



Employee Handbook

WELCOME MESSAGE

Welcome to RN Express Staffing Registry, LLC. It is great to have you on board!

As a member of our team, you will be a part of the finest group of professionals in the country. With more than a decade of accomplishments in the industry, RN Express Staffing Registry, LLC (RN Express) continues to grow through the dedication of our team. We are excited that you can help us continue to grow in excellence.

Your employment here is filled not only with promising career opportunities, but also with exciting challenges as we grow and embark on new ideas and ventures. Your presence and input are crucial to our growth and success.

This Employee Handbook (Handbook) will introduce you to the RN Express family. It contains policies, procedures, and guidelines, as well as your entitlements, and what you can expect from us.

Please read through your Handbook carefully and return your signed acknowledgement form to the Human Resources Department. If you have any questions, our Human Resources Manager will be more than happy to meet with you and discuss our policies and programs.

Once again, welcome to RN Express. I wish you so much luck and success in your future here.

Sincerely,

Sally F. Nunez

President/ Chief Executive Officer

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Welcome to the Team!

I. INTRODUCTION

A. ABOUT RN EXPRESS

RN Express Staffing Registry, LLC (RN Express or the Company) is a healthcare staffing agency based in Manhattan, New York, which was established in 2009 and fully operational by 2010. It is a provider of qualified and skilled personnel in the healthcare industry. The founders are nurses by profession with over 100 years of combined experience in healthcare.

OUR MISSION:

To deliver excellent Health Care Services to patients of all ages by providing experienced, competent, specialized, highly skilled staff, trained to meet the increasing demands of the healthcare industry. We aim to provide and maintain ongoing high standard quality of care and client and patient satisfaction.

OUR VISION:

RN Express will be recognized as one of the most prestigious providers in the delivery of the finest Healthcare Services in the United States.

B. ABOUT THIS HANDBOOK

RN Express has developed this Employee Handbook (Handbook) to be used as a guideline for answers to questions employees frequently ask. It is not intended to be a contractual agreement of any kind. In issuing this Handbook RN Express is not binding itself to continue anyone's employment, nor is it promising any particular terms and conditions of employment. The provisions included in this Handbook are reviewed regularly and are subject to change as RN Express Management deems appropriate and necessary, and as required for compliance with local, state, and federal law. RN Express reserves the right to change or rescind any provision of this Handbook without prior notice. Specific questions concerning this Handbook should be directed to your Human Resources Manager (HR Manager).

The information contained in this Handbook applies to all employees of RN Express. No management official other than the Owners of RN Express has the authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment.

Please read this Handbook thoroughly.

C. RN EXPRESS STANDARDS

The general principles, policies, and procedures that guide the actions taken by employees at RN Express are known as “Standards.” Standards are the degree and level by which we measure excellence. Since the ultimate success of our business and the livelihood of each employee depend upon the reputation of RN Express, the importance of continued compliance with all standards cannot be over-emphasized. All policies, principles and procedures in this Handbook will be generally referred to as standards. It is imperative that each employee uphold our standards.

D. STANDARDS SUBJECT TO CHANGE

The standards, benefits, and provisions in this Handbook are subject to modification or deletion in whole or in part at any time with or without notice and should not be construed to be contractual terms or offers. This Handbook is designed to give guidelines on many essential RN Express standards but does not represent all our benefits and standards.

E. CONTACT INFORMATION

RN Express Staffing Registry, LLC
71 W 23rd St. Suite 1622
New York, NY 10010
Phone Number: (212) 675-7318
Fax Number: (212) 675-7311

Department	Email Address
Recruitment	recruitment@rnexpressregistry.com
Staffing	staffing@rnexpressrgistry.com
Compliance	compliance@rnexpressregistry.com
Human Resources	hr@rnexpressregistry.com
Administrator	info@rnexpressregistry.com

II. 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 RN Express Staffing Registry, LLC to avoid conflicts of interest between the client hospital, employees and staff.

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

1. All employees are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity.
2. Preserving RN Express Staffing Registry, 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.
3. All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
4. No employee should, at any time take any action on behalf of RN Express Staffing Registry, LLC, which is known or should be known to violate any law or regulation.
5. Information about healthcare provider's medical condition and history is required during the hiring process. RN Express Staffing Registry, LLC recognizes this health information and electronic information must be held securely and in confidence. It is the policy of RN Express Staffing Registry, LLC that clinical staffs' specific information is not to be released to anyone outside of RN Express Staffing Registry, LLC without a court order, subpoena of applicable statute.
6. Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of RN Express Staffing Registry, LLC
7. To maintain high standards of performance, RN Express Staffing Registry, 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.
8. RN Express Staffing Registry, LLC is committed to maintaining a work place environment in which employees are free from sexual harassment.
9. RN Express Staffing Registry, 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.
10. RN Express Staffing Registry, 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.
11. 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.
12. RN Express Staffing Registry, LLC prohibits the use or possession of illegal drugs and alcohol abuse on RN Express Staffing Registry, LLC property or while engaged in company activity.
13. RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC' Corporate Compliance guidelines.

14. RN Express Staffing Registry, LLC prohibits field staff to discuss bill rates of hospitals or special rates of RN Express Staffing Registry, LLC with other healthcare providers.
15. RN Express Staffing Registry, 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.
16. RN Express Staffing Registry, 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.
17. RN Express Staffing Registry, LLC is committed to protecting its own and its client's trade secrets, proprietary information and other internal information.
18. It is the desire of RN Express Staffing Registry, 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.
19. 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 RN Express Staffing Registry, 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.

RN Express Staffing Registry, 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.

III. CONFLICT OF INTEREST

RN Express Staffing Registry, LLC to the best of its ability identifies conflicts of interest. RN Express Staffing Registry, LLC discloses all conflict of interest to its clients. RN Express Staffing Registry, LLC annually reviews its relationships and its staff's relationships with vendors, clients, competitors and regulatory entities to determine conflicts of interest.

Examples of situations that may influence a staffing firms' operations and placement of staff may

include, but is not limited to:

- Receiving gifts from vendors
- Accepting cash or cash equivalents from a patient, resident, or a member of their family
- Placing a clinician who is not fully credentialed
- Discussing bill/pay rates between clinicians and clients

When conflicts of interest arise RN Express Staffing Registry, LLC discloses this conflict of interest when appropriate to whichever client may be involved or affected. RN Express Staffing Registry, LLC enforces those employees of RN Express Staffing Registry, LLC are not permitted to maintain additional employment, accept gifts (other than those of nominal value), or to allow payment on their behalf of any travel, living or entertainment expense by any person or organization currently doing business with or seeking to conduct business with RN Express Staffing Registry, LLC, unless approved by the client involved or potentially involved.

IV. EMPLOYMENT POLICIES

A. CLASSIFICATION OF EMPLOYMENT

The following employee classifications are used for wage administration and eligibility for overtime payments and benefits. None of the following classifications alter the “employment-at-will” relationship.

Full-time employees are those hired to work a minimum of thirty(30) hours per work week on a regular basis. These employees may be classified as exempt or non-exempt as defined below and are eligible for paid vacation.

Part-time employees are those hired to work fewer than thirty (30) hours per work week on a regular basis. Such employees may be classified as “exempt” or “non-exempt” as defined below. However, these employees are not eligible for paid vacation.

Non-exempt employees (most hourly paid personnel) are required to be paid overtime at the rate of 1 ½ times their regular pay rate in excess of forty (40) hours in a work week, in accordance with applicable state and federal wage and hour laws.

Exempt employees are not required to be paid overtime, in accordance with applicable state and federal wage and hour laws, for work performed beyond forty hours in a work week. Executives, Management, commissioned employees, and certain employees in administrative positions are typically “exempt” from overtime pay.

B. EQUAL OPPORTUNITY/NON-DISCRIMINATION POLICY

RN Express maintains a commitment to equal opportunity, non-discrimination, and non-harassment.

