not be swallowed.

Appropriate PPE to prevent swallowing may include:

- Mask (that covers your nose and mouth to prevent the solution from being splashed onto your lips)
- Gloves (to protect against hand to mouth transfer).

In addition, if you should accidentally swallow a harmful chemical, tell your supervisor immediately. You will probably be sent to the Employee Health Nurse or to your Emergency Department.

XI. JOINT COMMISSION EDUCATION

The Joint Commission emphasizes prevention - identifying problems and correcting them before anything happens. The organization has definitions that you need to know for the following terms:

- Error
- Sentinel Event
- Near Miss
- Hazardous Condition

Error

An Error is an unintended act of either omission or commission, or an act that does not achieve its intended outcome. In other words, an Error is:

- Something done by accident
- Something that should have been done but was not
- Something that was done that did not have the expected result.

An example of an Error is a patient's blood pressure not being measured when it should have been.

Sentinel Event

A Sentinel Event is an unexpected occurrence **which happened** and which either resulted in death or serious physical or psychological injury or carried a significant risk thereof. Serious injury specifically includes loss of limb or function.

An example of a Sentinel Event is the wrong dose of medication being given to an infant, causing death.

Certain types of events are reported to The Joint Commission under their Sentinel Event policy, whether they actually or potentially resulted in death or serious injury. These events are:

- Rape
- Patient suicide
- Infant abduction or discharge to the wrong family
- Hemolytic transfusion reaction involving administration of blood or blood products
- Surgery on the wrong patient or wrong body part.

Near Miss

This term is used to describe any process variation which could have led to a Sentinel Event, but the Sentinel Event did not actually happen because of some kind of intervention. A recurrence of the process variation carries a significant chance of a serious adverse outcome.

Here is an example of a Near Miss. By mistake, a patient is handed a medication to which she is allergic, and which could lead to death or serious illness. Fortunately, she recognizes the medication is different from what she is usually given, questions staff about it, and ultimately receives the correct medication, instead. In this case, the process variation is that the patient is not wearing a wrist band listing her allergies, and that the information about her allergies is not available to staff anywhere else.

Hazardous Condition

This refers to any set of circumstances (other than the disease or condition for which the patient is being treated) which significantly increases the likelihood of a serious adverse outcome.

In other words, a Hazardous Condition is:

- Something that could cause the patient harm
- Something other than the patient's disease or condition.

An example of a Hazardous Condition is a power outage and simultaneous failure of the back-up generator that shuts down life-support systems for some patients, meaning staff must manually ventilate affected patients until power is restored.

All hospitals must have a plan to identify risks to patient safety. They must also have policies for reporting and investigating sentinel events, near misses, and hazardous conditions.

ANNUAL NATIONAL PATIENT SAFETY GOALS

The National Patient Safety Goals are derived primarily from informal recommendations made in the Joint Commission's safety newsletter, Sentinel Event Alert. The Sentinel Event database, which contains de-identified aggregate information on sentinel events reported to the Joint Commission, is the primary, but not the sole, source of information from which the Alerts, as well as the National Patient Safety Goals, are derived.

1. Improve the accuracy of patient identification

Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood sample and other specimens for clinical testing or providing any other treatments or procedures. For example, use the patient's name and date of birth.

2. Improve the effectiveness of communication among caregivers
 - For verbal or telephone orders or for reporting critical test results over the telephone, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.
 - Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
 - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
 - Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
3. Improve the safety of using medications
 - Have on hand a small supply of the medicines that are used in the hospital
 - Create a list of medicines with names that look alike or sound alike and update the list every year. This will prevent errors involving the interchange of these drugs.
 - Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
 - Take extra care with patients who take medicines to thin their blood.
4. Prevent infection
 - Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines
 - Report death or injury to patients from infections that happen in the hospital.
5. Check patient medicines
 - Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any medicines with their current medicines.
 - Give a list of the patient’s medicines to the patient’s next caregiver. Give this same list to the patient before they leave the hospital.
6. Prevent patients from falling
 - Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.
7. Help patients to be involved in their care
 - Tell each patient and their family how to report their complaints about safety.
8. Identify patient safety risks
 - Find out which patients are most likely to try to kill themselves.
9. Watch patients closely for changes in their health and respond quickly if they need help
 - Create ways to get help from specially trained staff when a patient’s health appears to get worse.
10. Prevent errors in surgery
 - Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
 - Mark the part of the body where the surgery will be done. Involve the patient in doing this.

DO-NOT-USE LIST

Joint Commission has created a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout organization. The Do-Not-Use list applies to all orders and medication-related documentation and information that is handwritten or computer entered as free text

Do Not Use	Why	Use Instead
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”

IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) D.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO ₄ and MgSO ₄	Can mean morphine sulfate or magnesium sulfate. Confused for one another.	Write "morphine sulfate" Write "magnesium sulfate"

INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

Greenstaff Medical Staffing, LLC strives to educate employees on nosocomial infections and their method of transmission and to provide education on work practices; engineering control and personal protective equipment prevent the spread of nosocomial infections.

Nosocomial Infections

Nosocomial infections are infections which are a result of treatment in a hospital or a healthcare service unit, but secondary to the patient's original condition. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge. This type of infection is also known as a hospital-acquired infection.

Nosocomial infections are even more alarming in the 21st century as antibiotic resistance spreads. Reasons why nosocomial infections are so common include:

- Hospitals house large numbers of people who are sick and whose immune systems are often in a weakened state.
- Increased use of outpatient treatment means that people who are in the hospital are sicker on average;
- Medical staff move from patient to patient, providing a way for pathogens to spread;
- Many medical procedures bypass the body's natural protective barriers;
- Routine use of anti-microbial agents in hospitals creates selection pressure for the emergence of resistant strains

The Spread of Germs

Germs can be spread through 4 different modes of transmission

1. Airborne transmission: Occurs by dissemination of either airborne droplet nuclei (small-particle residue of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis* and the rubeola and varicella viruses.
2. Droplet transmission: Contact of the mucous membrane of the nose, mouth or eye with infectious articles can be produced by coughing, sneezing, talking or procedures such as bronchoscopy or suctioning. Droplet transmission requires close contact between the source and the susceptible person because particles remain airborne briefly and can travel. Microorganisms transmitted by droplet transmission include the common cold and flu.
3. Blood borne transmission: Germs can live in the bloodstream and in other body fluids that contain blood components. A person's skin prevents germs from entering the body, but if the skin is broken because of a cut, it is possible for infected blood of another individual to enter. Mucous membranes, found in the mouth, vagina, or rectum may also allow germs to spread through contact with blood and/or secretions containing blood. Unprotected sexual contact can lead to this method of transmission.

4. **Direct Contact Method:** Infectious agents can spread directly or indirectly from one infected person to another, often on contaminated hands. The best protection is proper hand washing (Please see Centers for Disease Control and Prevention Hand Hygiene Guideline for more information on proper hand washing).

General Prevention

General steps to follow to prevent the spread of germs are:

- Following the Infection Control policies of your facility
- Identifying the people, patients, and staff, who are most at risk
- Washing your hands
- Staying healthy by getting plenty of rest, eating properly, and exercising
- Getting vaccinated against flu and hepatitis B
- Washing your hands
- Following the standard recommended precautions with everyone
- NOT coming to work if you are sick.

CDC HAND HYGIENE GUIDELINES

Improved adherence to proper hand hygiene has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

The Centers for Disease Control (CDC) has released the following guidelines to improve adherence to hand hygiene in health care settings.

The six steps in routine hand washing are:

1. Wet hands thoroughly under running water. Warm or hot water is best.
2. Lather with soap from a dispenser
3. Wash hands thoroughly, for 15 seconds, using friction. Be sure to include the backs, palms, wrists, between fingers, and under fingernails.
4. Rinse hands thoroughly under running water.
5. Leave the water running and use a paper towel or an air dryer to dry hands thoroughly.

The four steps to round alcohol hand rubs are:

1. Pour the alcohol hand rub in the palm of one hand
2. Rub both hands together
3. Rub all parts of the wrist, hand, and fingers
4. Rub until completely dry

STANDARD PRECAUTIONS

Standard Precautions combine the major elements of Universal Precautions and Body Substance Isolation. Standard Precautions call for the use of gloves and other personal protective equipment to guard against anticipated or accidental contact with any body fluid, secretion, or excretion.

Personal Protective equipment is to be utilized when there is a break in the skin or when working around mucus membranes. All employees shall follow Standard Precautions in order to minimize and/or eliminate exposure to blood borne pathogens and communicable diseases. All body substances shall be treated as a potential source of infection and all facilities shall provide an adequate supply of Personal Protective Equipment in appropriate sizes to ensure all personnel have access when required.

At a minimum, all employees should follow these basic practices:

1. Hand protection

Protect your hands by wearing latex/hypoallergenic gloves (the correct size) when:

- Emptying a Foley catheter
- Emptying a bedpan
- Starting an IV
- Dealing with trauma in the emergency room
- Pricking the finger for blood glucose
- Handling blood specimens
- Drawing arterial or venous blood
- Cleaning biomedical equipment.

2. Body protection

Wear gown, mask, and goggles to cover any part of your body that could be splashed or sprayed (or otherwise come in contact with) the blood and/or body fluids of another person (for example, when caring for a trauma patient in the Emergency Department or when assisting in a procedure where exposure is possible).

3. General protection

- Dispose of all materials containing blood in the proper waste containers.
- Use a barrier device instead of performing direct mouth-to-mouth ventilations during CPR.
- Avoid contact with blood from needles by using safety devices provided by your facility.
- Never recap a needle (if you miss, you could jab your finger).
- Dispose of all sharps (needles, blades, IV catheters) in the proper disposal box.
- Wash your hands after removing gloves.
- Do not eat, drink, and apply make-up or contact lenses in areas where exposure to body fluids is possible.

Post Exposure and Follow up Plan

An exposure incident to blood borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. All employees involved in direct patient care should be familiar with appropriate decontamination procedures, Greenstaff Medical Staffing, LLC shall make immediately available a confidential medical evaluation and follow-up the exposed individual. Post-exposure follow-up shall be:

- Made available at no cost to the employee
- Performed by or under the supervision of a licensed healthcare professional who has a copy of all relevant information related to the incident.
- Made available at a reasonable time and place.

Greenstaff Medical Staffing, LLC's post-exposure and follow-up, shall include the following:

- Documentation of the route(s) of exposure, and the circumstances under which an exposure incident occurred.
- Identification and documentation of the source individual
- Collection and testing of blood for HIV and HBV serological status
- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service
- Counseling
- Evaluation of reported illness

The company maintains confidential medical records for each employee with occupational exposure. Records are kept for the duration of employment plus thirty (30) years. Each record shall contain the employee's name, social security number, hepatitis B vaccine history, and a record of all post-exposure follow-up.

BLOODBORNE PATHOGENS

The Occupational Safety and Health Administration (OSHA) has a Standard which was developed to protect the healthcare worker. The Bloodborne Pathogen Standard addresses the potential exposure of healthcare workers to blood and body fluids in the work environment. Bloodborne pathogens are Hepatitis B, C and Human Immunodeficiency Virus (HIV).

Hepatitis

Hepatitis is a serious disease of the liver, an organ necessary for life. Hepatitis B and C, the two most serious kinds of hepatitis, are similar kinds of liver infection that are caused by different viruses. Methods of blood-borne transmission of both Hepatitis B and C include:

- Blood splashes from minor cuts and nosebleeds
- Procedures that involve blood (especially in health care)
- Hemodialysis (using kidney machines)
- Sharing personal items like nail clippers, razors, and toothbrushes
- Sharing needles for intravenous drug use

In order to prevent the spread of Hepatitis:

- Follow Standard Precautions.
- Receive the Hepatitis B vaccine at no cost, if you are not already immune to the virus.
- Maintain good personal hygiene habits.

Human Immunodeficiency Virus (HIV)

HIV is the virus that causes AIDS. A condition in which the immune system begins to fail, leading to life-threatening opportunistic infections. Once this virus enters and infects the body, the person is said to be "HIV Positive." However, the person may be infected with the virus for up to 10 years or more before developing AIDS. The routes of transmission for HIV are:

- Sexual route: Acquired through unprotected sexual relations, wherein infected sexual secretions of one partner come into contact with the genital, oral or rectal mucous membranes of another
- Blood/blood product route: Accounts for infections in intravenous drug users, hemophiliacs and recipients of blood transfusions and other blood products.
- Mother-to-child: Occurs in utero during pregnancy and intrapartum at childbirth.

