



# **EMPLOYEE HANDBOOK**

# EMPLOYEE HANDBOOK

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# WELCOME

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

This Employee Handbook contains information about BestNest Management LLC's ("BestNest Management" or the "Company") employment policies and procedures and an overview of BestNest Management's benefits. The policies and procedures in this Handbook are guidelines only. BestNest Management reserves the right to interpret and administer the provisions of this Handbook as needed.

The provisions in this Handbook are not intended to in any way create any contractual obligations with respect to your employment. Nothing in this handbook nor any other communication by an BestNest Management representative or any other employee, whether oral or written, is intended to in any way create a contract of employment.

This policies in this handbook are not intended to preclude or dissuade employees from engaging in legally protected activities/activities protected by state or federal law, including the National Labor Relations Act, or legally required activities.

Each employee should read and become familiar with the information contained in this Handbook. Failure to comply with BestNest Management's policies or procedures may result in discipline, up to and including termination.

## WHY YOU WILL LOVE BESTNEST MANAGEMENT

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

## AT-WILL EMPLOYMENT

Employment at the Company is employment at-will. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or the Company. Nothing in this Handbook or in any document or statement shall limit the right to terminate employment at-will. No employee of the Company has any authority to enter into any agreement for employment for a specified period of time or to make any agreement or representation contrary to the Company's policy of employment at-will.

## GENERAL EMPLOYMENT POLICIES

### Equal Opportunity Employer

BestNest Management is an equal opportunity employer and complies with all applicable federal, state and local fair employment practices laws. BestNest Management is committed to providing a workplace that is free from unlawful discrimination. BestNest Management strictly prohibits and does not tolerate discrimination against employees, applicants or any other covered persons, including interns, by co-workers, supervisors, managers, or third parties on the basis of a person's: Race, Color, Age (40 or older), Religious creed, which includes religious belief, observance and practice, and dress or grooming practices, National origin, Ancestry, Physical disability, Mental disability, Medical condition, Genetic information, Marital status, Sex (including pregnancy, childbirth, breastfeeding or medical conditions related to breast-feeding; and medical conditions related to pregnancy or childbirth), Gender, Gender expression, Gender identity, Sexual orientation, Military or veteran status , or any other characteristic protected under applicable federal, state, or local law.

BestNest Management also prohibits and does not tolerate unlawful discrimination against employees and covered persons who are perceived to have any of these characteristics or who associate with a person who has, or is perceived to have, any of these characteristics.

All BestNest Management employees, officers, principles, agents, workers and representatives are prohibited from engaging in unlawful discrimination. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, training, promotion, discipline, compensation, benefits and termination of employment.

BestNest Management complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act; the California Fair Employment and Housing Act (FEHA); the California Pregnancy Disability Leave Law (PDL); the California Family Rights Act (CFRA) and all applicable state or local laws. Consistent with those requirements, BestNest Management will reasonably accommodate qualified individuals with a disability if such accommodation would allow the individual to perform the essential functions of the job, unless doing so would create an undue hardship. BestNest Management will also, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

### **Disability Accommodations Policy**

It is the Company's policy to comply with all relevant provisions of the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendment Act, known as the ADAAA, the California Fair Employment and Housing Act (FEHA), and all applicable local fair employment practices laws, and is committed to providing equal employment opportunities to qualified individuals with disabilities. The Company will not discriminate against any qualified employee or job applicant and individuals with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability or perceived physical or mental disability.

Consistent with this commitment, the Company will provide a reasonable accommodation to disabled applicants and employees if the reasonable accommodation would allow the individual to perform the essential functions of the job, unless doing so would create an undue hardship. This means that the Company will make reasonable accommodations for the known physical or mental disability or known medical condition of an applicant or employee, consistent with its legal obligation to do so. Furthermore, it is our Company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions, and privileges of employment.

If you believe you need an accommodation because of your disability, you are responsible for requesting a reasonable accommodation from BestNest Management's Compliance Department. You may make the request orally or in writing. The Company encourages employees to make their request in writing and to include relevant information, such as a description of the accommodation you are requesting, the reason you need an accommodation, and how the accommodation will help you perform the essential functions of your job.

After receiving your request, the Company will engage in an interactive dialogue with you to determine the precise limitations of your disability and explore potential reasonable accommodations that could overcome those limitations. The Company encourages you to suggest specific reasonable accommodations that you believe would allow you to perform your job. However, the Company is not required to make the specific accommodation requested by you and may provide an alternative, effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on the Company. Determinations about reasonable accommodations are made on a case-by-case basis considering various factors and based on an individualized assessment in each situation.

If your disability or need for accommodation is not obvious, the Company may ask you to provide supporting documents showing that you have a disability within the meaning of the ADA and applicable state or local laws, and that your disability necessitates a reasonable accommodation. If the information provided in response to this request is insufficient, the Company may require that you see a health care professional of the Company's choosing, at the Company's expense. In those cases, if you fail to provide the requested information or see the designated health care professional, your request for a reasonable accommodation may be denied. The Company will keep confidential any medical information that it obtains in connection with your request for a reasonable accommodation.