For this reason it is the RN Express policy to prohibit discrimination and harassment against employees and applicants based on race, age, color, religion or creed, national origin, genetic characteristics, gender, gender identity (including gender dysphoria), disability, pregnancy (childbirth or related medical conditions), sexual orientation, marital or partnership status, alienage or citizenship status, arrest or conviction record, status as a victim of domestic violence, sexual violence or stalking, familial status, caregiver status, credit history, or any other status protected under current or future applicable Federal, State and City laws.

This policy extends to all terms, conditions, and privileges of employment, as well as all employment actions such as hiring, promotions, compensation, benefits, and termination of employment. The Company will comply with applicable laws, to the extent state, local, or federal law affords employees additional protections. Any complaints or questions regarding this policy can be directed to Human Resources and may be addressed through the Discrimination and Harassment Complaint Resolution Procedure outlined later in this Handbook.

C. EMPLOYMENT RELATIONSHIP

While RN Express hopes the relationship with each employee is a long and mutually beneficial one, nothing in this Handbook creates an express or implied contract of employment.

Our mutually beneficial relationship is a voluntary employment relationship, one that is terminable by either RN Express or an employee **“at will.”** This means that the employee or RN Express is free to conclude the employment relationship at any time with or without notice or cause, provided there is no violation of applicable law.

In the case of employees who have been sponsored to work by RN Express, their employment shall be subject to and covered by the terms and conditions contained in their sponsorship agreement with the Company.

D. OPEN DOOR POLICY

RN Express prides itself on the accessibility of all Executives and Management to all our employees. Should you feel uncomfortable about a particular incident or situation, or if you have a problem, question or suggestion, our doors are always open to you. We encourage all employees to speak with their supervisors about an issue, problem, or question that they would like to discuss.

Should you feel this matter was not resolved properly, we encourage you to approach your Human Resources Manager, who will assist you with your concern.

E. PERSONAL INFORMATION

To keep our Company files up to date, any changes in your personal information should be reported to the Human Resources Manager. Personal information includes your name, address, telephone number, marital status, number of dependents, formal education, insurance or retirement plan beneficiaries, and/or emergency contact.

F. CREDENTIAL REQUIREMENTS

The following are the General Credentials Requirement for all employees of RN Express. Specialized requirements are noted as such:

1. License Verification:
 - Driver License/Photo ID/Passport
 - Clinical License
 - CPR/BLS
 - Certifications for Specialty RNs (ER, ICU, NICU, Trauma, Psych), if applicable
 - o ACLS – Advanced Cardiovascular Life Support
 - o PALS - Pediatric Advanced Life Support
 - o NRP – Neonatal Resuscitation Program
 - o TNCC – Trauma Nursing Core Course
 - o Fire Card Certification
 - o MAB Certification– Management Assaultive Behavior
 - o CPI Training – Crisis Prevention and Intervention Training
2. Education, Training and Experience:
 - Application/Resume/Profile with:
 - o Education – School, Degree and Year Graduated
3. Competency Evaluation:
 - Specialty Exam (pre-hire)
 - Skills Checklist (annual)
 - Annual Core Competency Exam
 - Two (2) References (pre-hire)
4. Background Check
 - Authorization for Release of Information
5. Health Screening (client specific):
 - Physical Exam/Physician Statement (pre-hire and annual)

6. Immunization (Vaccination)/Titers

- Hepatitis B
- Mumps
- Measles/Rubeola
- Rubella
- Varicella
- Flu
- COVID-19 vaccine and booster
- other facility-specific immunization/titers requirements

G. PROMOTIONS

The Company encourages all its employees to accept more responsibility and grow to the next level. RN Express strives to promote from within and to consider current employees with the necessary qualifications, and skills to fill vacancies, unless outside recruitment is in the best interest of the Company. RN Express will promote employees based on merit, qualifications, and competence.

H. RESIGNATION

Should you ever choose to end your employment with the Company, we ask that as a courtesy, all employees must notify the HR Manager 30 days in advance. You must fill out an exit interview with the HR Manager/Designee.

On your last day of work, you must turn in your ID card and any other property belonging to the Company. At your request, your last paycheck can be mailed to the most current address submitted or you may pick it up from the RN Express Office.

V. HOURS OF WORK AND PAYROLL PRACTICES

A. TIME CLOCKS AND IDs

On your first day, you will be issued an RN Express ID card (ID). You must carry your ID with you whenever you are on the premises. Your ID should be always worn with your name visible. It is necessary for all hourly employees to swipe or clock-in and out for all hours worked and for lunches and breaks (if applicable).

Employees who are assigned to work at client facilities/residences must also comply with the set policies and standards of those facilities/ residences they are assigned to work.

B. PAYDAY

The payroll schedule is on a bi-weekly cut-off, with pay weeks starting on a Sunday and ending on a Saturday.

Payment is issued in the form of direct deposit or RN Express Payroll Check. Direct deposit payments are released to your account every other Friday. If the scheduled payday falls on a Company observed holiday, you will be paid on the day before the holiday.

For employees who opt for payroll check, arrangements for issuance can be made with the Payroll Personnel.

RN Express takes all reasonable steps to ensure that employees are paid promptly on the scheduled pay day and that you receive the correct amount of pay for each pay period. We make every effort to ensure our employees are paid correctly. Please review your pay when you receive it to make sure that the check amount is correct.

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 the Payroll Manager so that any necessary changes can be made the following payroll period.

If an employee loses a check and requires a replacement, a stop payment on the original check must be made. The cost of the stop payment fee will be the responsibility of the employee and payment must be made prior to replacing the check.

C. COMPANY PAYROLL SYSTEM COMPLIANCE

RN Express wants to be certain that you are paid correctly for all hours worked. Federal and state labor laws require that we maintain accurate records of your working hours.

The Company uses a web-based payroll system which requires all employees to create an account. Employees must log their work hours in this system in addition to any time and attendance monitoring system utilized by the client facilities/residence. All employees are required to update their Company web-based timesheets **every Monday** for review by Payroll Manager. This ensures accuracy in computing the employees' weekly working hours.

VI. LEAVE OF ABSENCE POLICIES

You may be eligible for a leave under the policies described below. The following is only a summary of your rights. If there are any differences between the applicable laws and the summary below, the provisions of the applicable law govern. If you have any questions regarding your rights under federal, state, and local leave laws, please contact the Human Resources Manager.

A. FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

To be “eligible” for FMLA benefits an employee must meet ALL of the following criteria:

- Have worked at least twelve (12) months at the time the leave is requested.
- Have worked at least 1,250 hours in the previous twelve (12) months.
- Be employed at a worksite where 50 or more employees are employed within 75 miles of that worksite.

FMLA entitles employees to take unpaid leave:

- For the care of a newborn or an adopted or foster child within a year of the child’s arrival.
- For the care of a seriously ill child (up to age 18 unless incapable of self-care because of mental or physical disability), parent or spouse, but not in-laws.
- If the employee has a serious health condition that makes the employee unable to perform the functions of his/her job, as defined by FMLA.

The National Defense Authorization Act (NDAA) amends the FMLA to provide two additional circumstances under which employees with family members in the armed services may be eligible for FMLA leave:

- Any eligible employee may take up to 12 work weeks for FMLA leave because of any “qualifying emergency” (as defined by the Secretary of Labor) arising out of the fact that the spouse, son, daughter, or a parent of the employee is on active duty (or had been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
- An eligible employee who is the spouse, son, daughter, parent or “next of kin” of a “covered service member” may take up to 26 work weeks of FMLA leave during a 12 month period to care for the member of the armed force (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status or is otherwise on the temporary disability retired list, for a serious injury or illness

The leave described in this sub-section is only available during the same 12-month period, and includes any leave wanted pursuant to the “qualifying emergency” provision in the above sub-section.