In order to prevent the spread of HIV:

- Follow Standard Precautions
- Wear protective equipment
- Abstain from sex or sex-related activities when the HIV status of your partner is doubtful or not known.
- If you are HIV infected and pregnant, take appropriate medication to reduce the chances of passing the virus to your unborn child.
- If you are HIV infected, DO NOT breastfeed.
- NEVER share needles, including needles used for tattoos, body piercing, or injecting steroids.

Tuberculosis

Tuberculosis is a common and deadly infectious disease caused mainly BY *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs (but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin. Tuberculosis is curable, but it involves taking medication for a very long time. TB is caused by airborne bacteria and spreads through coughing, sneezing, talking, laughing, and breathing.

Healthcare professionals and persons exposed to TB need to have a Purified Protein Derivative (PPD) skin test or a chest X-ray. Positive test results indicate the person is infected with TB but may not have TB disease. He or she may be given preventive therapy to kill germs that are not doing any damage now but, could break out later.

To protect yourself and others from contracting tuberculosis, follow your facility's recommended Special Precautions in addition to Standard Precautions.

Special Precautions for the treatment of TB patients:

- Place TB patients in private rooms.
- Ventilate rooms directly to the outside, if possible, to prevent the circulation of TB germs to other areas of the facility.
- Wear a special "fit-tested" mask (and receive training in how to wear it correctly) when entering the room and while in the room.
- Explain to patients and visitors how to use special masks.
- Keep patients in their rooms as much as possible.
- Encourage patients to cough or sneeze directly into tissues and to dispose of them.
- Have patients wear masks when being transported to other areas of the hospital

XII. MEDICATION SAFETY AND DOCUMENTATION

What are medication errors?

Medication errors are errors involving drugs that cause, or could cause, harm to a patient. They may be errors in prescribing, dispensing, or administering, and they include both errors that reach the patient as well as those errors that do not reach the patient. They can occur in any patient care area or in the pharmacy.

What are common sources of medication errors?

- Lack of knowledge about drugs: with so many new drugs being developed each year, it's never been more important to understand what each drug can do and how to use it properly.
- Lack of patient information: Ensuring medication safety means it's important to know key information about each patient, including his/her age, weight, clinical status, known drug allergies and use of other medications (herbs, supplement, vitamins, other holistic remedies) and the potential for interactions.
- Poor communication: Problems can result from things such as:
 - Not using standardized abbreviations
 - Handwriting that's hard to read
 - Verbal miscues (for example, mispronouncing a drug's name)
 - Unclear decimal points
- Storage and stocking of drugs: For example, the risk of someone picking up the wrong drug is higher when the two drugs are similarly packaged (but are very different).
- Equipment used to administer drugs: Variations in the design of IVs and infusion pumps can cause confusion. Poor maintenance and not understanding how to program automated equipment also increases the risk of medication errors.
- Patient identifications: A good system to identify patients, such as armbands, may be in place. However, the system must be utilized (i.e., the armbands must be checked) in order for it to work
- Distractions: Ringing telephones, too much conversation, and interruptions can cause even the most careful healthcare worker to lose concentration.

How can medication errors be prevented?

Contrary to popular belief, most medication errors are not due to a careless individual act but are related more directly to some type of system failure or inefficiency. Medication errors can be prevented if everyone in the organization:

- Works together across departments, including physicians, pharmacists, nurses, support staff and administrators
- Focuses on systems, which means improving procedures to help prevent mistakes.
- Takes blame away from employees and looks at the process(es) that led to the error

- Helps patients understand their medications, follow their treatment plans, and take an active role in their care at every step along the way.
- Uses benchmarks to compare challenges and successes of other health care organizations with their own.
- Reports errors voluntarily so that a root cause analysis can be done. A root cause analysis is a step-by-step method to understand what went wrong and why. It allows us to make improvements in a system and monitor changes to see how well they are working.

Medication Administration and safety

- Administered by a licensed nurse upon a written order by a staff physician
- Pour medications immediately before administration. No pre-pouring!
- Always check patient ID band and Medication Sheet. Two forms of identification must be used.
- Patients must take all medications in the presence of the administering nurse.
- Medications can be given ½ hour before or ½ hour after the scheduled time.
- Double check all insulin, chemotherapy agents, anticoagulants and PCA narcotics with another licensed nurse.

Medication Documentation

- Document the time the medication was given on the Medication Administration Record (MAR)
- Include injection site for all injectables
- Chart on the Nurses' Notes and MAR all PRN medications and the results
- When the patient is discharged, place all unused medications in a labeled bag and return to the pharmacy.
- Document the medication at the time it is administered- No pre-charting!

Narcotics

- Two nurses must witness and sign any narcotic wasted.
- Every narcotic must be signed for on the narcotic sheet
- The narcotic count must be correct before you leave at the end of the shift. Discrepancies must be brought to the immediate attention of the unit manager/supervisor.

Intravenous – IV

- Nurse may monitor or discontinue IV therapy
- IV certified LVNs may start and superimpose IV fluids through a peripheral line
- Only an RN can add or regulate IV medications
- IV tubing is to be labeled at the time of initial use with the date, time and expiration date
- All IV tubing is to be changed every 72 hours, except TPN tubing, which is changed every 24 hours
- IV sites must be assessed every 2 hours

Why is clinical documentation so important?

- Communication
- Quality of care issues
- Compliance: reimbursement verification
- Fulfills federal, state, regulatory and accreditation requirements
- Supports if Standard of Care was met
- Memories fade, aids in defense in lawsuits when present
- May be used as teaching tools

Basic charting tips

- Use a pen, black ink is preferred
- Print legibly
- Date, time and sign all entries
- Don't use white out or obliterate entries
- Use approved abbreviations
- Record objective information- be clear and concise

Good Documentation Habits

- Use language that patient understands for discharge instructions and patient education material

- Documentation of actions, conversations with the patient, family members, physicians
- Documentation of safety precautions reviewed with the patient and/or family
- Description of unusual incidents
- Documentation of contacts with the provider
- Contemporaneous, chronological
- Do not editorialize, criticize, add 'hearsay'
- Avoid blaming another person or department
- Complete all boxes / forms accurately
- Do not leave open lines on records between documentation entries
- Verification informed consent was obtained
- Instructions given to patient/verbalization of understanding
- Do not alter entries

Alteration of Records

- Medical records should never be 'edited' after the fact
- Never document in anticipation of an event
- Never chart for someone else
 - Exceptions
 - * Code situations
 - * Supervisor starting an IV per your request
- You may be personally assessed for penalties related to falsification of documentation
- Alterations in a record can make the case indefensible

Late Entries

- Late entries are placing additional information in the medical record when pertinent information was missed or not written in a timely manner.
- A general guideline when late entries can be added is within 7 days. Consult your Supervisor or Risk Manager for guidance if necessary.
- Should not be used if there has been adverse outcome to patient or there is known litigation
- Must have a 'home' – notation should specify the date and time. See below.

Example:

4/20/07 1600: Late Entry for 4/19/07 at 0800:

Patient also complained of pain at base of neck and bleeding from nose. Dr. Jones notified, CT of head ordered along with CBC & diff, INR.

Corrections

Draw single line through entry, initial; write the correct information. Review your hospital's policy for corrections. Sign and date the entry.

Example:

4/19/07 0800: Pt found on floor in ~~room~~ LN hallway; BP:165/66
VS: 36.8-136-20

Dr. Jones notified. Orders for MRI obtained

XIII. SUSPECTED ABUSE: IDENTIFICATION, TREATMENT AND REPORTING

Elder/Adult Abuse

With an elderly person (65 years of age or older) or disabled adult (18 years of age or older), abuse means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish or the willful deprivation by a caretaker or oneself of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.

Signs and Symptoms of Elder/Adult Abuse

- Patient or family member states that abuse is happening in the home
- Explanation for injuries is inconsistent with the injury
- Family or caregiver attempts to conceal injury
- Indications that someone is exploiting patient's finances or property
- Delay in seeking treatment
- Multiple bruises or injuries in various stages of healing
- Human bite marks
- Burns especially on back or buttocks
- Bruises in the shape of a hand or fingers
- Patient's behavior changes in the presence of the family or caregiver

Child Abuse

With a child (under 18 years of age), abuse includes:

1. Mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.
2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment.
3. Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child
4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child.
5. Sexual contact, sexual intercourse, or sexual conduct.
6. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct.

Signs and Symptoms of Child Abuse

- Burns on the soles of the feet (from forced standing in hot places)
- Burns on buttocks, thighs, hands, or feet (from submersion in hot water)
- Explanation for injury does not match developmental stage (for example, caregiver explains a broken leg by saying the patient fell down, but the patient is too young to stand up)
- Evidence of sexually transmitted disease
- Bruising or tearing around the genital area

NEGLECT

With an adult, neglect means failure to provide...the goods or services, which are necessary to avoid physical harm, mental anguish, or mental illness.

With a child, neglect includes leaving the child in a situation where the child would be exposed to a substantial risk of harm, i.e., and failure to seek or follow through with medical care, failure to provide food, clothing, or shelter.

Signs and Symptoms of Elder/Adult Neglect, Including Self-Neglect

- Malnutrition
- Dirty, unkempt
- Unattended medical conditions
- Alcohol or substance abuse by caretakers

Signs and Symptoms of Child Neglect

- Chronic truancy (caregivers do not send child to school)
- Failure to thrive (unexplained weight loss)
- Unexplained delay in development
- Accidental injuries that suggest poor supervision.

Spousal/Partner Violence

Spousal/partner violence involves the situation where a victim has been involved in an intimate, romantic or spousal relationship with the perpetrator. It encompasses violence against both men and women and includes violence in same-sex relationships. It consists of a pattern of behaviors that establish power over another adult

Signs and Symptoms of Spousal/Partner Violence

Signs and symptoms of spousal/partner violence can include the usual signs and symptoms of abuse and neglect. Violence in a relation may not result in physical evidence. For example, the abuser may deny the victim the ability to communicate with friends or relatives. The abuser may abandon the victim in a dangerous place, refuse help when sick or injured or prohibit access to money or other basic necessities.

Exploitation

The illegal or improper act or process of a caretaker using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain.

- The treatment team may identify possible history of abuse, neglect, or exploitation
- Any staff member suspecting child and or adult abuse and/or neglect is required to report suspicions according to local law and the rules and regulations of the state's Department of Human Services (DHS) or appropriate agency. If clarification is necessary concerning the criteria for reporting in Adult Protective Supervisor will occur without disclosing the identity of the patient and/or family.
- The report to DHS may be made orally or in writing. It shall include:
 - a) The name, age, and address of the person
 - b) The name address of the person responsible for care
 - c) The nature and extent of the person's condition
 - d) The basis of the reporter's knowledge
 - e) Any other relevant information
 - f) Documentation shall occur in the appropriate section of the patient record.
- If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved, prior to the report being made. Consent will be obtained if deemed appropriately by the treatment team.
- Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.
- Any act of omission is reportable. A reportable suspicion includes a child victims or abuse shall be documented in the appropriate section of the medical record.
- Symptoms resulting from abuse will be addressed by the patient's treatment team.
- Documentation of physical marking should include photographic documentation (with appropriate patient identification) and included in the appropriate portion of the patient's medical record.
- Any other evidentiary material of abuse released by the patient will be included in the appropriate portion of the patient's medical record.
- Adult patients shall be given information regarding legal counsel
- Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician.

Abuse Reporting

All healthcare practitioners are mandated reporters. Social workers are not on site 24 hours/day, so practitioners need to know appropriate procedures to take when abuse is suspected. Failure to report child, spousal or elder abuse or neglect is a misdemeanor punishable by up to six months in jail and a \$1000 fine. The law requires that the suspected abuse be reported immediately by telephone and followed up with a written report within 26 hours. In order to recognize these situations, it is important to know signs and symptoms of abuse.

Suspected abuse, neglect and/or exploitation should be reported directly to the Nurse Manager/Nurse Director/Charge Nurse and should include:

- a. A description of the incident
- b. To whom the incident happened
- c. When the incident occurred
- d. Where the incident occurred
- e. Who was responsible for the neglect/abuse?