Individuals will not be retaliated against for requesting an accommodation in good faith. The Company expressly prohibits any form of discipline, reprisal, intimidation, or retaliation against any individual for requesting an accommodation in good faith.

### **Lactation Accommodation**

The Company recognizes that breast milk is the optimal food for growth and development of infants. This policy is to establish guidelines for promoting a breastfeeding-friendly work environment and supporting lactating employees at the Company for as long as they desire to express breastmilk. The Company supports the legal right and necessity of employees who choose to express milk in the workplace.

Subject to any permissible defenses, the Company will provide a reasonable amount of break time to accommodate an employee's need to express breast milk or accommodate any medical condition related to breast-feeding. The break time should, if possible, be taken concurrently with other rest and meal break periods already provided. Nonexempt employees should clock out for any time taken that does not run concurrently with normally scheduled rest periods and such time will be unpaid.

Any employee who needs a lactation accommodation should speak with BestNest Management's Compliance Department.

The Company expressly prohibits retaliation against lactating employees for exercising their rights granted by the law. This includes the denial of reasonable break time or adequate space to express milk. The Company will not discharge, or in any other manner discriminate or retaliate against, an employee for exercising or attempting to exercise any right protected under the law.

Any employee who believes that they have been treated in an unlawful, discriminatory manner should immediately report or discuss the incident with their supervisor, or any member of the management team, or BestNest Management's Compliance Department. An employee may also report a violation of this policy to the Labor Commissioner's Office.

### **Anti-Harassment, Discrimination, And Retaliation Policy**

The Company is committed to providing a work environment that is free from any form of harassment or discrimination based on race, color, age, religious creed (including religious belief, observance and practice, and dress or grooming practices), national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including pregnancy, childbirth, breastfeeding or medical conditions related to breast-feeding; and medical conditions related to pregnancy or childbirth), gender, gender expression, gender identity, sexual orientation, military or veteran status or any other characteristic or status made unlawful by federal, state or local laws. This policy also prohibits unlawful discrimination based on the perception that a person has any of those characteristics or a protected status, or is associated with a person who has or is perceived as having any of those characteristics or a protected status. All such discrimination is unlawful and will not be tolerated or permitted.

This policy prohibits managers, supervisors, coworkers, independent contractors, non-employees in the workplace or any person with whom a worker comes in contact while working from engaging in harassment based on any protected category. This policy protects employees, independent contractors (including staffing agency employees), volunteers and interns from unlawful harassment. An intern or volunteer means any individual (often a student or trainee) who works without pay for an employer or other covered entity, in any unpaid internship or another limited duration program to provide unpaid work experience, or as a volunteer.

This policy further prohibits retaliation against any person for reporting or threatening to report discrimination or harassment or for participating in an investigation of a violation of this policy. All Company's employees, including managers, employees, interns and volunteers, and independent contractors are expected to abide by this policy.

Prohibited harassment based on a protected status includes, but is not limited to, verbal conduct, such as threats, epithets, derogatory comments, or slurs; visual conduct such as derogatory pictures, cartoons, drawings, gestures, screen savers, e-

mail, social media postings, or posters; and physical conduct such as assault, unwanted touching, or blocking or impeding movement.

#### Definition of Sexual Harassment

Sexual harassment is verbal, visual, or physical conduct based on a person's sex or gender that interferes with a person's work performance or creates an intimidating work environment. It includes sexual harassment, gender harassment and/or harassment based on pregnancy, childbirth or related medical condition. Sexual harassment need not be motivated by sexual desire.

Sexual harassment includes, but is not limited to:

- Unwelcome sexual flirtations, advances or propositions
- Request for sexual favors
- Verbal abuse of a sexual nature
- Display of derogatory or sexually suggestive posters, cartoons, drawings, or objects
- Sexual comments about an individual's body
- Physical or verbal conduct of a sexual nature by supervisors, fellow employees or others in the workplace.

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

- Submission to the conduct is made either an explicit or implicit condition of employment,
- Submission to or rejection of the conduct is used as a basis for an employment decision affecting the harassed employee, or
- The harassment substantially interferes with an employee's work performance or creates an intimidating, hostile or offensive work environment.

#### Reporting Procedures

Any worker who feels they has been subject to harassment, discrimination or retaliation based on one or more of the protected classes should immediately report the matter to BestNest Management's Compliance Department. If the worker desires, they may report the incident to another manager with whom they feel comfortable. Any manager or supervisor who receives a complaint or who becomes aware of any possible harassment, discrimination, or retaliation should immediately report it to BestNest Management's Compliance Department.

The Company will promptly undertake an effective, independent investigation. An impartial, qualified individual will conduct the investigation. The investigation will be fair and thorough and will provide all parties with an opportunity to be heard. Accordingly, during the investigation, the complainant will be asked to describe the harassment, discrimination and/or retaliation and to identify the names of all individuals involved and any witnesses. The investigator will maintain records of the investigation and will make reasonable conclusions based on all evidence collected. The Company will investigate in as discreet and confidential a fashion as possible. Complete confidentiality cannot be guaranteed.