While you are taking FMLA leave, you must contact your Human Resources Manager on a pre-scheduled basis regarding the status of the condition (leave) and your intention to return to work. **The taking of another job and/or working while on FMLA leave or on any other authorized leave may lead to disciplinary action up to and including termination.**

Requests should be referred to the Administrator for approval.

B. BEREAVEMENT LEAVE

A full-time employee of the Company may request a leave of absence without pay for a maximum of three (3) consecutive working days upon the death of a member of his or her immediate family. Members of the immediate family are defined as: father, mother, spouse, legal guardian, domestic partner, child, stepchild, sister, brother, mother-in-law, father-in-law, grandmother & grandfather. Proof of death may be required. An employee is not eligible for bereavement benefits while on scheduled time off from work such as vacation, holiday, sick leave, or other reason.

C. JURY DUTY LEAVE

All regular employees who have been called to and do, in fact, attend or serve on jury duty shall only receive the pay provided by the Commissioner of Jurors for serving on jury duty. When on jury duty for one (1) day at a time, you must return to work on the next regularly scheduled working day. You must bring the summons notifying you of jury duty immediately upon receipt to the Human Resources Manager.

VII. EMPLOYEE BENEFITS

The Company strives to provide Benefit Programs to all full-time employees. We understand that each of our employees has certain financial and personal responsibilities they must undertake, and we would like to assist in relieving some of those responsibilities. Our benefit programs are constantly reviewed by Management and is open to change and improvement to benefit both employees and the Company.

As a full-time RN Express Employee, your benefits include:

A. HEALTH INSURANCE

RN Express is pleased to offer full time employees (working 30 hours or more per week) access to health insurance after 90 days of full-time employment. The employee and the Company cover a 50:50 split of the plan cost, and the premium will be deducted automatically from each paycheck. An employee who wants to include coverage for any eligible dependent may elect this coverage on the group health enrollment form, and will be responsible for 100% of the additional coverage premium per dependent.

Employees that are eligible for medical coverage but decline to enroll during the open enrollment period must wait until the next period for enrollment. Please contact Human Resources for information regarding the health care plan that might be right for you.

B. SICK LEAVE (hours equivalent)

RN Express recognizes and complies with the New York City Earned Sick Time Act (Paid Sick Leave Law), effective April 1st, 2014. All employees employed in New York City for more than eighty (80) hours in the calendar year on a full or part-time basis are entitled to paid sick leave. For additional information about the NYC Paid Sick Leave Law, you may obtain it online at www.nyc.gov.

All employees are entitled to an accrued sick leave of 1-hour for every 30-hours of work rendered. Sick leave entitlement is initially set to a maximum of 56 hours per year. This maximum increases with the duration of employment:

- Fewer than 5 years = 56 hours
- 5 to 7 years = 80 hours
- 7 years or more = 104 hours

For full-time employees, the allocated sick leave hours can be rolled over to the following year and can be monetized in excess of 56 hours. The employee should reach out to the HR Manager on or before December 30 of the current year to express intent for conversion of sick hours into cash, and it will be processed for release in January the following year.

Sick leave will be paid based on the regular hours per shift which is computed on the base rate. Payment will be made upon request of the employee by accomplishing a Leave Request Form which should be submitted to the Payroll Officer immediately upon return to work. In the event you become ill or injured, you are required to provide notice as soon as practicable before the start of your shift to let the RN Express Staffing Coordinator and the Supervisor on duty know that you will not be available for that workday. For Nursing Staff, as a courtesy to your Nursing team, a three (3) hour notice to the RN Express Staffing Coordinator and Supervisor on duty would be helpful. You must communicate directly with the RN Express Staffing Coordinator and Supervisor on duty; you may not leave a message with another employee.

For Administrative employees, inform your supervisor and/or HR Manager at least six (6) hours before the shift.

RN Express reserves the right to require a medical certificate or release for any illness or absence of three (3) or more consecutive workdays and particularly following an absence due to disability or sickness. Such a medical certificate or release is required to be given to the Human Resources Manager within seven days of the employee returning to his or her job.

C. VACATION LEAVE (days equivalent)

All full-time employees start to earn 5-day vacation credits during the first 12 months of employment. Initial earned vacation leave credits can only be used after the first 12 months of continuous full-time employment.

Full-time Hourly Employees (Working a minimum of 30 hours per week):

- One (1) year of continuous service = Five (5) days vacation
- Three (3) years of continuous service = Eight (8) days vacation
- Five (5) years of continuous service = Ten (10) days vacation
- Eight (8) years of continuous service = Thirteen (13) days vacation
- Ten (10) years or more of continuous service = Fifteen (15) days vacation

An employee must be actively employed as of December 31st in order to be eligible for paid vacation the following year. All vacations earned and taken will be based upon the calendar year. If vacation days are not taken by the end of the calendar year, a maximum of 10 vacation days can be carried over to the next calendar year. Anything in excess of 10 vacation days is lost.

Vacation leave will be paid based on the regular hours per shift, but not to exceed 7.5 hours, computed using the base rate at the time when the leave credit was earned. Vacation request should be filed at least 30 days in advance with the HR Manager.

D. HOLIDAY PAY

The Company observes the following Federal Holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

The following Special Holidays are paid depending on the facility's policy. All employees, full-time or per diem, working in the facility on these days will be paid accordingly unless specified on the contract with the facility.

- Martin Luther King Day
- President's Day
- Veteran's Day

For all Administrative employees only, the following holidays are being observed in addition to the Federal Holidays.

- Good Friday
- Martin Luther King Day

The holiday pay rate for hourly-paid employees is 1½ based on their regular pay rate.

E. 401K

RN Express believes in planning for its employee's future, which is why we are offering a retirement savings plan. All full-time employees are eligible for this benefit after one (1) year of employment. The employee chooses a percentage or set amount of savings to put in his/her 401K and the Company will match it 100%, dollar for dollar, up to 3% of eligible pay, plus 50% of each additional dollar greater than 3% but no more than 5% of eligible pay.

F. GROUP LIFE INSURANCE

We all have loved ones who may rely on us financially. The Company has a group life insurance that full-time employees are automatically enrolled in after one (1) year of full-time employment. It is 100% subsidized by the Company, with coverage of up to \$50,000.00.

G. TEMPORARY DISABILITY INSURANCE

Short-term Disability is a type of insurance benefit that provides some compensation or income replacement for non-job-related injuries or illness that render you unable to work for a limited time period. To qualify for short-term disability, an employee should be working for the Company for at least four (4) consecutive weeks and is unable to do his/her job, as deemed by a medical professional. Medical conditions that prevent an employee from working for several weeks to months, such as pregnancy, surgery rehabilitation, or severe illness, can qualify to receive benefits.

H. WORKERS' COMPENSATION

Workers' compensation insurance provides benefits to employees who get injured or sick from a work-related cause. In the event of any injury while working, notify your facility Supervisor and RN Express HR Manager verbally or in writing by completing an incident report. Notice should be provided 7 days from the date of injury/accident. It is your responsibility to report every accident, no matter how minor, to the HR Manager.

The Company's safety policy is based on the premise that every employee is entitled to a safe and healthy place to work. Accidents produce social, personal, and economic loss. Your earning power and future depend on your personal safety.

I. COMMUTER BENEFITS

The Company has commuter benefits that allow employees pay for commute using pre-tax dollars that save them money on taxes each year. All full-time employees are eligible for this benefit after two (2) months of full-time employment. Commuter benefits include transit, rideshares and qualified paid parking.

J. BIRTHDAY INCENTIVE

We celebrate our employees and their hard work. After one (1) year of full-time employment, all full-time employees receive a birthday gift from RN Express in the form of a check that is mailed to your current address on file.

K. EDUCATION AND TRAINING

All employees are encouraged to take advantage of courses offered by RN Express. The classes are planned throughout the year, and you will be notified once there is a schedule. Continuing education is the responsibility of the employees. Education will be required for advancement within RN Express as well as for promotion of personnel. In the event the Company assists in the payment of, or provides complimentary tuition for education or any related expenses, the employee will be required to conduct an in-house training to share information acquired during the session.