XIV. NURSING ESSENTIALS

RESTRAINTS

It is the policy of Greenstaff Medical Staffing, LLC that the patient has right to be free from any physical or chemical restraints unless it is necessary for patient's safety or safety of others. Restrictive devices/restraints will be applied when the safeties of the patient and/or others are in jeopardy when less restrictive measures have proved inadequate. Restraints shall not be used in a manner that causes injuries. Employees must provide safely for patients and employees and prevent injuries.

BEHAVIOR MODIFICATION RESTRAINT: "Behavior modification restraint means the use of a physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient's body for the reason of controlling his/her physical activities in order to protect him/her or others from injury (such as the use of 5-point restraints to keep a patient from injury or soft ties to keep a confused patient from self-injury). The following are not behavior modification restraint:

- 1) Safety Restraint.
- 2) The use of side rails or, in the case of infants, the use of a safety net to keep patients from falling out of bed.
- 3) handcuffs applied by peace officers.
- 4) Isolation for control of communicable disease.

Behavior modification restraints shall only be used when alternative methods are not sufficient to protect the patient or prevent injury.

There are two types of behavior modification restraint: psychiatric behavior modification restraint ("psychiatric restraint" used hereunder). A psychiatric restraint is used for patient signs of acute mental illness who appear to be a danger to themselves or others. A medical restraint is used for patients whose primary diagnosis is medical and for whom psychiatric hospitalization is not indicated.

Of limbs, attentions should be given to the patient's needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record. All restraints shall be released at least every two hours.

Medical Restraint with Permission of Patient/Family

When other forms of medical restraint are to be imposed (for example, to restrain a confused patient from pulling at naso-gastric tube or intravenous line), a separate consent should be obtained when possible. In the case of a minor, consent should be obtained from the parents or guardian. In the case of a confused or comatose adult, consent may be obtained from the immediate family or conservator.

Steps to follow:

1. A physician's order is required.
2. In addition to usual nursing evaluation and care, the patient's needs, including hygiene, elimination and nutrition, shall be assessed at least every two hours.
3. Supports shall be released at least every two hours.

Medical Restraint without Permission

It is not always possible to get the consent of the patient, family, or conservator for the imposition of medical restraint. In such cases, the following procedures should be used:

Steps to follow:

1. An assessment of the patient, either by physician or a registered nurse, is required prior to instituting medical restraint. The assessment shall consider the use of less restrictive means to protect the patient and shall be documented in the medical record.
2. Medical restraint shall be imposed upon the order of a licensed independent practitioner. In an emergency, a registered nurse may initiate the use of a medical restraint (without consent). The emergency implementation shall continue beyond one hour only with a physician's order. Verbal orders may be accepted.
3. All physician orders for medical restraint shall be time limited. PRN orders shall not be given or accepted. Upon expiration of the time-limited order, a physician must review and renew the order.

4. Devised to be used may include soft ties, Posey vests, mittens, etc. Hard leather restraints shall not be used for medical restraint.
5. Any patient in medical restraint (without consent) shall be observed at intervals not greater than fifteen minutes. The exact time interval of observation may be more frequent and shall be determined by the clinical condition of the patient. Staff shall document these observations in the medical record at the end of each shift or more frequently as the condition of the patient or findings of the observation dictate.
6. Each patient in restraint shall be assessed by an appropriate clinical staff member at least every two hours. At the time of the patient assessment the clinical staff member shall comment on the patient's clinical condition, circulation, condition of limbs and attention should be given to the patient's needs including hydration, elimination and nutrition. A report of the clinical assessment shall be recorded in the medical record.

Safety Restraint

There are two types of safety restraint: adaptive support and patient protection.

1. Adaptive Support: Adaptive support is the use of mechanisms or devices intended to permit a patient to achieve maximum normative bodily functioning (such as the use of orthopedic appliances, braces, splints to prevent contracture or devices intended to give postural support).
2. Patient Protection: In the context of the policy, "patient protection" means the use of mechanisms intended to compensate for a specific physical deficit or prevent safety incidents not related to cognitive dysfunction (such as the use of bedrail with safety net to keep the patient from falling out of bed during sleep.). [NOTE: The use of side rails alone is not considered restraint. This is a protective measure taken to keep all hospital patients from falling out of bed].

Steps to follow:

1. A physician's order is required. PRN orders may be used.
2. In addition to usual nursing evaluation and care, the patient's needs, including hygiene, elimination and nutrition, shall be assessed at least two hours.
3. Supports shall be released at least every two hours.

Routine Treatment Immobilization

Routine treatment immobilization means the use of mechanisms employed during medical, diagnostic or surgical procedures that are considered a regular part of such procedures (such as body restraint during general anesthesia, board immobilization of the site of intravenous therapy, immobilization during magnetic resonance imaging, etc). The patient's consent for the procedure includes or implement consent for necessary positioning and support. No separate order is required for such immobilization. Documentation of the immobilization is part of the documentation of the procedure itself.

General Restraint Guidelines

1. Restraints shall not be ordered on a PRN basis.

Restraints shall be only employed on the written order of a physician after personal evaluation of the patient's physical and mental status. When the physician is not immediately available to assist the patient and decide regarding his/her need to be restrained can be made by a registered nurse (RN), after careful assessment of the patient. All registered nurses shall be authorized to initiate or terminate the use of restraints as permitted by individual facility policy.

2. Evaluation of Patient

All patients using restraints shall be evaluated for ongoing need of restraints and continued use shall be closely monitored, with the maximum time between observations being two hours.

3. Responsibilities of the Physician

The physician shall assess the patient to ascertain the restraint is justified. After consideration of the alternatives to restraint, an order for restraints must be written on the order sheet and should include:

a) type of restraint; b) the starting and ending times; c) indications for use; and d) level/frequency of evaluation. Verbal orders must be signed within 24 hours of implication.

4. Responsibilities of Nursing

Documentation in the medical record shall include:

1. Time and type of restraint applied, noting skin condition and color
2. Reason for application of restraints
3. Time restraints are released/removed
4. Needs of the patient are addressed: ADLs hygiene, fluids, and elimination
5. Prior alternatives considered and lack of effectiveness
6. Functional assessment

5. Monitoring of Patients in Restraints

All patients in restraints of any kind shall be closely monitored, with the maximum time between observations being two hours. Monitoring shall include condition of skin, observations that support adequate circulation, and observation for bruises, abrasions, and lacerations.

6. Application of Restraints

Restraints must be carefully selected to be of appropriate size for the patient. Restraints are to be secured to the bed frame, if the patient is in bed, never to the side rails. Use of restraints will be discontinued as soon as feasible.

When using wrist and ankle restraints, a finger's width of space must be maintained between the skin of the wrist/ankle and the restraining device.

Vest Restraints are to be applied with the crossing ties in the back, as per manufacturer's directions. The patient must be able to maximally expand their chest wall without hindrance.

Soft leather restraints shall be used only for severely combative individuals.

Mittens are placed on the hand with the palm on the smooth side of the mitt. Mittens shall be removed every two hours to prevent contracture and the circulation assessed.

END OF LIFE CARE

As with all patient care, end of life care must emphasize comfort, relief of pain and distress, with provision of physical and emotional support. The patient and family as desired must be included in making decisions based on their personal beliefs and values. Many people do not consider their personal definitions regarding the meaning and purpose of life until crisis, illness, and/or suffering force the awareness of life as a finite experience. Staff will act with awareness of the psychological and spiritual aspects of support and care, participating in an interdisciplinary team that "affirms life and regards dying as a normal process," allowing the patient to die with dignity, while supporting the family during the final illness and their bereavement.

EMERGENCY CODES

In all cases, you should know what your department-specific responsibilities are. Each hospital has a disaster plan designed to direct how to carry out patient care during an internal and external disaster. Always be prepared to respond to the following situations: Actual colors associated with specific emergency situations may vary from one facility to another.

- Code Red: Fire
- Code Blue: Life Threatening situation
- Code White: Life threatening situation for pediatrics
- Code Pink: Infant abduction
- Code Purple: Child Abduction
- Code Orange: Hazardous Materials Spill
- Code Gray: Potential or real violence occurring in the facility
- Code Yellow: Bomb threat

- Code Silver: Person with weapon or hostage situation

What is my role in a disaster?

If you are on duty when a disaster strikes, you have certain duties to perform:

- Contact your Supervisor to find out where to report, or if you should continue your work assignment. Use pay phones if personal calls are necessary.
- Wear your photo identification badge at all times. Your photo ID will get you through Police roadblocks

Communication

The backup communication system includes use of pay phones, use of FAX machines, the distribution of 2-way radios to all patient care areas; and the use of runners in a disaster.

Supplies and Equipment

Backup supplies and equipment are available for disasters.

AGE SPECIFIC EDUCATION

As people age, they continue to experience physical and emotional changes. These changes are the result of the many experiences and influences, including the genes we inherit and the lifestyles we choose. This review will outline the common changes that occur with age. It will provide some tips for helping you to remain sensitive to our patients.

Early Older Adulthood (60-75 years)

The average American lives to be 77.2 years old. Most adults will live well into early older adulthood. People in early older adulthood usually have at least one chronic disease. High blood pressure, arthritis, heart disease and cancer are the most common. Most people in this age group will need eyeglasses to read. Many will suffer from the loss of hearing associated with old age. Most women have gone through menopause. Many in this group require daily medications.

People in this age group are beginning to lose friends and loved ones to the inevitable process of death and dying. Hospitalization may cause fear as patients confront their mortality. Other concerns relate to limited income since many have retired. Fear of permanent disability may be a worry for hospitalized patients in early older adulthood. Arthritis is common in this age group. Older adults often experience both chronic and acute pain. Consistent use of the pain scale will help older adults evaluate their pain.

You can help to create an environment that is friendly to aging patients. Adjust lighting to help patients better navigate the hospital environment. Provide extra time for learning to help older adults retain the information presented. Use verbal as well as written instruction to help them learn. Make sure the telephone is within reach, the call light is close by and that the room is clutter-free to promote safety and independence.

Middle Older Adulthood (75-85 years)

The average 75-year-old has three chronic conditions and takes about 5 medications a day. Many in this group feel their body is “wearing out.” Almost all need glasses to see. Most have reduced hearing. Hospitalization can be frightening in particular ways for this group. Many have been struggling to live independently and most do not want to be placed in a nursing home. As a result of these fears, patients may make health decisions that are not in their best interest, like ignoring signs of disease, because they are afraid of the consequences.

People in this group are vulnerable to depression which may not be obvious to you. Assessment should include an evaluation of coping skills. Providing spiritual and social services can be especially helpful for this age group, since it can take time to get someone to open about these issues.

Many patients in this group, like those in the previous group, live with arthritis pain. They may not talk about this pain unless you specifically ask about joint or muscle aches. Good pain management will help them participate in physical activities like walking and physical therapy.

Late Older Adulthood (85 plus years)

With age the number and severity of disabilities increases. Chronic diseases progressively get more severe and many patients are diagnosed with new illnesses. Most in this group are frail and increasingly dependent on other people to assist them with their daily tasks. Older adults fear changes to their routine, so a hospitalization can be particularly stressful.

Care for adults at this stage in life should focus on improving or maintaining function. Allow the patient to express needs and then tailor the care environment to meet those needs. Maintaining a user-friendly environment will promote independence.

Some older adults may not report pain due to fear of losing independence. Others have been living with arthritis and other pain so long that they no longer express their discomfort verbally. Look for nonverbal signs of pain including confusion, inability to ambulate, grimacing, and decreased range of motion. Adults in this age group have decreased cough ability and decreased swallowing skills. Aspiration precautions should be used with all frail older adults. In this age group, skin becomes thin. Patients become at risk for skin tears and pressure ulcers.

People of any age can become confused while hospitalized, but the likelihood is greater for older patients. Memory loss is not necessarily a part of the aging process. So if you speak with someone who seems to be losing memory, that patient should probably be evaluated for underlying illness. In many cases, we can find a cause and a solution. Confusion that is normal at admission may develop into delirium. This condition may indicate an underlying illness, such as infection, that needs to be treated. Frequent reminders about time, date, season and weather may help older adults regain a sense of security and confidence.

Patients who have lived this long have experienced many losses. Life review is common in this group. Many will enjoy telling you about “how it used to be.” Reviewing the past can help people achieve closure. Pastoral care and social work can provide assistance to patients beginning this profound and affecting final journey.

EMERGENCY TREATMENT OF PATIENTS (EMTALA)

Federal law requires that a facility take care of any patients who need emergency care, regardless of their ability to pay for care. Unless the patient is pregnant and in labor, a facility can transfer the patient to a more appropriate hospital once the patient has been stabilized and once the facility has verified that the next facility has room.

Greenstaff Medical Staffing, LLC provides special education with regards to this legislation. You should be aware that if someone asks you about getting emergency treatment for any condition, you should refer that person to the Emergency Department or call the House Supervisor. It is against the law to send a patient away who seeks treatment for an emergency condition.

If you will be working in ER, please make sure you receive and complete Greenstaff Medical Staffing, LLC’s education module on EMTALA.

THE HIPPA PRIVACY RULE

A patient's right of privacy and confidentiality is protected by law. No one, including spouses, friends, or attorneys, is permitted to review the patient's medical record without prior written authorization, except as required by law (court order or subpoena) or other regulation.

- Only information that is pertinent to a patient's treatment may be disclosed to other practitioners. Only authorized hospital personnel have access to medical records. All requests for medical information must be referred to the Health Information Management department.
- All employees are required to sign a confidentiality statement upon employment.

To decrease the risk of uninvolved persons overhearing or seeing confidential patient information:

- Confine discussion of patient care information to the patient care areas
- Keep computer ID/passwords confidential. Unauthorized use of ID/passwords may be subject to disciplinary action.
- Exit computer programs and log off before leaving the workstation.

What is HIPAA?

The HIPAA Privacy Rule is a Federal Law that went into effect on April 14, 2003. The law protects the confidentiality of our patients' protected health information, or PHI. Protection of patient privacy and confidentiality is also required by the Center for Medicaid Services (Greenstaff Medical Staffing, LLC) and the Joint Commission.

Healthcare has a tradition of privacy. People have kept patient information private as far back as the fourth century BC with the Hippocratic Oath. However, with the advanced communications technologies in use today, safeguarding the privacy of patient information is more of a challenge. The HIPAA Privacy Rule reflects these new concerns.

The HIPAA law is complex. Protecting patients' healthcare information involves two considerations: Privacy and Security. There are differences between the two that you should know.

"Privacy" is concerned with the disclosure of information about a patient to the patient directly, or to those to whom we reasonably believe the information can be disclosed if it is consistent with good health care professional practices. (See HIPAA Privacy.)

"Security" is concerned with the processes, procedures, and technologies that we use to make sure that the people viewing or changing the information are really the ones who are authorized to do so. (See HIPAA Security.)

What information is protected?

All patients (including celebrities and our own employees) have the right to privacy, and this extends to their personal health information, referred to in the HIPAA Privacy Rule as "Protected Health Information," or PHI.

What types of information is protected?

- Paper records
- Computerized information
- Oral communication

What are examples of PHI?

- Face sheets
- Results of exam/evaluation
- Test results
- Treatment and appointment information
- Patient bills
- Photographs
- Paper records
- Computerized patient records and information

Releasing Patient Health Information (PHI)

What information can be released only with the Patient's approval?

As a general rule, Medical Records can only be released to outside parties with the patient's approval, or if there is a law requiring release. (See following section, below.) Again, as a general rule, this information can be released to outside parties only by the Health Information Management Department (Medical Records), or in some cases, the Records Custodian of each department.

Who are the Records Custodians?

Each department or unit that maintains PHI has a "records custodian" to approve access to PHI, for purposes other than routine treatment, payment, or operations purposes. Records Custodians may include department leaders and supervisors, unit secretaries, or other persons designated by department leaders

What are the Authorization Requirements?

A written authorization, signed by the patient or legal representative, must be obtained for any release of information except when the release is required by law, or when the information is used for the routine purpose of treatment, payment, or operations. For example, we are permitted to share our patients' PHI with other providers such as physicians to treat the patient, or we may submit PHI to insurance companies to obtain payment, all without patient authorization.

What about releasing Patient's Protected Health Information (PHI) verbally in discussions with friends and family?

When the patient is present and has the capacity to make his or her decisions, we may disclose PHI to friends and families, if one of the following conditions is met:

- We obtain the oral agreement of the patient or legal representative;
- We provide the patient with an opportunity to object to the disclosure, and the patient does not object;
- We infer from the circumstances that the patient does not object to the disclosure. For example, when a friend has brought the patient to the emergency room for treatment.

When the patient is not present, or when the patient is incapacitated due to an emergency, it's okay to make the disclosure if our decision is consistent with good health care professional practices. For example, when a patient is brought to the emergency room, we may inform relatives and others involved in the patient's care that the patient has suffered a heart attack and we may provide updates on the patient's progress and prognosis when the patient is unable to make decisions about such disclosures.

Whatever information we disclose to the patient's friends or families should be directly relevant to that person's involvement. For example, a neighbor picking up a patient can be told that the patient is unsteady on his feet; however, the neighbor should not be told that a tumor was removed.

How is Protected Health Information handled for Minors?

If a patient is a minor (under 18 years of age), the patient's parents or guardian may receive or direct the use and disclosure of PHI on behalf of the patient, except for "Emancipated Minors."

Emancipated Minors are children who have been released from the control of parents or guardians, and may control their own PHI, in the same manner as an adult:

- Anyone who is not yet 18 years old but is legally married or who is a parent.
- Anyone who is not yet 18 years old, but has been legally married and is now divorced, or a widow or widower.
- Anyone who is not yet 18 years old but is maintaining his or her own residence and is self-supporting. A reasonable effort to contact parents must be made.
- Anyone who is not yet 18 years old and is pregnant.

Minors Who Are Not Emancipated: Any minor (under 18 years of age) may without parents' consent, approval, or notification have the right, in the same manner as an adult, to protect their health information for the voluntary treatment of:

- Alcohol or drug abuse
- Testing and treatment for sexually transmitted disease

BODY MECHANICS

With the use of proper body mechanics and ergonomics (the undersigning of the workplace to fit the worker), most injuries are preventable. The following prevention points, when adhered to, will promote safety.

Lifting

- Assess the situation and plan how to accomplish it before beginning.

- Use the muscles of the legs, hips and arms – the strongest in the body. Keep a neutral spine.
- Bend knees and hips avoid bending at the waist, and lift with your legs, not your back
- Keep feet at shoulder width to provide a broad base of support.
- Make sure the object is close to you, do not-over reach, and carry the load close to you.
- Avoid lifting higher than your waist.
- Push and don't pull.
- Ask for help.

Sitting

- Use chairs that provide support to the back, particularly the lower back.
- Both feet should be able to rest flat on the floor.
- Avoid slouching, walk around and stretch occasionally, or change position often to avoid strain.
- Avoid twisting and over-reaching
- Position yourself directly in front of your work and make sure your work is at eye-level to avoid neck strain.

Standing

- Stand close to your work area with your back erect, chin in, pelvis tucked under and knees slightly flexed.
- Maintain a broad base with your feet and ensure even weight bearing.
- Avoid prolonged positions and slouching – stretch occasionally.

Back Care and Points for Prevention

- Use good posture at all times and proper body mechanics.
- Change position frequently.
- Exercise regularly and eat a well-balanced diet to control your weight.
- Ensure enough rest at night.
- Practice stress reduction techniques, such as yoga and relaxation.
- Ask for help in lifting or moving heavy objects.
- Keep work area safe – clean up spills, wet floor signs; ensure no loose equipment, boxes on flooring, no loose power cables, close drawers. Notify appropriate personnel immediately, such as maintenance.
- Wear shoes with non-skid soles.
- Walk and don't run.
- Report any accidents of patients or visitors to staff supervisor immediately.
- Monitor safety of patients closely.
- Ensure breaks are applied to wheelchair or bed when moving patients.
- Adjust height of bed or table to waist / mid-to-upper thigh level when moving patient.
- Maintain ergonomics at all times.

UNDERSTANDING CULTURAL DIVERSITY

Ineffective culturally diverse relations can lead to prejudice, discrimination and racism. All three are due to a combination of factors.

- Lack of understanding of culturally diverse groups other than one's own.
- Stereotyping of members of culturally diverse groups without consideration of individuals within the group.
- Judgment of culturally diverse groups according to standards /values of one's own group.
- Assigning of negative attributes to the members of other culturally diverse groups.
- View of the quality and experience of other groups as inferior to those of one's own group.

Ethnocentrism

Because culture influences people so strongly including the way they feel, think, act, and judge the world is not typical for people to subconsciously restrict their view of the world to the point of inability to accept other cultures. This is called ethnocentrism.

Ethnocentrism can prevent one from accepting others and can lead to clash of values, shaky interpersonal relationships and poor communication.

Approaches to Minimize Conflict in a Cultural Setting

- Deliver patient care that emphasizes the interrelationships among persons, cultures, health and medicine.
- Facilitate the medical employees/client's relationship through the development of special resources such as translators and multicultural workforce.
- Establish norms allowing family involvement in the healing process.
- Identify and increase knowledge about non-traditional community resources such as local herbalist or specialty stores.
- Explain community health practices to clients and assess their level of acceptance.
- Include cultural diversity concept in the education of medical personnel and the orientation of hospital employees.

Cross Cultural Communications for Healthcare Workers

In the business of healthcare, 90% of activities involve communication. Achieving effective communication is a challenge to managers even when the workforce is culturally homogenous. Communication is the exchange of meaning. Communication includes any behavior that another human being perceives and interprets. The meaning interpreted by the receiver may be different from the information being conveyed by the communicator. Translating meanings and behaviors, that is into meaning based on a person's cultural background and is not the same for each person. The greater the differences in backgrounds between the sender and the receiver the greater the difference in meaning attached to particular words and behaviors. Cross-cultural communication occurs when a person from one culture sends a message to a person from another culture.

There are ways to increase the chances to accurately understanding people who speak a different language.

Verbal Behavior

- Speak clearly and slowly.
- Repeat each important idea.
- Use simple sentences
- Use active verbs.

Non-Verbal Behavior

- Visual restatements (use pictures, graphs, etc.)
- Gestures (use facial and hand gestures).
- Demonstration: Act out the themes
- Pause, more frequently

Attribution

- SILENCE: when there is silence, wait. Do not jump to fill in the silence. The other person is probably thinking.
- INTELLIGENCE: Do not equate poor grammar and mispronunciation with lack of intelligence. It is a sign of second language use.
- DIFFERENCES: If unsure, assume differences rather than similarities.

Comprehension

- UNDERSTANDING: Do not assume that they understand. Assume that they do not
- CHECK: Have the people repeat their understanding
- BREAKS: Take more breaks, second language comprehension is exhausting.

Motivation

- ENCOURAGEMENT: Verbally and non-verbally encourage and reinforce.

- REINFORCEMENT: Do not embarrass speakers.

Strategies to Communicate Effectively

Strategies to overcome our natural parochial tendencies do exist. With care, the default option can be avoided. We can learn to understand and control our own cultural conditioning. In facing foreign cultures, we can emphasize description rather than interpretation or evaluation and thus minimize self-fulfilling stereotypes and premature closure. We can recognize and use our stereotypes as guides rather than rejecting them as simplification. Effective cross-cultural communication pre-supposes the interplay or alternative realities. It rejects the actual or potential domination of one reality over another.

Miscommunication is a frequent problem in healthcare organizations. The most obvious case is when the patient and the hospital personnel do not speak the same language. Also, patients and staff may operate on different beliefs, values, clocks, causing confusion and resentment for all parties.

Time

When is the right time? People of different cultural background may give different answers to this question. Some people count time by a watch. They see time as money saved, spent, squandered. Others see only the rhythm or cycles of growth of people or things.

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to conclusions that others are irresponsible. Do not assume that you are stupid or insensitive because you don't manage time the way they do.
- If you cannot adapt to the other person's sense of time, negotiate something that will for both of you.
- Remember that culture runs deep. It is one thing to make an agreement and another to create a habit. Changes here will take patience, persistence with others and yourself.

Space

How large space depends on your background and culture. Getting too close may make another think you are intrusive, aggressive, or pushy. Staying too far may give them the impression that you are cold, impersonal, afraid or disinterested.

- Learn to be flexible
- Know that others may feel differently about space. Stay put and let the other people adjust to where they feel comfortable with you.

Touching

When people touch physically it mean different things.