It is the policy of the Company to provide job counseling sessions with employees in a positive and constructive manner when problems arise or when the employee requests for it. During these sessions, concerns or problems are mutually discussed, defined, and outlined with action plans for improvement.

L. COMPANY-SPONSORED ACTIVITIES, ANNUAL AND NIGHTINGALE AWARDS

RN Express takes pride in its outstanding employees and recognizes that they are vital resources of our business. A variety of special events throughout the year are organized to encourage a high level of Company spirit and boost employee morale.

Aside from this, every end of the year, the Company gives awards to employees who have demonstrated outstanding performance in the workplace, as well as those who have rendered the greatest number of hours worked during the year. A special award ceremony is held (often during the Company's annual holiday party) at which time the awardees receive an honorary certificate or trophy and a cash award.

Additionally, a special award called the Nightingale Award is given to an employee who demonstrated excellence and exemplified the Company's core values of gratitude, empathy, humility, and kindness.

VIII. STANDARDS OF CONDUCT AND EMPLOYEE PERFORMANCE

A. VIOLENCE IN THE WORKPLACE

RN Express expects and relies on all its employees to maintain a safe working environment. RN Express expressly prohibits any instance of intimidation, unwanted contact, aggressive behavior (including verbal), violence or threat of violence (collectively, workplace violence) against anyone, including co-workers, managers, clients, patients or any other member of the public .

Examples of workplace violence include, but are not limited to, the following:

- All threats or acts of violence occurring on Company premises, regardless of the relationship between the Company and the parties involved in the incident
- All threats or acts of violence during off Company premises, involving someone who is acting in the capacity of a representative of the Company
- All threats or acts of violence occurring off Company premises, involving an employee if the threats or acts affect the legitimate interests of RN Express

Specific examples of conduct, which may be considered threats or acts of violence may include, but are not limited to, the following:

- Hitting or shoving an individual
- Threatening an individual or his/her family, friends, associates, or property with harm
- The intentional destruction or threat of destruction of Company property
- Harassing or threatening phone calls, text messages and emails
- Harassing surveillance or stalking
- The suggestion that violence is appropriate
- Unauthorized possession or inappropriate use of firearms or weapons

Because it is impossible to anticipate every conceivable situation that may arise, activities which are not expressly covered under this policy will be evaluated on a case-by-case basis. All employees are expected to act with common sense and to conduct themselves in a professional manner.

The Company's prohibition against workplace violence applies to all persons involved in the Company's operations, but not limited to personnel, contract, and temporary workers and anyone else on the Company property. Violations of this policy will lead to disciplinary action (from counseling up to and including termination) and/or legal action as appropriate. No provision of this policy shall alter the at-will nature of the employment relationship.

Every person in the Company is encouraged to report incidents of threats or acts of physical violence of which he or she is aware. The report should be made to the HR Manager, or any other managerial employee

if the immediate supervisor is not available. Nothing in this policy alters any other reporting obligation established in Company policies or in state, federal, or other applicable laws.

B. SEXUAL HARASSMENT POLICY

RN Express is committed to maintaining a work environment free of sexual harassment. Sexual harassment is a form of unlawful workplace discrimination. All employees have a legal right to a workplace free from sexual harassment and are required to work in a manner that prevents sexual harassment. Therefore, we shall maintain a zero-tolerance policy for workplace sexual harassment. This policy is one component of RN Express's Equal Opportunity/Non-Discrimination Policy.

Sexual harassment is against the law and may include, but is not limited to:

- Unwelcome physical contact with sexual overtones, e.g., touching, patting, pinching, intentional brushing against, etc.
- Sexually explicit language, gestures, slurs, jokes, epithets, and innuendo.
- Uninvited or unwanted sexual advances, including inappropriate, repeated, or unwelcomed sexual flirtations, advances, or propositions.
- Inappropriate or suggestive comments about another person's physical appearance, characteristics, or dress.
- An offensive overall environment, including the use of vulgar language, the presence of sexually explicit photographs or other materials of a sexual nature.
- Exchanging or offering to exchange any kind of employment benefit for a sexual concession, e.g., promising a promotion or raise in exchange for sexual favors.
- Withdrawing or threatening the withdrawal of any kind of employment benefit for refusing to grant a sexual favor.

Sexual harassment can occur between any individuals, regardless of their sex or gender. New York Law protects employees, paid or unpaid interns, and non-employees, including independent contractors, and those employed by companies contracting to provide services in the workplace. A perpetrator of sexual harassment can be a superior, a subordinate, a coworker or anyone in the workplace including an independent contractor, contract worker, vendor, client, customer or visitor.

Unlawful sexual harassment is not limited to the physical workplace itself. It can occur while employees are traveling for business or at employer sponsored events or parties. Calls, texts, emails, and social media usage by employees can constitute unlawful workplace harassment, even if they occur away from the workplace premises or not during work hours.

The Company cannot sufficiently stress that it will not tolerate any form of sexual harassment or hostile work environment.

Reports of sexual harassment may be made verbally or in writing. For written submissions employees may use the complaint form included on the last page of this Handbook. Employees who are reporting

sexual harassment on behalf of other employees should use the complaint form and note that it is on another employee's behalf.

Any questions about this policy or potential sexual harassment complaint should be brought to the attention of Supervisors and Human Resources. The Company will treat complaints with respect and process in a manner that is fair and impartial to all parties. RN Express will promptly investigate all allegations of sexual harassment in as confidential a manner as possible. The Company cannot promise absolute confidentiality to those who make complaints or witnesses. However, the Company will reveal identities only on a need-to-know basis.

No employee will be retaliated against either by the Company or its employees for raising a good faith claim for sexual harassment. No person covered by this policy shall be subject to retaliation (adverse employment action including being discharged, disciplined, discriminated against, or otherwise subject to adverse employment action) because the employee reports an incident of sexual harassment, provides information, or otherwise participates in any investigation of a sexual harassment complaint. RN Express has a zero-tolerance policy for such retaliation. Any employee who engages in such retaliation will be subjected to disciplinary action, up to and including termination. Anyone who believes they have been subject to such retaliation should inform a supervisor or HR manager. Anyone who believes they have been a victim of such retaliation may also seek recourse in other available forums:

Sexual harassment is not only prohibited by RN Express but is also prohibited by state, federal, and, where applicable, local law. Aside from the internal process at the Company, employees may also choose to pursue legal remedies with governmental entities including but not limited to: New York State Division of Human Rights (DHR), New York City Commission on Human Rights, United States Equal Employment Opportunity Commission (EEOC), and the local police department.

Any employee who is determined, after an investigation, to have engaged in sexual harassment in violation of this policy will be subject to appropriate disciplinary action, up to and including termination. The Company reserves the right to act upon any finding of a false complaint.

DISCRIMINATION AND HARASSMENT COMPLAINT RESOLUTION PROCEDURE

Investigations of complaints of sexual harassment, in addition to all other discrimination or harassment based on protected statuses will be done in accordance with the following steps:

- 1) Upon receipt of a complaint, a Supervisor or Human Resources will conduct an immediate review of the allegations, and take any interim actions, as appropriate. Reporting individuals are encouraged to complete the "Complaint Form" in writing, however if they elect to submit their complaint verbally, a Complaint Form will be prepared based on the verbal report.
- 2) If documents, emails, or phone records are relevant to the allegations, the Company will take steps to obtain and preserve them.
- 3) The Company will request and review all relevant documents, including all electronic communications.
- 4) The Company will interview all parties involved, including any relevant witnesses.