- I have power
- Hello/Goodbye
- I want you to understand
- I like you
- I want to congratulate

Communicate

When you communicate, be aware of:

- Tone of voice
- Body posture
- Breathing rate
- Distance
- Timing and pacing of speech patterns

DISCHARGE PLANNING

This Fact Sheet discusses a hospital's responsibilities to assist with nursing home placement and right to challenge hospital discharge decisions. All of the information applies only to persons on Medicare, although there are similar rights under other health insurance programs.

WHAT IS HOSPITAL DISCHARGE PLANNING?

Hospital discharge planning is a service to assist patients in arranging the care needed following a hospital stay. Discharge planners help arrange services including home care, nursing home care, rehabilitative care, out-patient medical treatment and other help. Hospital discharge planning is usually handled by the hospital's Social Services Department.

If a patient needs help arranging nursing home care, ask the doctor to contact the Social Work Department. If a hospital discharge planner does not contact the patient within a short time, contact the Social Work Department directly for assistance.

Discharge planning services in Medicare certified hospitals must meet the following standards:

- Hospitals must identify and evaluate persons who may need discharge planning assistance.
- The evaluation must be done on a timely basis and must determine the need for services after the hospital stay and the availability of these services.
- The results of the evaluation must be discussed with the patient or patient's representative.
- If requested by the patient's physician, the hospital must help develop and implement a discharge plan for the patient.
- Discharge planning must be provided or supervised by a social worker, registered nurse or other appropriately qualified person.

If a patient needs nursing home care, the hospital's discharge planner should provide information about local nursing homes, and should help identify homes that have vacancies.

The hospital cannot force a patient to go to any particular nursing home or discharge a patient to a nursing home without the patient's legal representative's consent. If the hospital believes that a patient no longer needs hospital care and is refusing appropriate discharge, it must issue notice to the patient of its determination. This notice can cause the patient to become responsible for payment of continuing hospitalization, subject to the patient's right to appeal. The notice and appeals rights are discussed below.

PATIENT RIGHTS AND RESPONSIBILITIES

Greenstaff Medical Staffing, LLC employees must uphold their role as advocates and recognize the consumer/patients' right to dignity, individual value systems, access to medical care and confidentiality. In being that advocate, nurses should be able to speak up to protect the health and safety of patients in their care without fear of retaliation.

The Patient's Bill of Rights

The Patients' Bill of Rights was conceived in 1998 by the U.S. Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Its purpose is to promote healthcare quality and support the public as they navigate through the healthcare system. The seven areas of rights and responsibilities are:

1. Information Disclosure: Patients have the right to accurate and easily understood information about their health plan, health care professionals, and health care facilities. If a patient speaks another language, has a physical or mental disability, or just don't understand something, assistance must be provided so that the patient can make informed health care decisions.
2. Choice of Providers and Plans: Patients have the right to a choice of health care providers who can provide high-quality health care when needed.
3. Access to Emergency Services: Patients who have severe pain, injury, or sudden illness that convinces them they are in serious danger, have the right to be screened and stabilized using emergency services. These services should be provided whenever and wherever needed, without the need to wait for authorization and without any financial penalty.

4. Participation in Treatment Decisions: Patients have the right to know their treatment options and to take part in decisions about their care. Parents, guardians, family members, or others that a patient selects can represent them if they cannot make their own decisions.
5. Respect and Non-discrimination: Patients have a right to a considerate, respectful care from doctors, health plan representatives, and other health care providers without discrimination.
6. Confidentiality of Health Information: Patients have the right to talk privately with health care providers and to have their health care information protected. Patients also have the right to read and copy their own medical record. Patients have the right to ask that a doctor change their record if it is not accurate, relevant, or complete.
7. Complaints and Appeals: Patients have the right to a fair, fast, and objective review of any complaint they have against their health plan, doctors, hospitals, or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

The Six Ethical Principles of the Patient's Bill of Rights

The Patients' Bill of Rights supports six basic principles of ethics:

1. Autonomy: Independence, self-direction, and freedom of choice. When patients choose a healthcare provider, a healthcare facility, or make decisions about treatment, they are exercising autonomy. The Patients' Bill of Rights supports autonomy by supporting the patients' right to the choice of plan and healthcare providers that ensures access to appropriate health care. The healthcare professional's duty is to support patients' autonomy by ensuring that patients understand their treatment options.
2. Beneficence: Acts of charity or kindness. As a principle of ethical care, it means that treatment provided is for the good of the patient. The principle of beneficence means that patients should receive considerate and respectful care and have the opportunity to let healthcare workers know when they are not receiving the quality or value of care necessary. Healthcare professionals should assist patients to voice their concerns through a complaint procedure. The principle of beneficence indicates that healthcare providers must provide competent care, so the patient is safe and is treated with respect.
3. Confidentiality: Private or secret. As a principle of ethical care, it means that information about patients and their care is protected and shared only with those who have the right or the need to know. The patient also has a right to know how information about him will be used by others, and who will receive that information. The principle respects that patients have the right to know about their treatment and to review their own records.
4. Fidelity: Faithfulness, as in a pledge or duty. As a principle of ethics, it means healthcare workers have a duty to be patients' advocates and to protect patients' rights. Fidelity is demonstrated by upholding the Patients' Bill of rights.
5. Veracity: Truthfulness. As a principle of ethics, it means supporting both information disclosure and the right to make treatment decisions as described in the Patients' Bill of Rights. Correct and truthful information helps patients to make informed choices.
6. Justice: Impartiality or fairness. As a principle of ethics, it means that all patients and their families are treated the same, without favoritism or discrimination based on race, color, gender, economic status, social status, or any other personal trait. All people have the right to fair and unbiased treatment.

Informed Consent

Informed consent is a process in which consent is obtained for a treatment or healthcare service when the patient knows about and understands the treatment, including its implications, benefits and risks, and the alternatives. The patient must know they have the right to accept or refuse the treatment or service.

Before undergoing treatment, patients must give consent. Some patients may not be capable of giving consent because of age, mental competence, or other possible factors. As such, a designated guardian (such as parent, relative, friend or caregiver) represents that patient. Healthcare workers must ensure that the consent is "informed" and signed by either the patient or the guardian.

Advance Directives

Advance Directives: Documents written in advance of serious illness or injury which state choices for medical treatment or names someone to make treatment decisions on behalf of that individual should he/she become unable to make or communicate such decisions. Advance directives promote an individual's control over his/her own healthcare decisions. All patients entering

the healthcare system must be given the opportunity to complete an advance directive document which will define the patients' preferences in end-of-life decisions or at any time that they are unable to convey their own wishes regarding healthcare. Advance directives are voluntary and are supported by the Patient's Bill of Rights dependent upon state law, there may be two or more types of advance directives: the living will and the durable state of attorney/healthcare surrogate, as examples.

Living Will: A "Living Will" is a document that gives direction about the medical care, and limitations of medical care, desired by the patient when he or she is either in a permanent vegetative state with no hope of recovery or has an imminently terminal condition and is unable to make his or her needs known.

Healthcare Surrogates/Durable State of Attorney: A document which names someone to make medical care decisions for another, should that person become unable to make them for themselves. This document may include instructions about treatments and individuals that he/she may or may not want, should he/she become seriously ill or injured.

Guidelines

Written information regarding advance directives may be available to anyone and most often is administered through the admission department, Social Work department, Pastoral Care department, Medical Records department. It is the responsibility of the registered nurse to assure this documentation is available in the medical record.

Any competent patient may sign a living will or durable power of attorney for healthcare. Witnesses to a living will may not be:

- Related to the patient by blood or marriage
- The patient's physician or employee of the physician
- An employee of the hospital if the employee is providing direct care to the patient or is involved in the hospital's financial affairs
- Be a patient of the hospital
- Have a claim against the hospital

Witnesses to a durable power of attorney for healthcare may not be:

- The person appointed as agent in the document
- A provider of health or residential care
- The operator of a community care facility
- An employee or operator of a healthcare facility

Each adult (or their representative), who registers as an inpatient, should be asked if they have living will and/or durable power of attorney for healthcare. If the patient has a living will and/or durable power of attorney for healthcare, it shall be noted on the appropriate form and be made part of the medical record.

If a patient decides to revoke a written advance directive, the appropriate department should be notified by the patient's physician or staff nurse. Said department shall explicitly mark the advance directive as being revoked and should clearly document the date of the revocation. A patient may revoke an advance directive at any time, regardless of the patient's mental state of competency.

UTILITY MANAGEMENT

Utilities are basic building services. They include:

- **Electricity:** Emergency Electrical Service is supplied from a hospital's emergency powerhouse generators. When normal service fails, the generators support essential building systems, fire safety systems and pre-designated medical equipment. Most hospitals have an Uninterruptible Power Supply (UPS) System. It permits power sensitive equipment to function normally during transitions in power supply.
- **Water:** Water is needed for drinking, cooking, bathing, cleaning, flushing the toilet, steam production, heating and cooling systems and cooling some clinical equipment.
- **Sewer:** The Sewer Service allows for waste disposal from the facility.
- **Natural gas:** Hospitals use natural gas as the primary fuel for the boilers to make steam and hot water. Natural gas also supports food service and lab processes. The hospital may have a backup diesel fuel supply to fire the boilers if the natural gas supply fails.

- Piped Medical gases: Medical gases include oxygen, nitrogen, nitrous oxide and carbon dioxide. They are supplied from the hospital medical gas storage systems. Medical Gases are distributed to specific outlets throughout the hospital. Medical Air is also distributed via special outlets throughout the hospital.
- Heating, Ventilation and Air Conditioning Systems (HVAC): The functions of HVAC include heating to support room comfort, ventilation to support air quality and infection control and cooling to support human comfort and in some locations, equipment function.
- Fire Protection System: Fire protection systems are operated and maintained by the Hospital's Physical Plant and Maintenance Departments. Smoke detection systems are designated to operate at all times. Fire sprinklers turn on when a defined temperature is reached. Fire alarms are triggered by the smoke detection of fire sprinkler systems. They produce audible alarms and visual strobe signals.
- Pneumatic tube systems
- Telephones
- Computers

Code White: Utility Failure

The purpose of a Code White is to alert employees to a hospital-wide failure of one or more of the above utility systems. All departments and units have Utility Failure Plans that identify what action you need to take in the event of one of more utility failures. Make sure you know the location of the Utility Failure Plan and contact the Hospital Safety Management, Department Manager or Safety Coordinator if you have any questions.

PATIENT EDUCATION

Patient/family teaching has been recognized as an essential activity fundamental to every nursing, medical and allied specialty. The growing awareness that individuals can be more responsible and participate in their own health is prompting the providers, policy makers, regulatory agencies, and payers to strengthen patient and family education in every phase of patient care.

Patient and family education is interactive and appropriate to the patient's age and length of stay. It includes, but is not limited to:

- Helping the patient adopt or function more independently
- Information about access to additional resources
- When and how to obtain further treatment
- Safe and effective use of medication and medical equipment
- Potential drug – food interaction
- Nutrition information/counseling on modified diets as appropriate
- Rehabilitative techniques, including activity and assistive devices
- Maintenance of good standards for personal hygiene and grooming, including brushing teeth, bathing, caring for hair and nails, and using the toilet
- Information on patient/family responsibilities for the patient's health care need (e.g. self-care, signs and symptoms to report, etc.) including the knowledge and skills to carry out these responsibilities.

How is Patient/Family Education Implemented?

- Patient teaching is based on assessed learning need
- Assessment includes consideration of cultural and religious practices
- Barriers to learning are identified
- Age-appropriate teaching is matched with developmental stage
- Education is provided by the appropriate health care professionals (Pharm D, MD, RN, LCSW, RD, RCP, RT, OT, SLP and other disciplines involved with the patient's care)
- Educational materials (video and print) utilized are medically current, instructionally correct, cost effective and developmentally coordinated through the Patient Education Committee.

The Nurse Role in Patient Education

- Asses/re-assess patient including cultural and religious beliefs
- Identifies learning barriers

- Identifies learning need
- Provides in room orientation
- Plans for patient teaching in collaboration with patient/family and involves interdisciplinary team
- Demonstrates use of equipment, rehabilitative techniques, assistive devices
- Explains treatment plan, verifies patient's knowledge about procedures
- Explains medication in collaboration with clinical pharmacist
- Teaches/demonstrates self-care, personal hygiene
- Provides discharge instructions such as:
 - Follow up appointment with physician
 - Danger signals and symptoms to report
 - Medications, food-drug interactions
- Provides patient with education materials
- Self-care
- Activity, assistive devices
- Access to resources
- Pain Management
- Return to work and driving

MEDICAL EQUIPMENT MANAGEMENT

The Safe Medical Devices Act, in an effort to monitor incidents involving equipment, requires all healthcare personnel to follow up on problems or incidents involving equipment promptly. If a piece of equipment does not function properly:

- Take it out of service and generate a work order generated for its repair.
- If the item has been involved in an incident causing serious illness or injury to anyone in our facility, the equipment should be isolated and saved for Risk Management to examine.
- Fill out an incident report.
- Report the incident immediately to Risk Management. Risk Management staff will evaluate the incident for reporting to the FDA and manufacturer.

In order to provide quality patient care with the least amount of risk possible, all Facilities have developed an Equipment Management Program. All equipment (clinical or non-clinical) must be inspected by the Facilities Management Department prior to its initial use. "Equipment" is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, which could pose a physical and/or clinical risk to a patient and/or operator during use.

- All employees who operate, monitor, or maintain clinical equipment must be trained to do so safely.
- Employees are required to be familiar with the clinical equipment inspection stickers affixed to each piece of equipment.
- All equipment should have the facility's inspection sticker on it that indicates the equipment was inspected; the equipment passed the electrical safety test and how frequently the equipment is tested.

Clinical Equipment

In order to provide quality patient care with the least amount of risk possible, the Facilities Management Department has developed a Clinical Equipment Management Program.

Clinical equipment is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, and which could pose a physical and/or clinical risk to a patient and/or operator during use.

All equipment (clinical or non-clinical) must be inspected by the Facilities Management Department prior to its initial use.

Many different types of clinical equipment are used to help treat patients in your facility. Some of these are:

- Ventilators
- IV (Intravenous) pumps
- Glucose-testing monitors
- Cardiac monitors

- Enteral pumps
- Radiant warmers
- Hypothermia blankets
- EKG (Electrocardiograph) machines
- Electric beds

Clinical equipment can be an important part of a patient's treatment, but there are things that can go wrong. There are three types of risk factors, or potential problems, that can arise in the use of clinical equipment:

1. Malfunction
2. Improper use
3. Damage to equipment

It is important that you do not use any equipment that you have not been trained to use. You need to know the following information about any equipment you use:

1. How to operate it
2. The purpose of the equipment and the intended results
3. Monitoring and observation activities - what to observe, frequency precautions, and adverse reactions
4. Contraindications - warning signs
5. Troubleshooting - including how to respond to alarms
6. Care and maintenance
7. Backup procedures and equipment

In addition to proper training, there are other things you can do to help ensure that equipment functions properly and safely:

1. Teach patients and their families about any equipment, including how it works, its purpose, safety precautions, signs of problems, what to do if problems arise, and when to notify staff.
2. At the first sign of a malfunction, take equipment out of use. Label it so that others do not use it, and follow the policy of your facility for repair.
3. If equipment has a battery backup, keep it plugged in whenever possible so that it stays fully charged.
4. Remove equipment from rooms when it is no longer needed to prevent it from being damaged and to make it available for others to use. Follow the policy of your facility to prepare the equipment for use with another patient, including disinfecting, cleaning, re-inspecting, and recalibrating where required.
5. If any equipment is dropped, take it out of service immediately. Even though it may seem intact, there might have been damage to some components that could pose a safety hazard.
6. Cellular phones have been found to interfere with some electrical equipment. Your facility may have a policy that bans cell phones in the facility or within certain areas.

PAIN MANAGEMENT

Pain management is a complex, subjective and highly unpleasant sensory or emotional experience caused by a physical, neurological, or emotional response to noxious stimuli. Pain can be acute or chronic in nature. No two people experiences or express their pain alike. The most reliable indication of the existence and intensity of pain is the patient's testimony, and its measurement is considered the 5th vital sign. Many factors can influence the severity of pain, including the personal meaning of pain, additional anxiety, tension, depression, fatigue, and sleeplessness. Chronic pain is the most frequent cause of reduced quality of life. Untreated acute pain in hospitalized patients can cause longer hospital stays, delayed healing and fear and anxiety.

When you are providing care, moving, lifting a patient, or performing procedures, ask the patient if they are having pain. Do not assume a patient is not in pain just because he or she doesn't speak up. Often, careful moving or re-positioning may help.

Patient pain level will be assessed using ETRMC's Universal Pain Assessment 10-point scale. Pain management includes main assessment, planning, intervention, reassessment of patient responses to pain management measures, and education of patient and family regarding pain management. Patient assessment, reassessment and education must be documented on the medical record.

Pain control measures fall into two categories:

1. Pharmacological interventions
2. Non-pharmacological interventions

Pharmacological interventions are pain control methods that use medications. These include:

1. Opiates, such as morphine and codeine
2. Non-opiates, such as acetaminophen
3. Adjuvants, a variety of drug types that are usually used to supplement opiates or non-opiates.

Non-pharmacological interventions are alternative measures that do not use drugs. The methods that are selected will depend on the needs of the patient. Non-pharmacological pain management methods include:

1. Relaxation and distraction techniques
2. Physical interventions.

Relaxation and distraction techniques

These techniques work best if they are practiced before they are needed for pain relief. They include:

- Deep breathing (with focus on breathing techniques)
- Listening to music
- Guided imagery
- Biofeedback
- Hypnosis.

Physical Interventions

Physical interventions that can help in the treatment of pain include:

- Massage
- Exercise (especially for chronic pain)
- Application of heat or cold (not longer than 20 minutes; be careful of extremes of heat or cold that could damage tissue)
- Acupuncture
- Position change
- TENS unit (trans-electrical nerve stimulation therapy).

A TENS unit controls pain by stimulating the nerves at the pain location and helping to block pain signals.

When using drugs to control pain, the best strategy is to use the **least strong** drug which still gives adequate pain relief. If the intervention does not relieve the pain, it may require:

- An increase in dosage
- An increase in frequency
- An increase to the next level of drug.

Usually, pain control measures begin with non-opiates (non-narcotic) drugs. Non-opiates, such as acetaminophen (Tylenol) are generally available in both over the counter and prescription strengths. Non-opioids are usually taken orally or by suppository. The most common side effect of acetaminophen is hepatotoxicity (liver involvement). This is most common with an overdose.

Non-opiates also include NSAIDS (non-steroidal anti-inflammatories), such as Advil and Motrin. These may also be used in combination with opiates. The most common side effects of NSAIDS are:

- Gastric irritation
- Prolonged bleeding time.

The name, **opiates**, refers to drugs that are based on opium. They can be either natural or synthetic. Opiates are used for moderate to severe pain.

Pure Agonists

One class of opiates, known as "pure agonists", which refers to their specific mechanism for pain relief, includes:

- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine.

Increased dosage of pure agonists provides increased analgesia (pain relief) and side effects. Side effects include:

- Euphoria
- Sedation
- Constipation
- Nausea
- Vomiting
- Itching
- Urinary retention
- Hypotension
- Respiratory distress.

Over time, patients may develop a tolerance for opiates, meaning they require higher dosages to achieve the same pain relief. However, the usual reason for increasing dose is because of disease progression. Patients who have received opiates for a long period of time may experience withdrawal when the drug is stopped. This means that patients should not be taken off the drug suddenly but should gradually decrease the drug level over several days.

There are two important things to remember about opiates and other pain drugs:

1. Drug-seeking behavior is NOT a sign of addiction.
2. Drug-seeking behavior IS a sign of inadequate pain relief.

Other opiates

Other types of opiates, nalbuphine (Nubain) and butorphanol (Stadol), provide less analgesia, but also fewer side effects. There is also a limit to their effectiveness. After a point, higher doses do not increase analgesia. These drugs are sometimes used to reverse analgesia and side-effects caused by pure agonists.

Administration of opiates

Opiates can be given orally. As pain level increase, they are administered in other ways which deliver a higher level of pain relief:

- Sublingually (under the tongue)
- Buccally (placed in the cheek area if patient unable to swallow)
- Dermal patch (for continuous release)
- Intravenous (IV) by continuous infusion or intermittent dosage
- Patient-controlled analgesia (PCA) using intravenous delivery
- Intramuscular or subcutaneous injection
- Suppository.

Adjuvants

Other drugs that may help in pain control are called adjuvants. These include:

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants.

These drugs are used to:

1. Enhance the effectiveness of a primary analgesic
2. Limit the side effects of a primary analgesic (usually an opiate)
3. Treat concurrent symptoms that increase pain
4. Provide analgesia for certain types of pain that are not relieved by opiates.

RADIATION SAFETY

Time, Distance and Shielding prevent unnecessary exposure to radiation. Spend only the needed time in the radiation area, keep your distance from the source of radiation and use proper shielding when radiation equipment is being used. To do this, routine testing and evaluation of equipment, procedures, personnel monitoring and continuing education are critical. Those involved with radiation need to attend an annual refresher course on Radiation Safety. The classes are listed in the Memorial Academy catalog.

- Always observe radiation warning signs
- Enter areas employing radioactive sources only for authorized and necessary purposes.
- Do not attempt to clean up spills on floors and counter tops labeled “Caution: Radioactive Materials.” These may be radioactive and require special clean-up procedures.

FALL PREVENTION

Most facilities have developed a Fall Prevention Program to identify those patients who are at highest risk to fall, with the intent of reducing injuries.

A patient fall may also result in:

- Longer hospital stays
- Permanent injury
- Disability
- Death

There are things you can do to help prevent patient falls:

- Orient patients to their surroundings.
- Show them how to use the call light and explain how and when to get assistance
- Ensure good lighting in rooms and bathrooms
- Keep beds at a low height
- Make sure path to bathroom is clear

You can also learn to recognize patients who are at risk for falls. These include:

- Infants and young children
- Older adults
- Sedated patients.

Infants and young children

These patients are immature, and they often do not understand what they should or should not do. Their motor skills are still developing, so they can fall easily. They are also full of curiosity.

Older adults

The majority of falls occur in patients over 65 with the highest number in the 80-89 age group. These patients may be unsteady on their feet. They may also have problems with hearing and eyesight.

Sedated patients

Patients who are sedated may not be able to understand instructions. They often cannot recognize dangers and may become confused.

Patient education can also help prevent falls. Teach patients and their families about:

- The hospital environment
- Potential hazards
- Equipment being used.

In addition to patient falls, there are other types of injuries. These include injuries from misuse of equipment and burns from hot liquids. These injuries are less frequent than falls, but all have one thing in common:

Most injuries can be prevented!

There are several things you can do to help prevent injuries:

1. Identify and correct safety hazards.
2. Take care in using equipment.
3. Follow the standard of care when doing procedures and treatments.

Identify and correct safety hazards

- **Slips**, such as water on the floor, should be cleaned up.
- **Trips**, or obstacles, should be removed.
- **Sharps**, such as needles or glassware, should be properly disposed of.

XV. COMPLAINT RESOLUTION (STAFF AND CUSTOMER)

A Customer Service Complaint is any complaint and/or concern from one of our valued customers regarding a situation or incident that results in dissatisfaction of that customer. The purpose of our complaint policy is to:

- To have a positive impact in improving customer service and satisfaction.
- To understand the causes that underlie a complaint and to focus on making changes to systems and processes to reduce the probability of a similar complaint in the future.
- To prevent potentially compensable events and to protect corporate financial resources potentially jeopardized by customer dissatisfaction.
- To analyze and trend data to identify opportunities for organizational performance improvement.

All Greenstaff Medical Staffing, LLC patient care providers and internal office staff are entitled to full and equal accommodations, advantages, facilities, privileges, and services provided by the company.

Greenstaff Medical Staffing, LLC accepts complaints from persons who believe that they have experienced a violation of their rights. The following guidelines shall be followed in resolving complaints.

- Complaints must be filed within 30 days of the alleged act.
- The complaint is the written document that describes the occurrence and why the person filing the complaint believes the action or incident was in violation of his/her rights.
- An individual seeking to file a complaint needs to contact Greenstaff Medical Staffing, LLC management. An intake interview or phone interview will be conducted with the complaining party.
- After a careful screening process, the complaint is investigated to determine if there is sufficient evidence to support the allegation. The complaint documentation must contain a claim which constitutes a violation of the complaining person's rights.
- A complaint may be settled at any time after it is filed. Opportunities will be given to all parties involved to ask questions, provide information, and suggest witnesses in order to resolve the complaint.
- As the investigation proceeds, individuals will be interviewed and pertinent records and documents will be reviewed.
- The person filing the complaint must cooperate fully by providing accurate information and by supplying documents to support the allegations.
- All information gathered in the course of an investigation is subject to disclosure unless otherwise protected by the individual's right to privacy (e.g. medical records).
- If the complaint is substantiated, a reconciliation conference to settle the complaint will be scheduled. Settlement terms may require:
 - Restoration of previously denied rights.