- 5) The Company will create a written documentation of the investigation (such as a letter, memo, or email), which contains the following:
 - a) A list of all documents reviewed along with a detailed summary of relevant documents.
 - b) A list of names of those interviewed, along with a detailed summary of their statements.
 - c) A timeline of events.
 - d) A summary of prior relevant incidents, reported or unreported; and
 - e) The final resolution of the complaint, together with any corrective actions.
- 6) The Company will keep the written documentation and associated documents in its records.
- 7) The Company will promptly notify the individual who complained and the individuals who were complained against of the final determination and implement any corrective actions identified in the written document.

C. COMMUNICATION/COMPLAINT RESOLUTION PROCEDURE

Whenever people work closely together as we do, complaints and misunderstandings are bound to rise. RN Express is committed to maintaining as high a degree of open communication between management and employees as possible. We have developed the procedure below for complaints. However, if your complaint relates to discrimination and/or harassment, you must follow the procedures contained in the Discrimination and Harassment Complaint Resolution Procedure section of this Handbook.

- The Company invites employees to talk frankly with their supervisor or to anyone in authority when they have a problem, complaint or misunderstanding of any kind with the assurance that doing so will not be held against them.
- The Company commits in giving an immediate and appropriate level of attention to complaints and concerns. They will inform affected employees of its finding, decision, and/or action to be taken.
- The Company will use its best judgement in dealing with employee infractions, and when appropriate, advise the employee of the infraction, provide a warning, counseling, and re-training. However, the Company reserves its right to take any disciplinary action it deems appropriate, including termination.
- Other than in circumstances of termination, the Company will provide an employee an opportunity to appeal any disciplinary action to a higher authority within the Company. Immediate supervisors will schedule a meeting with the higher levels of authority for any such appeals.

The following is the established procedure to promptly resolve complaints and disciplinary actions:

- 1) Discuss your problem with your supervisor.
- 2) If your discussion with your supervisor does not satisfy you, contact your Administrator.
- 3) If your Administrator does not address your concerns satisfactorily, you may contact Human Resources at (212) 675-7318.

Nothing stated above is meant to change the Company's at-will employee policy, establish any procedure upon termination, or limit the Company's absolute right to terminate employees at-will for any reason which does not violate federal, state, or local laws.

D. NONRETALIATION POLICY

RN Express follows federal, state, and local laws regarding retaliation.

No person covered by the policies in this Handbook shall be subject to retaliation (adverse employment action including being discharged, disciplined, discriminated against, or otherwise subject to adverse employment action) because the employee makes a complaint, provides information, or otherwise participates in any investigation of a complaint. RN Express has a zero-tolerance policy for such retaliation. Any employee who engages in such retaliation will be subjected to disciplinary action, up to and including termination. Any employee, paid or unpaid intern, or non-employee working in the workplace who believes they have been subject to such retaliation should inform a supervisor or HR manager.

The Company cannot promise absolute confidentiality to those who make complaints. However, the Company will reveal identities only on a need-to-know basis. The Company will treat complaints seriously and with respect to undertake the process in a manner that is fair and impartial to all parties.

E. ATTENDANCE AND PUNCTUALITY

Punctuality and regular attendance are essential to the proper operation of any business and simultaneously enable employees to establish a good working ethic and enhance their opportunities for advancement.

Your workday begins at a designated time. You are expected to report to work on time on a regular basis. Unnecessary and excessive absenteeism or lateness are expensive and disruptive, placing an unfair burden on other employees and supervisors. Unsatisfactory attendance and punctuality will result in disciplinary action, up to and including termination.

If you are going to be late or absent you must notify your RN Express Staffing Coordinator/Manager and your facility Supervisor at least three (3) hours in advance of your starting time. You must communicate directly with the RN Express Staffing Coordinator and your facility Supervisor on duty. You may not leave a message with another employee.

If your starting time begins prior to the regular business hours, you are required to contact your facility Supervisor and RN Express Staffing Coordinator as soon as the workday begins and advise when you expect to return to work. Failure to make proper notification may result in disciplinary action up to and including termination. Absences of three (3) or more days without notification will be considered a voluntary resignation.

F. PROFESSIONAL APPEARANCE AND BEHAVIOR

To make a favorable impression with our clients, it is important that all RN Express employees dress and act in a professional manner. We have established several guidelines for the purpose of achieving this goal.

- ***Professional Appearance*** - Personal cleanliness and appearance are the utmost importance in the healthcare industry. All clothing must be clean, properly pressed, and functional and appropriate for work. All shoes must be in a neat and clean condition. Comfortable safe work shoes are a must.
- ***Professional Behavior*** - The Company expects all employees to conduct themselves in a highly professional manner and to always practice good business ethics using courtesy and common sense as your guide. It is your responsibility to know, understand and follow the policies and procedures set forth by the Company and the clients. It is also your responsibility to seek clarification of those things you do not understand to uphold the standards of service, Integrity, pride, and efficiency of operations in our Company.

English should be the only language spoken for communications with clients and patients, coworkers, or supervisors who only speak English, in emergencies or other situations in which employees must speak a common language to promote safety, and for cooperative work assignments in which English is needed to promote efficiency.

G. PERSONAL CALLS AND VISITS

Employees should discourage friends and family members from calling you while you are at work at the client's facility. The facilities' telephones are for business purposes only. You will be allowed to use the phone in case of emergency or for transportation if facility management changes your schedule. Please ask your family and friends not to call during your work hours except in cases of emergency. The use of personal electronic equipment (e.g., cellphones, iPods, pagers, etc.) is not permitted during your work hours, and such equipment may not be utilized or carried during work hours (regardless of whether they are off or on "silent" mode).

H. MAINTAINING A CLEAN ENVIRONMENT

Everyone is expected to help maintain a high standard of cleanliness and order in the workplace and to maintain safe, healthful, and sanitary conditions. A clean workplace will make your work easier, more productive, and keep our high standards of service.

You must wash your hands at least every thirty (30) minutes, every time you go to the restroom, and anytime you leave your workstation. Hand washing is the most effective way to prevent illnesses.

I. SAFETY

General safety rules have been established as basic guidelines to minimize the potential for unsafe conditions in the workplace. These rules also enable management to evaluate overall safety compliance and to handle safety issues specific to individual location.

All employees are therefore advised to be familiar and to comply with the safety rules in place at respective client assignments. Should you have a safety suggestion, concerns or observe an unsafe working condition or practice, please notify your supervisor immediately.

IX. HEALTHCARE ETHICS POLICY

RN Express Staffing Registry, LLC is a Joint Commission-certified healthcare staffing agency committed to upholding the highest ethical standards in the delivery of patient care. Our temporary staff are expected to act with integrity and professionalism at all times, respecting and protecting the rights and dignity of all patients.

This policy establishes clear ethical standards and expectations for all employees, contractors, and affiliated healthcare professionals of RN Express Staffing Registry, LLC. It ensures that all actions and decisions made in the delivery of care are guided by integrity, compassion, professionalism, and respect for human dignity, in accordance with applicable laws, professional standards, and The Joint Commission requirements.

The purpose of this Healthcare Ethics Policy is to:

- Ensure RN Express Staffing Registry, LLC's compliance with The Joint Commission (TJC) standards and other regulatory requirements.
- Educate all temporary healthcare professionals on their ethical obligations regarding patient care.
- Establish clear procedures for reporting and resolving ethical issues.
- Reinforce RN Express Staffing Registry, LLC's commitment to patient safety and quality of care.

This policy applies to all staff members, including:

- Administrative personnel
- Clinical staff
- Contracted providers
- Leadership and management

Ethical Principles & Professional Conduct

Patient Rights

All employees must respect and advocate for the following patient rights:

1. Respect and Dignity - Treat all patients with dignity, consideration, and respect for their personal values, beliefs, and cultural practices.
2. Privacy and Confidentiality - Strictly adhere to HIPAA and client facility policies. Patient information must remain confidential and only discussed with those directly involved in care.
3. Informed Consent - Respect a patient's right to make informed decisions about their care. Ensure patients are provided with a clear explanation of their condition, treatment options, and potential outcomes.
4. Pain Management - Advocate for and participate in appropriate assessment and management of a patient's pain.
5. End-of-Life Care - Respect a patient's choices regarding end-of-life care and support advance directives.
6. Access to Care - Deliver care without discrimination based on race, color, religion, disability, gender, sexual orientation, or national origin.