- Compensation of any out-of-pocket losses incurred by person filing complaint
- Correction of other harm(s) resulting from the violation(s).
- Modification of practices that adversely affect persons protected under law
- Other actions to eliminate the effects of violation of rights.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service, we encourage you to contact the Greenstaff Medical Staffing, LLC Management to discuss the issue. Greenstaff Medical Staffing, LLC has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the Greenstaff Medical Staffing, LLC corporate office at (469) 249-3495. A corporate representative will work with you to resolve your concern. Any individual that has a concern about the quality and safety of patient care delivered by Greenstaff Medical Staffing, LLC health care professionals, which has not been addressed by Greenstaff Medical Staffing, LLC management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. Greenstaff Medical Staffing, LLC demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

XVI. PERFORMANCE IMPROVEMENT AND EDUCATION PROGRAM

The purpose of performance management is to enhance the knowledge, skills and behaviors of all employees. This is accomplished by providing a means of measuring employee's effectiveness on the job; identifying areas of development where employees are in need of training, growth, improvement and/or additional resources; maintaining a high level of motivation through feedback with management and establishing individual performance goals.

Initial Assessment

Upon hire, one of Greenstaff Medical Staffing, LLC's Recruiters must inform new hires of all the competencies that must be met. For the initial assessment, the competency self-assessments will serve as the baseline assessment. Review and education for errors on any competency exams, pharmacology exams and additional examinations will also serve as areas of improvement.

Quarterly Assessments

Greenstaff Medical Staffing, LLC has attempted to implement a continuous, systematic and coordinated approach to measure and assess hospital's feedback on all agency personnel being utilized. The following assessments are utilized to ensure employee performance and customer satisfaction:

- Caregivers are assessed by the charge nurse, nurse manager or client designee once during their assignment or at least quarterly. Assessment focuses on professionalism, safety, patient care, compliance, assessment, planning and documentation.

Any unsatisfactory scores will be reviewed and discussed with each nurse and methods for improvement recommended by Greenstaff Medical Staffing, LLC's President or Clinical Liaison. For more information on Greenstaff Medical Staffing, LLC's Progressive Discipline Program, please see Progressive Discipline Program.

Periodic Assessments

Greenstaff Medical Staffing, LLC's President or Clinical Liaison conducts annual assessments of all staff. Quarterly performance evaluations are solicited via phone calls from to review clinical performance based on client feedback. The President or Clinical Liaison and clients evaluate employee job performance based on the functions and standards as outlines in the job descriptions. The President or Clinical Liaison and employee will identify strengths, accomplishments and areas for improvement and development. All hospital reviews, including initial and random assessments are also incorporated into the ninety-day and annual performance review. Employees will also update their competency self-assessments at this time.

If Performance Improvement is required, written recommendations identifying the performance expected will be created and will be used to gain the employee's commitment to perform to those expectations. The President or Clinical Liaison will provide written coaching, resources, and suggestions to assist the employee in working toward the performance expectations established

in this phase. In the event that a Performance Plan is created, it is expected that the President or Clinical Liaison conduct Progress Checks, or informal reviews of performance to determine if the agreed-upon goals and objectives are being achieved, to recognize achievements, to discuss developmental needs, and/or to provide assistance in the accomplishment of performance goals.

Employee Performance Review

- Every healthcare professional employed by Greenstaff Medical Staffing, LLC, who is currently working and has worked in the last year, will have an annual performance evaluation carried out by the Greenstaff Medical Staffing, LLC, during the month of December or at the anniversary of their date of hire.
- Traveling providers are eligible for annual evaluations if the provider has worked a minimum of one 13-week assignment during the preceding year and are active at during the current year in at the anniversary of their date of hire.
- Per Diem providers are eligible for annual evaluations if the provider has worked a minimum of 8 hours during the preceding year and are active during the current year at the anniversary of the date of hire.
- Greenstaff Medical Staffing, LLC will attempt to obtain feedback from client representatives regarding clinical staff competence and ongoing performance of professional employee. Unfortunately, some clients will not cooperate with Greenstaff Medical Staffing, LLC in this regard, so Greenstaff Medical Staffing, LLC conducts phone solicitation of feedback from its clients.
- Feedback from our clients regarding clinical and/or professional performance is addressed with our employees immediately. Follow-up with our clients is completed within an appropriate time frame.
- Annual skills checklists which apply to specialty area of work will be completed by every health professional employed by Greenstaff Medical Staffing, LLC
- When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.
- The company assesses aspects of employee's competence at hire, at performance evaluation and as needed or required by state licensing agencies, to ensure that employees have the skills or can develop the skills to perform and continue to perform their duties.
- President or Clinical Liaison is responsible to ensure that any areas of development that are identified are addressed.

Education

Ongoing continuing education is the responsibility of Greenstaff Medical Staffing, LLC employees to ensure that all clinical staff has a current knowledge and practice base. Greenstaff Medical Staffing, LLC maintains information on available resources for BLS, ACLS, PALS, etc. The following online education programs are also available for continuing education; however this is not an inclusive list of available resources: www.nursetesting.com, www.nursingspectrum.com, and www.lww.com. Evidence of continuing education and annual required in-service education are part of the ongoing competency assessment program and will be maintained in your personnel file. Please provide Greenstaff Medical Staffing, LLC with copies of your continuing education certificates.

Disciplinary Action

Greenstaff Medical Staffing, LLC has established workplace standards of performance and conduct as a means of maintaining a productive and cohesive working environment. A positive, progressive approach is taken to solve discipline problems, which appeals to an employee's self-respect, rather than create the fear of losing a job. Our system emphasizes correction of the offensive behavior. If correction of the problem and sustained improvement does not occur, termination may result.

The following may be grounds for disciplinary action, up to and including termination:

- Accepting an assignment and not reporting to work or not notifying us.
- Unauthorized possession, use, or removal of property belonging to Greenstaff Medical Staffing, LLC or any client of Greenstaff Medical Staffing, LLC
- Failure to comply with all safety rules and regulations, including the failure to wear safety equipment when instructed.
- Reporting to work under the influence of alcohol, illegal drugs, or in possession of either item on company premises or work sites of client companies.
- Lewd, unacceptable behavior, possession of weapons or explosives and provoking, instigating or participating in a fight is prohibited at Greenstaff Medical Staffing, LLC and/or at its client hospitals.
- Violation of the harassment policy.
- Insubordination of any kind is grounds for immediate termination. (For example, refusal to carry out your supervisor's reasonable works request).
- Leaving an assignment without notice i.e. patient or assignment abandonment.

- Falsifying records, including but not limited to time records or claims pertaining to injuries occurring on company premises or work sites of client companies or personnel records.
- Disclosing confidential information without authorization.
- Disregard for established policies and procedures.
- Excessive cancellations or tardiness.
- Discourtesy to clients or fellow employees.

Do Not Send Policy and Process

Greenstaff Medical Staffing, LLC is committed to providing a higher standard of service to our clients and to the delivery of safe, quality patient care. As a Greenstaff Medical Staffing, LLC employee, you play a very valuable role in our success in delivering excellent customer service and in our ability to achieve Joint Commission Certification. We are implementing a “Do Not Send” Prevention Program.

- Below is the Termination Policy.
- Following the Termination Policy are the Do Not Send Prevention Curriculum and the Do Not Send Prevention Quiz
- **You will be held responsible for the information in the curriculum** and quiz in both your clinical and professional / behavioral performances **every time you work for Greenstaff Medical Staffing, LLC**
- Please take the quiz and return only the answer sheet to us within 14 days in the enclosed self-addressed-stamped-envelope.
- *When a performance issue arises, Greenstaff Medical Staffing, LLC will use the point system outlined below. As you can see, significant performance issues or ongoing performance issues could result in termination. By implementing this program, it is our goal to reduce the number of performance issues and/or Do Not Sends.*

Termination Policy

The following point system is used to determine termination as a result of Do Not Sends.

- | | |
|----------|---|
| 1 Point | Attitude / lack of professionalism / customer service |
| 2 Points | <ul style="list-style-type: none"> • Clinical incompetence – poor clinical performance • Poor time management • Medication Error • Documentation Deficiencies Lack of Compassion |
| 3 Points | <ul style="list-style-type: none"> • Danger to patient. • No call No show. • Departing facility before end of shift secondary to dissatisfaction with assignment. • Do Not Send from any Travel Assignment regardless of origin |
| 5 Points | <ul style="list-style-type: none"> • Illegal Behavior (Includes false identity, falsified documentation, use of or distribution of controlled substances etc.) • Pt. abandonment. When nurse is under investigation for above behavior they will be considered terminated until exonerated from all accusations. • Error resulting in Pt. Death or Permanent physical or mental damage • Self-terminating travel assignment without proper notice to facility or Staffing Agency. |

A nurse who receives 5 points will be considered for termination.
Any nurse involved in illegal activity will be terminated immediately

Please feel free to contact the Greenstaff Medical Staffing, LLC office, if you have any questions.

Do Not Send Prevention: Curriculum

Do Not Sends are usually subjective in nature. However, there are things we as Agency nurses can do to avoid Do Not Sends.

1. Be on time to all shifts.

Be 30 to 45min early, arriving to the floor, when working at a hospital for the first time.

To ensure being on time, preparation begins the night before, or day of your night shift.

Have clothes, nursing tools, lunch etc. prepared before sleeping.

Get to bed early to ensure 8 hrs of sleep.

Awake early enough to eat before you leave for shift.

Make sure you have accurate directions and facility phone number before you begin driving to the shift.

Do not sign in and out at the same time!

Rationale: Arriving early allows the Agency nurse to familiarize themselves with the unit, get organized, meet the Charge Nurse and make a positive first impression. Signing in and out at the same time is fraud.

2. Take a detailed report.

Head to toe, system by system, Neuro to Skin.

Review your patient's charts, (ten to twenty minutes per chart) after report, and before lunch.

Rationale: This is of paramount importance! Sets the tone for the start of the shift, provides the foundation for the plan of care, focus of initial assessments and interventions.

Taking a detailed report and reviewing the pt's chart during the first half of your shift also prepares the Agency nurse to give a knowledgeable, relevant report.

3. Show Initiative.

Find the Charge nurse, introduce yourself, ask to be shown around, and inquire who your resource person may be for the shift (if initial shift @ facility), if not the Charge nurse.

Communicate early and often any relevant information to the Charge nurse such as: changes in patient condition, difficulty with or questions about; assignment, staff, equipment or documentation tools.

Rationale: Allows Charge nurse to make adjustments or provide assistance in a timely manner, in order to provide the safest patient care and prevent a delay in patient treatment.

4. Avoid handling personal business during shift.

Talking on mobile phones or using facility information systems for personal use (other than in an emergency or away from patient care area during breaks) is a sure way to make an impression that will reflect poorly on the Agency nurse.

Rationale: This behavior often leads directly to a Do Not Send.

5. When in Rome... Make every attempt to do things, the way the Facility you are working in, does things.

Some Facilities want two nurses to sign off on all **insulin** administration, **narcotic** administration and **lab specimens**.

Please respect all of our facilities policies and procedures, without complaint or argument.

However, if you have been asked to perform a task or procedure you feel will place a patient in danger or you feel unqualified to perform, contact your immediate supervisor and/or go up the chain of command until you feel you have been able to express your concern professionally and respectfully.

If one of us as agency nurses encounters a situation in which you feel obligated to challenge a request, in order to maintain the safest patient care environment. It is of vital importance that you:

1. Communicate with Greenstaff Medical Staffing, LLC
2. Document the incident in your own words before leaving the facility.
3. Furnish signed and dated copies of your documentation of the incident to Greenstaff Medical Staffing, LLC, the Nursing Supervisor of the facility in which you were working and retain a copy for yourself.

Rationale: Knowledge of, and compliance with each facilities policies and procedures are fundamental elements of professionalism, providing safe patient care and creating an impression that makes a facility ask for an Agency nurse by name.

6. Practice the 6 rights of medication administration.

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Rate
7. Right Reason
8. Right Documentation
9. Right Assessment
10. Right Education
11. Right Evaluation

If an agency nurse is confused regarding any aspect of the medication administration process, clarification with the physician becomes an immediate priority, to ensure safe medication administration.

Rationale: Medication errors are serious, and can lead to negative patient outcomes, extended hospitalization, severe injury and death. Most importantly for a careful, knowledgeable, and conscientious Agency nurse, medication errors are almost always preventable.

7. Be conscious of Joint Commission National Patient Safety Goals in your practice.

1. Improve the accuracy of patient identification.
2. Improve the effectiveness of communication among caregivers.
3. Improve the safety of using medications.
4. Reduce the risk of health care-associated infections.
5. Accurately and completely reconcile medications across the continuum of care.
6. Reduce the risk of patient harm resulting from falls.

A complete and current set of National Patient Safety Goals should be posted or easily accessible on any unit in any Acute Care Facility.

Rationale: "The mission of Joint Commission is to continuously improve the safety and quality of care provided to the public" through the "support of performance improvement in healthcare organizations."

8. Ask the Charge nurse to Audit your Charting a few hours before end of shift.

Having the charge nurse review our documentation, within a couple of hours of the end of your shift, displays exceptional accountability, reduces the healthcare provider and facility's exposure to liability. Thorough documentation also helps

convey important information to the following shift and ensures the necessary facts will be available when and if the chart is reviewed in the future.

Rationale: Complete documentation, is an essential component of effective, efficient nursing. Since many Agency nurses work in multiple facilities in a short period of time, it is not an easy task to dot every “i” and cross every “t”, without help from a knowledgeable source.

9. Practice excellent customer service.

Customer service extends further than our patients and their families; it includes every person we come onto contact with while we are working. Our customers are every nurse, pharmacist, physician, respiratory care practitioner, etc. Every time we interact with another human being at work it is imperative that we greet that person with a friendly and helpful attitude.

Rationale: Treating our patients, their families, our colleagues and interdisciplinary team members with friendliness, respect and kindness creates an environment where being helpful and taking the extra step to solve someone’s problem is not the exception but the “norm”.

10. Take excellent care of your patient(s).

The reason hospitals exist is because people who are ill, injured or have had major surgery require 24-hour care. The necessity of 24-hour care is the reason why tens of thousands of hospitals across the US continue to operate, often at a loss.

Keep the person you are taking care of clean. Be gentle. Communicate kindly and effectively. Listen carefully. Show respect, for your patient’s privacy, age, culture, family and human existence. Spend time teaching them, explaining what is happening at any given moment. Explain what you are doing or giving your patients and why.

Rationale: As direct patient care providers taking good care of our patients what we should expect of ourselves, it is what we are expected to do. It is our ethical obligation. It is our job.

11. Remember This! ... When we are working for a TEMPORARY Staffing Firm “We are PERMANENTLY on PROBATION”

There are common reasons many of us work for Staffing Firms. We enjoy the flexibility, often making our own schedules, increased pay, getting paid sooner, working in new environments and meeting new people. We also need to be aware that there are trade-offs or things we give away for those benefits.

We are not employees of the facilities in which we are working. We are not “on staff”. We are not members of the union. We cannot expect to receive fair treatment. We will almost never get the best assignment. We might be “ganged up” on. We might not get help as soon as we ask for it. If we complain we can expect to be asked not to return. We have to out-perform our colleagues “on staff” every shift. We can never get comfortable.

Rationale: The key to being “successful” and enjoying our careers as providers who work for temporary staffing forms... is having as many places to work as possible. Having a wide range of choices will allow us to minimize interruptions to income when our favorite places do not need us. The sooner we let go of our expectations of being treated as if we were employees of the facilities we work in, on a TEMPORARY basis the greater chances we have of being successful.

Do Not Send Prevention: Quiz

1. **Its 4:45 a.m. and La Tasha Davis has just been confirmed for the day shift at a Medical Center across town from her. La Tasha lives in across town from and has never been to the Medical Center. Which of the sequences will below provide La Tasha with greatest chances of making a great first impression and having a successful shift?**
 - a. Wake up at 6:15 a.m., take a shower, get dressed, hit the road @ and head in general direction of the facility and call for directions from the car.

- b. Get out of bed at 0500 obtain detailed directions and the nursing office phone number. Eat a small healthy breakfast, shower, dress neatly, gather nursing tools (ID badge, medication book, stethoscope etc.) and be on the road by 0545.
 - c. Get out of bed at 0500 go to the gym, come home, shower, get dressed, walk the dog, be on the road at 0705, call the staffing firm and say she got lost.
 - d. Refuse to go to the Medical Center located across town, call the staffing firm at 0730 and ask if the hospital she usually works at has any late call needs.
2. **Lynn Carson RN is alone at the Nursing station in a facility in which she has been working twice a week, for over year, she is faxing a new order to the Pharmacy. Before Lynn leaves the Nursing station the phone rings, and several lines are blinking. Which of the following answers is the best example of excellent customer service?**
- a. Lynn looks around and sees the unit secretary speaking to the charge nurse, the nurse manager, and two executives with hospital badges and wearing suits and yells out to the secretary that the “phones are ringing!” and walks away from the Nursing station.
 - b. Lynn answers the phone lines and politely explains to every caller that she is not the unit secretary and cannot help them before hanging up and walking away from the Nursing station.
 - c. Lynn finishes faxing her new medication order to the Pharmacy, doesn’t acknowledge any of the phone’s ringing and walks away from the nursing station.
 - d. Lynn sits down at the nursing station answers all the lines and directs the calls courteously and professionally. Lynn then remains at the nursing station, handling the phones for a few minutes until unit secretary returns. Lynn then passes along all relevant information upon being relieved.
3. **Kenny Slater RN has an extremely heavy assignment working day shift in a very busy Telemetry unit for the first time. Kenny’s patients tell him he has done a great job. However, the night shift Charge Nurse makes Kenny a Do Not Send, stating incomplete documentation as the reason. Which of the options below is the most reliable way to prevent this from happening in the future?**
- a. Kenny could have communicated the condition of his patients, explained how busy he was, asked for help and requested the dayshift Charge Nurse to audit his charts several hours before his shift ended.
 - b. Kenny could have avoided fulfilling his pts requests, not followed up on MD orders, and missing medications and made completing his documentation his first priority.
 - c. Kenny could have stated that his assignment was unfair and unsafe then complained to his patients and their families.
 - d. Kenny could have done nothing more; it wasn’t his fault. It was the hospital’s fault for giving him such a hard assignment and not showing him all the details of the documentation process in the first place.
4. **An MD on a pediatric floor order .1mg of M.S. prn q 1^o and a Dig level QD. Please write in the correct versions of the abbreviations used above, which comply with Joint Commission National Patient Safety Goals.**
- a. *0.1mg of Morphine Sulfate prn q 1 hour, Digoxin level daily*
5. **Its 0930 and Ude Amin RN, who also works as a Real Estate agent, is working in the ICU. At the end of her morning break, Ude checks her voice mail. Ude finds out an offer for a 2-million-dollar property, from one of her clients, has been accepted! Which of the following actions would be appropriate?**
- a. Ude tells the Charge RN she has a severe family emergency and leaves the facility immediately.
 - b. Ude excitedly calls the seller’s broker back from the Nursing station and asks him to fax the counteroffer to the ICU, so she can fax it to her client right away.

- c. Ude waits until her lunch break to call the seller's broker back. She uses her mobile phone outside of the hospital.
- d. Ude uses the nursing station computer, logs on to the internet, and prints out pictures of the 2-million-dollar house she just sold. She then borrows another RN's calculator to estimate the commission she expects to earn from the sale.

XVII. REPORTING ANY ISSUES

Assignment Issues

Issues may arise while an employee is on assignment for Greenstaff Medical Staffing, LLC. As a representative of Greenstaff Medical Staffing, LLC and as a responsible and mature nursing professional, it is important that professionalism and integrity are maintained throughout the conflict resolution process and that above all, patient safety is the priority.

Common issues that may arise are:

- Conflict with hospital staff
- Conflict with patient and/or patient family members
- Unfair patient assignments, or "dumping"
- Assignment to a unit for which you are incapable of safely performing your duties

In the event of any of the above events:

1. Contact the nursing supervisor for assistance
2. If escalation is required, contact Greenstaff Medical Staffing, LLC for mediation
3. Complete an incident report at the facility (if required)
4. Complete an incident report at Greenstaff Medical Staffing, LLC (if required)

Blood Borne Exposure

An exposure incident to blood borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. All employees involved in direct patient care should be familiar with appropriate decontamination procedures.

In the event of exposure to any blood borne pathogens:

1. Adhere to appropriate decontamination procedures
2. Contact the charge nurse or nursing supervisor for assistance
3. Inform Greenstaff Medical Staffing, LLC immediately of exposure

Greenstaff Medical Staffing, LLC shall make immediately available a confidential medical evaluation and follow-up the exposed individual. Post-exposure follow-up shall be:

- Made available at no cost to the employee
- Performed by or under the supervision of a licensed healthcare professional who has a copy of all relevant information related to the incident.
- Made available at a reasonable time and place.

Greenstaff Medical Staffing, LLC's post-exposure and follow-up, shall include the following:

- Documentation of the route(s) of exposure, and the circumstances under which an exposure incident occurred.
- Identification and documentation of the source individual
- Collection and testing of blood for HIV and HBV serological status
- Post-exposure prophylaxis, as recommended by the U.S. Public Health Service
- Counseling
- Evaluation of reported illness

The company maintains confidential medical records for each employee with occupational exposure. Records are kept for the duration of employment plus thirty (30) years. Each record shall contain the employee's name, social security number, hepatitis B vaccine history, and a record of all post-exposure follow-up.

XVIII. CLINICAL INCIDENTS AND SENTINEL EVENTS

As a healthcare provider, it is your duty and responsibility to promptly report any unsafe condition, sentinel event or unusual event that can result in a sentinel event. Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians, and their coworkers. This means taking an active role in reporting any and all unsafe conditions, unusual or sentinel events. All such events should always be reported immediately to your charge nurse, nursing supervisor and Greenstaff Medical Staffing, LLC's President or Clinical Liaison.

Clinical staff must recognize the importance of following effective procedures and are encouraged to speak up if something has compromised or might compromise patient safety and quality.

A Clinical Incident is any event or series of events that resulted in or had the potential to result in an adverse patient outcome. Clinical staff should notify Greenstaff Medical Staffing, LLC of any clinical incidents that occur while on assignment, regardless of an adverse outcome.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called "sentinel" because they signal the need for immediate investigation and response.

Examples of Clinical Events

- Omission of treatment
- Deviation from policy
- Medication errors
- Improper equipment usage
- IV or Blood complications
- Patient fall
- Inaccurate clinical assessment
- Patient or physician complaint

Examples of Sentinel Events

- Any patient death, paralysis, coma or other major permanent loss of function associated with a medication error
- A patient commits suicide within 72 hours of being discharged from a hospital setting that provides staffed around-the-clock care.
- Any elopement, that in unauthorized departure, of a patient from an around-the-clock care related setting resulting in death (suicide, accidental death, or homicide) or in a temporary or major loss of function.
- A hospital operates on the wrong side of the patient's body.
- Any intrapartum (related to the birth process) maternal death.
- Any perinatal death related to a congenital condition in an infant having a birth weight greater than 2500 grams.
- A patient is abducted from the hospital where he or she receives care, treatment or services.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall
- Hemolytic transfusion reaction involving major blood group incompatibilities
- A foreign body, such as some sponge or forceps that was left in a patient after surgery

Joint Commission's Sentinel Event Policy

The Joint Commission has defined a sentinel event policy that you should be aware of. This policy has four goals:

1. To have a positive impact in improving patient care, treatment and services and preventing sentinel events
2. To focus the attention of an organization that has experienced a sentinel event on understanding the root causes that underlie the event, and on changing the organization's systems and processes to reduce the probability of such an event in the future.
3. To increase the general knowledge about sentinel events, their causes, and strategies for prevention.
4. To maintain the confidence of the public and accredited organizations in the accreditation process

In the event of deviation of practice according to the professional practice act, fraudulent behaviors, narcotic abuse or deviation and/or other aberrant or illegal behavior, each event is documented, and a report is made, which includes information from the customer. The President or Clinical Liaison reports each situation according to the guidelines of the appropriate professional association.