Professional & Business Conduct

- Integrity: Act with honesty and avoid conflicts of interest that could compromise patient care.
- Adherence to Facility Policies: Comply with client facility codes of conduct, safety protocols, and ethical guidelines.
- Professionalism: Maintain professional demeanor and communication with patients, families, and staff.
- Competence: Provide care within your scope of practice and only perform tasks for which you are deemed competent.

Core Ethical Principles

1. Respect for Persons: Uphold patient autonomy, privacy, and informed consent.
2. Beneficence: Promote patient well-being and provide safe, compassionate care.
3. Non-Maleficence: Avoid harm and take steps to prevent risks.
4. Justice: Ensure fairness and equity in treatment.
5. Confidentiality: Protect all patient and organizational information in compliance with HIPAA.
6. Professional Integrity: Uphold honesty, accountability, and transparency.
7. Fidelity: Honor commitments to patients, clients, and RN Express Staffing Registry, LLC.

Reporting Ethical Concerns

RN Express Staffing Registry, LLC fosters a culture of safety where employees may report ethical concerns without fear of retaliation.

Reporting Process:

1. Internal Reporting: Report concerns first to the immediate supervisor at the client facility.

2. Escalation to RN Express: If unresolved, report immediately to your assigned supervisor or the RN Express Staffing Registry, LLC corporate office at 212 675-7318 or info@rnexpressregistry.com.
3. The Joint Commission: If concerns remain unresolved, employees may report directly to The Joint Commission's Office of Quality and Patient Safety (online, mail, or phone). RN Express prohibits retaliation for such reports.

Incident & Error Tracking

- Initial Reporting: All unexpected incidents, errors, or near-misses must be reported immediately to the client facility supervisor.
- Internal Tracking: Client facilities must notify RN Express Staffing Registry, LLC within 24 hours. Incidents are documented and reviewed internally for quality improvement.
- Competency Review: Competency issues trigger a review to ensure professionals remain qualified for their roles.

Training & Accountability

- Initial Training: All new hires receive training on this Ethics Policy and The Joint Commission standards during onboarding.
- Ongoing Education: Regular ethics and compliance training is required.
- Accountability: Violations of this policy may result in disciplinary action, up to and including termination, and possible reporting to licensing/regulatory authorities.

Violations

Any breach of ethical standards will be investigated. Consequences may include:

- Counseling and retraining.
- Formal written reprimand.
- Suspension or termination of employment.
- Reporting to state boards, regulatory agencies, or law enforcement.

X. JOINT COMMISSION EDUCATION

A. ANNUAL NATIONAL PATIENT SAFETY GOAL

RN Express Staffing Registry, LLC is dedicated to upholding the highest standards of patient safety, guided by the National Patient Safety Goals (NPSGs) set by The Joint Commission. These goals address key areas such as patient identification, medication safety, infection prevention, and communication improvements to enhance care quality and reduce risks.

To stay current on these essential guidelines, please refer to the National Patient Safety Goals at this link: <https://www.jointcommission.org/en-us/standards/national-patient-safety-goals>

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

INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

RN Express Staffing Registry, 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 into 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:

1. Following the Infection Control policies of your facility
2. Identifying the people, patients, and staff, who are most at risk
3. Washing your hands
4. Staying healthy by getting plenty of rest, eating properly, and exercising
5. Getting vaccinated against flu and hepatitis B
6. Washing your hands

7. Following the standard recommended precautions with everyone
8. NOT coming to work if you are sick.

B. CDC HAND HYGIENE GUIDELINES (hand washing)

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 five steps in routine hand washing are:

1. Wet hands thoroughly under running water (warm or cold). Turn off the tap and apply soap.
2. Lather with soap from a dispenser. Be sure to include the backs, palms, wrists, between fingers, and under fingernails.
3. Scrub hands thoroughly, for 20 seconds, using friction. As a guide, hum the “Happy Birthday” song twice, from beginning to end.
4. Rinse hands thoroughly under clean, running water.
5. Dry hands using a clean towel or an air dryer.

If soap and water are not readily available, use alcohol-based hand sanitizer. Read the product label to check the product label to contain at least 60% alcohol.

C. 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, RN Express Staffing Registry, 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.

RN Express Staffing Registry, 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.

D. BLOOD BORNE 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

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

Corrections

Draw a single line through entry, initial; write the correct information. Review your facility'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

XII. 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 one's self 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 relationship 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 or 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:
 - The name, age, and address of the person
 - The name address of the person responsible for care
 - The nature and extent of the person's condition
 - The basis of the reporter's knowledge
 - Any other relevant information
 - 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 including a child victim 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 description of the incident
- To whom the incident happened
- When the incident occurred
- Where the incident occurred
- Who was responsible for the neglect/abuse?

XIII. NURSING ESSENTIALS

A. RESTRAINTS

It is the policy of RN Express Staffing Registry, LLC that the patient has the right to be free from any physical or chemical restraints unless it is necessary for the 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 safety 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 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 a 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 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 implements 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 make a determination 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 restraint 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.

B. 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.

C. EMERGENCY CODES

In all cases, you should know what your department-specific responsibilities are. Each facility 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.

D. 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 up 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.

E. EMERGENCY TREATMENT OF PATIENT

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.

RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC’s education module on EMTALA.

F. HIPAA PRIVACY RULES

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 work station.

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 (RN Express Staffing Registry, 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 the 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

G. BODY MECHANICS

With the use of proper body mechanics and ergonomics (the undersigning of the work place 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 the form 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.

H. 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 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 concepts 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 of 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 facility 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 backgrounds 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 work 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 means 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

I. 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.

J. PATIENT RIGHTS AND RESPONSIBILITIES

RN Express Staffing Registry, 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 doesn'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.

K. 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 either the smoke detection or 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 or 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.

L. 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

M. 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:

- Malfunction
- Improper use
- 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:

- How to operate it
- The purpose of the equipment and the intended results
- Monitoring and observation activities - what to observe, frequency precautions, and adverse reactions
- Contraindications - warning signs
- Troubleshooting - including how to respond to alarms

- Care and maintenance
- 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:

- 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.
- 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.
- If equipment has a battery backup, keep it plugged in whenever possible so that it stays fully charged.
- 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.
- 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.
- 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.

N. 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 experience 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: Pharmacological interventions and Non-pharmacological interventions.

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

- Opiates, such as morphine and codeine
- Non-opiates, such as acetaminophen
- 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: Relaxation and distraction techniques and 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 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 and 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:

- Drug-seeking behavior is NOT a sign of addiction.
- 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 levels 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:

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

O. 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.

P. 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:

- Identify and correct safety hazards.
- Take care in using equipment.
- 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.

XIV. PERFORMANCE IMPROVEMENT AND EDUCATION PROGRAM

A. PERIODIC ASSESSMENT

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 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.

- Every healthcare professional employed by RN Express Staffing Registry, LLC, who has worked in the last year, will have an annual performance evaluation carried out by the Director of Nursing Human Resources/Clinical Liaison.
- RN Express Staffing Registry, LLC will attempt to obtain feedback from client representatives regarding clinical staff competence and ongoing performance of professional employees. Unfortunately, some clients will not cooperate with RN Express Staffing Registry, LLC in this regard, so RN Express Staffing Registry, LLC follows a competence by exception philosophy. In the absence of client feedback, unless there is evidence of a performance issue, we assume that our employees are meeting performance expectations.
- 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.
- Every health professional employed by RN Express Staffing Registry, LLC will complete annual skills checklists, which apply to their area of work.
- 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.
- The Clinical Liaison is responsible to ensure that any areas of development are identified and addressed.

B. EDUCATION

Ongoing continuing education is the responsibility of RN Express Staffing Registry, LLC employees to ensure that all clinical staff has a current knowledge and practice base. RN Express Staffing Registry, 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: <https://exclamationce.com/>, <http://www.ceufast.com>, www.relias.com, www.rn.com,

The clinical employee having and maintaining a current license issued by the State of New York is considered documentation of ongoing continuing education by RN Express Staffing Registry, LLC.

Evidence of continuing education, annual completion of new skills checklists and annual review and acknowledgement of the current revised Employee handbook are part of the ongoing competency assessment program and will be maintained in the personnel file.

C. DISCIPLINARY ACTION

RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC or any client of RN Express Staffing Registry, 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 RN Express Staffing Registry, 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.

D. DO NOT SEND POLICY AND PROCESS

RN Express Staffing Registry, LLC is committed to providing a higher standard of service to our clients and to the delivery of safe, quality patient care. As a RN Express Staffing Registry, 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 RN Express Staffing Registry, 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, RN Express Staffing Registry, 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 Send.

Termination Policy

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

1 Point Attitude / lack of professionalism / customer service

2 Points

- Clinical incompetence – poor clinical performance
- Poor time management
- Medication Error
- Documentation Deficiencies Lack of Compassion

3 Points

- Danger to patients.
- 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

- Illegal Behavior (Includes false identity; falsified documentation, use of or distribution of controlled substances etc.)
- Pt. abandonment. When a 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 RN Express Staffing Registry, LLC office, if you have any questions.

E. 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 Send.

1. Be on time to all shifts.

Be 30 to 45min early, arriving on 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 numbers 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 nurses 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 shifts.

Talking on mobile phones or using facility information systems for personal use (other than in an emergency or away from patient care areas 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 RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC, the Nursing Supervisor of the facility in which you were working and retained a copy for yourself.

Rationale: Knowledge of, and compliance with each facility's 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 the 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 into 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.

XV. REPORTING ANY ISSUES

Assignment Issues

Issues may arise while an employee is on assignment for RN Express Staffing Registry, LLC. As a representative of RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC for mediation
3. Complete an incident report at the facility (if required)
4. Complete an incident report at RN Express Staffing Registry, 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 RN Express Staffing Registry, LLC immediately of exposure

RN Express Staffing Registry, 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.

RN Express Staffing Registry, 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.

XVI. 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 RN Express Staffing Registry, 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 RN Express Staffing Registry, 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 development, 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

Sentinel Event Policy

RN Express Staffing Registry, LLC is committed to maintaining compliance with The Joint Commission standards and ensuring the safety and quality of care for all patients and clients. A sentinel event is defined by The Joint Commission as an unexpected occurrence involving death, serious physical or psychological injury, or the risk thereof.

To ensure our staff have the most current guidance, we direct all employees to the official Joint Commission Sentinel Event Policy, which is regularly updated. Staff are required to review and remain familiar with this policy as part of their responsibilities for patient safety and risk management.

Access the most updated Sentinel Event Policy here:

<https://www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/sentinel-event-policy-and-procedures>

Internal Reporting Procedures for Sentinel Events

All staff are expected to take the following steps immediately upon recognizing a sentinel event:

1. **Ensure Safety First:** Protect the patient, client, and others from immediate harm. Call emergency services if required.
2. **Notify Supervisor/Manager:** Inform your immediate supervisor or the designated on-call manager without delay.
3. **Complete Incident Report:** Document the event in detail using the organization's Incident Reporting Form within 24 hours.
4. **Submit Documentation:** Provide the completed report to Compliance and the Quality Improvement Department.
5. **Participate in Review:** Cooperate fully with the Root Cause Analysis (RCA) and corrective action process.
6. **Confidentiality:** Maintain confidentiality at all times in accordance with HIPAA and organizational policy.

RN Express Staffing Registry, LLC Responsibilities

- Conduct a Root Cause Analysis (RCA) promptly after a sentinel event.
- Develop and implement a Corrective Action Plan to address identified risks.
- Provide ongoing education and training on sentinel event recognition and reporting.
- Foster a culture of safety that encourages staff to report incidents without fear of retaliation.

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 positively impact care, treatment, or services by helping health care organizations identify opportunities to change their culture, systems, and processes to prevent unintended harm.
2. To help health care organizations that have experienced a sentinel event determine and understand contributing factors (including underlying causes, latent conditions, and active failures) and develop strategies to prevent or reduce such events in the future.
3. To increase the health care organization's resilience by becoming a learning organization.
4. To maintain the confidence of the public, clinicians, and health care organizations in the priority of patient safety in Joint Commission–accredited health care organizations

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.

JOINT COMMISSION POLICY STATEMENT

RN Express Staffing Registry, LLC is committed to providing a higher standard of service and to the delivery of safe, quality patient care. RN Express Staffing Registry, LLC complies with the Joint Commission's Standards for Healthcare Staffing Services. As our customer, you can have confidence that the processes within RN Express Staffing Registry, LLC support that the supplemental staff working in your organization have met the requirements established by the Joint Commission. To assure compliance with the Joint Commission Standards for Healthcare Staffing Services, RN Express Staffing Registry, LLC provides the customer a written description of the following service features.

1. Subcontractors

RN Express Staffing Registry, LLC will not engage subcontractors to provide Assigned Employees unless agreed to in advance by the customer.

2. Floating

Assigned Employees may only be placed in assignments that match the job description for which RN Express Staffing Registry, LLC assigns them; if an Assigned 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. Assigned Employees should only be floated to areas of comparable clinical diagnoses and acuities.

3. Competency Review

It is the responsibility of Rn Express Staffing Registry, LLC to conduct and finalize the pre-employment assessment of the Assigned Employee's competence based on the techniques, procedures, technology, and skills needed to provide care, treatment and services to the populations served by the customer upon completion of RN Express Staffing Registry, LLC orientation.

It shall be the responsibility of the customer to cooperate in a review or evaluation of each Assigned Employee, relative to the employee's ability to perform specific job functions upon completion of employee's assignment or shift. RN Express Staffing Registry, LLC relies on the customer's feedback to accurately assess and re-assess the competence of the Assigned Employee on an ongoing basis based on the customer's report of clinical performance.

4. Orientation of Employees

RN Express Staffing Registry, LLC will provide all new employees with an orientation to the Company's policies and procedures. It shall be the responsibility of the customer to orient assigned employees to the facility and its rules and regulations and to acquaint them with the facility policies and procedures, including dress code, physical layout and equipment and to validate competency and ability of Assigned Employee to properly use equipment.

5. Employees and Independent Contractors

As the provider of staffing services, RN Express Staffing Registry, LLC will be the employer of Assigned Employees and shall not by reason of their temporary assignment with the customer through RN Express Staffing Registry, LLC become employees of the customer. At its sole discretion RN Express Staffing Registry, LLC reserves the right to utilize independent contractors in addition to its employees, to assist in the provision of all agreed upon Healthcare Supplemental Staffing Services.

6. Incident, Error, Tracking System

Upon notification of Incidents and or Errors, RN Express Staffing Registry, LLC shall document and track all unexpected incidents, including errors, sentinel events, and other events, such as injuries and safety hazards related to the care and services provided, utilizing its data gathering tools. Information gathered, tracked and analyzed is to be shared and reported appropriately to customers, regulatory bodies and the Joint Commission as required.

7. Communicating Occupational Safety Hazards/ Events

It shall be the responsibility of the customer to notify RN Express Staffing Registry, LLC within 24 hours of the event any competency issues, incidents, and/or complaints related to the Assigned Employee and/or RN Express Staffing Registry, LLC. Customer Agrees to initiate communication with RN Express Staffing Registry, LLC whenever an incident/injury report related to the Assigned Employee is completed.

8. Requirements for Staff Specified

The requirements of staff sent to the customer by RN Express Staffing Registry, LLC are to be determined by the customer as part of the written agreement between the two parties. It is RN Express Staffing Registry, LLC's obligation to comply with the requirements specified by the customer in order to deliver safe care to the population being served.

9. Staff Matching Requirements

RN Express Staffing Registry, LLC shall verify the Assigned Employee's licensure, certification, education, and work experience to assure they are competent and possess the skills and experience that match requirements for the assignment. Matching the Assigned Employee's licensure, certification, education, and work experience to assure they are competent and possess the skills and experience. Matching the specified requirements of the assignment may include the use of new grad practitioners for Allied personnel and non-licensed nursing personnel such as sitters, caregivers, and nursing assistants. It may also include licensed nursing personnel upon the request or approval of the customer.

RN Express Staffing Registry, LLC is open Monday through Friday from the hours of 10:00 am to 6:00 pm. Our local telephone number is (212) 675-7318.

In the event of an emergency, natural disaster or other uncontrollable event, RN Express Staffing Registry, LLC will continue to provide service to you through our main office from a location where phones and

computers are functional. RN Express Staffing Registry, LLC will do everything possible to support you in meeting your needs during a crisis situation. A copy of our Emergency Management Plan is available upon request.

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 provided by one of our healthcare professionals, we encourage you to contact us to discuss the issue. RN Express Staffing Registry, LLC has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the RN Express Staffing Registry, LLC office at (212) 675-7318. A representative will work with you to resolve your concern. Any individual or organization that has a concern about the quality and safety of patient care delivered by RN Express Staffing Registry, LLC's healthcare professionals, which has not been addressed by RN Express Staffing Registry, 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. RN Express Staffing Registry, 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.



PROVIDER HANDBOOK ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of RN Express Staffing Registry, LLC Provider Handbook. I acknowledge that I have been informed that the complete RN Express Staffing Registry, LLC Employee Handbook is available at www.rnexpressregistry.com. I understand that in processing my application with RN Express Staffing Registry, LLC an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job-related data provided in this application, or via the interview process. I authorize appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless RN Express Staffing Registry, LLC from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize RN Express Staffing Registry, LLC to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting RN Express Staffing Registry, LLC authorization to release confidential medical information upon the request from RN Express Staffing Registry, LLC's clients while I am actively working at the client's facility and/or during the profiling and placement processes.

I understand that RN Express Staffing Registry, LLC's goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with RN Express Staffing Registry, LLC's service or if the service provided by one of RN Express Staffing Registry, LLC's clients, I am encouraged to contact the local manager to discuss the issue. RN Express Staffing Registry, LLC has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the RN Express Staffing Registry, LLC corporate office at (212) 675-7318. A Company representative will work with me to resolve my concern. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by RN Express Staffing Registry, LLC's Healthcare professionals, which has not been addressed by RN Express Staffing Registry, LLC's management is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. RN Express Staffing Registry, 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.

I have read and understand RN Express Staffing Registry LLC's policies and my requirements as a RN Express Staffing Registry, LLC employee. I understand that if I have any questions and/or need clarification for items addressed in the Handbook, it is my responsibility to contact RN Express Staffing Registry, LLC office to discuss.

EMPLOYEE SIGNATURE

DATE



REFERRAL PROGRAM

Referral Guidelines:

- 1) To refer a potential employee, please complete this form and return it to the Human Resources Department together with a copy of your ITIN/SSN and a government issued ID. You may send these documents either via email at info@rnexpressregistry.com, postage mail, personally at 71 W 23rd St. Suite 1622, New York, NY 10010 or via fax at (212) 675-7311.
- 2) You are eligible for a referral award only when you refer external candidates.
- 3) If the candidate you referred is hired, you will receive a referral award of \$300.00 after the new employee has completed 20 shifts or 150 hours (excluding orientation and overtime), whichever comes first, under RN Express Staffing Registry, LLC.

Referrer Information:

Referrer's Name: _____ Date: _____

Mailing Address: _____

Referrer's Facility (if applicable): _____

Email: _____ Mobile Number: _____

Referral Information:

Candidate's Name: _____

Email: _____ Mobile Number: _____

Employment status: Employed | Unemployed | Self-Employed

(please circle the answer that applies)

Position Referred for: _____

FOR HUMAN RESOURCES ONLY:

Hire Date: _____ Start Date: _____ Total Hours: _____

\$300 Received on: _____

Received by: _____

Approved by: _____



SEXUAL HARASSMENT COMPLAINT FORM

IF YOU BELIEVE THAT YOU HAVE BEEN SUBJECTED TO SEXUAL HARASSMENT, YOU ARE ENCOURAGED TO COMPLETE THIS FORM AND SUBMIT IT TO YOUR SUPERVISOR OR HUMAN RESOURCES.

IF YOU ARE MORE COMFORTABLE REPORTING VERBALLY OR IN ANOTHER MANNER, YOUR EMPLOYER IS STILL REQUIRED TO FOLLOW ITS DISCRIMINATION AND HARASSMENT COMPLAINT RESOLUTION PROCEDURE.

COMPLAINANT INFORMATION:

Name:

Home Address:

Home Phone:

Job Title:

Preferred Communication Method:

Work Address:

Work Phone:

Email:

SUPERVISOR INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1) Your complaint of Sexual Harassment is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: Supervisor: _____ Subordinate: _____

Co-Worker: _____ Other: _____

2) Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3) Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? ____ Yes ____ No

4) Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

The last two questions are optional but may help facilitate the investigation.

- 5) Have you previously complained or provided information (verbal or written) about sexual harassment while employed by this Company? If yes, when and to whom did you complain or provide information?

Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state, or local government agencies or in certain courts.

- 6) Have you filed a claim regarding this complaint with a federal, state, or local government agency?
___ Yes ___ No

- 7) Have you instituted a legal suit or court action regarding this complaint?
___ Yes ___ No

- 8) Have you hired an attorney with respect to this complaint?
___ Yes ___ No

I request that RN Express Staffing Registry, LLC investigate this complaint of sexual harassment in a timely and confidential manner as outlined below and advise me of the results of the investigation.

SIGNATURE

DATE



DISCRIMINATION AND HARASSMENT COMPLAINT FORM

IF YOU BELIEVE THAT YOU HAVE BEEN SUBJECTED TO DISCRIMINATION AND/OR HARASSMENT ON THE BASIS OF A PROTECTED IDENTITY, YOU ARE ENCOURAGED TO COMPLETE THIS FORM AND SUBMIT IT TO YOUR SUPERVISOR OR HUMAN RESOURCES.

IF YOU ARE MORE COMFORTABLE REPORTING VERBALLY OR IN ANOTHER MANNER, YOUR EMPLOYER IS STILL REQUIRED TO FOLLOW ITS DISCRIMINATION AND HARASSMENT COMPLAINT RESOLUTION PROCEDURE.

COMPLAINANT INFORMATION:

Name:

Home Address:

Home Phone:

Job Title:

Preferred Communication Method:

Work Address:

Work Phone:

Email:

SUPERVISOR INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1) Your complaint of Discrimination and/or Harassment is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: Supervisor: _____ Subordinate: _____

Co-Worker: _____ Other: _____

2) Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is discrimination and/or harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3) Date(s) conduct occurred: _____

Is the conduct continuing? ____ Yes ____ No

4) Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

The last two questions are optional but may help facilitate the investigation.

- 5) Have you previously complained or provided information (verbal or written) about discrimination and/or harassment while employed by this Company? If yes, when and to whom did you complain or provide information?

Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state, or local government agencies or in certain courts.

- 6) Have you filed a claim regarding this complaint with a federal, state, or local government agency?

☐ Yes ☐ No

- 7) Have you instituted a legal suit or court action regarding this complaint?

☐ Yes ☐ No

- 8) Have you hired an attorney with respect to this complaint?

☐ Yes ☐ No

I request that RN Express Staffing Registry, LLC investigate this complaint of sexual harassment in a timely and confidential manner as outlined below and advise me of the results of the investigation.

SIGNATURE

DATE