The Company will take appropriate corrective action where warranted and any action required will be taken promptly. Any worker engaging in harassment, discrimination, or retaliation based on one or more of the protected classes will be subject to discipline, up to and including termination of employment. The form of corrective action will be decided by the Company. The Company will document any actions taken and will advise the complainant of the nature of the action taken. All complaints received will be afforded a timely closure.

While the Company is confident that its internal complaint procedure will effectively address all complaints of violations of this policy, please be aware that the federal Equal Employment Opportunity Commission ("EEOC") and the California Department of Fair Employment & Housing ("DFEH") also investigate and prosecute complaints of unlawful harassment and discrimination in employment. If you believe that you have been unlawfully harassed or discriminated against, you may file a complaint with either of these agencies. The EEOC and the DFEH serve as neutral fact finders and attempt to help the parties voluntarily resolve disputes. You may contact the nearest office of the EEOC or the DFEH as listed in the telephone directory or online at [www.eeoc.gov](http://www.eeoc.gov) or [www.dfeh.ca.gov](http://www.dfeh.ca.gov).

The Company will protect its workers from retaliation for opposing or reporting any practice prohibited by this policy, including protecting workers from retaliation for filing a complaint, participating in an investigation, proceeding or hearing conducted internally or by the DFEH or EEOC.

#### Responsibility

Each manager and supervisor is responsible for implementing this policy. This policy further requires that each worker exhibit, in his or her conduct and communications, sound judgment and respect for the feelings and sensibilities of every other employee or worker at Company.

## **ADMINISTRATIVE BASICS**

### **Availability of BestNest Management Office Staff**

The BestNest Management office, located in City of Industry, CA is open Monday through Friday from the hours of 9:00am – 5:00pm. Our local telephone number is (562) 457-3150. Outside of normal business hours and in the event of an emergency, please contact us at the same number listed above. BestNest Management's on call staff will be available to assist you.

In the event of an emergency, natural disaster or other uncontrollable event, BestNest Management will continue to provide service to you through our network from a location where phones and computers are functional. BestNest Management will do everything possible to support you in meeting your needs during crisis situation(s). A copy of our Emergency Management Plan is available upon request.

### **Workweek**

Employees will receive their specific work schedule from their manager or supervisor at their worksite/vendor facility. If you have any questions about your work schedule, you should speak with your manager or supervisor to avoid any misunderstanding.

### **Timekeeping**

Employees will be paid for all hours worked in accordance with applicable federal, state and local laws. To ensure that BestNest Management has complete and accurate time records and that employees are paid for all hours worked, nonexempt employees are required to accurately record all hours worked. Nonexempt employees should record all hours worked and meal breaks. Employees should record all time away from work, including sick leave, vacation days, and company holidays.

You will be asked to verify your timesheets at the end of each pay period. Employees must ensure all time is recorded accurately by making or reporting corrections to their time entries immediately. Off-the-clock work is strictly prohibited.

Employees must accurately record their hours worked and verify that their timesheets accurately reflect all hours they worked. Hours worked are made up of the time an employee is subject to the control of an employer and includes all the time the employee is permitted to work (regardless of whether the employee is required to do so).

Employees must report their time at least weekly. Use a new timesheet each week. When you are assigned to a vendor facility, you are responsible for tracking your own time. BestNest Management staff are not onsite at the vendor facility and cannot know your hours worked unless you accurately record your time and turn in your timesheets on time.

Falsifying time entries, including by working "off the clock," is strictly prohibited. If you falsify your time entries or work off the clock, you will be subject to discipline, up to and including termination of employment. You must immediately report to BestNest Management any supervisor or manager who falsifies your time entries or encourages or requires you to falsify your time entries or work off the clock.



## **Work Related Injuries and/or Exposures**

BestNest Management provides Workers Compensation insurance for its employees as required by law. It is our philosophy that if an employee is injured while at work, we intend to assist that employee to return to work as soon as possible. The employee is obligated to report a work-related injury to BestNest Management as soon as possible. An Injury Report Form needs to be completed by the employee as soon as possible after the injury.

Depending on the severity of the injury and when the injury is reported will determine where a physician will see the employee.

- In the case of an emergency situation, the employee is advised to go to the emergency room. If it is not an emergency situation, BestNest Management will advise the employee where to seek medical help. The injury will be reported to the worker's compensation insurance provider who will manage the employees' return to work.

## **Holiday Pay**

Holiday pay varies for each client facility. For further information on holiday pay, consult with BestNest Management payroll and management directly.

## **Meal Period and Rest Break Policy**

The Company recognizes the importance of taking meal breaks during the course of the workday. Meal breaks are intended to provide employees with uninterrupted time to eat, relax, or take care of personal business completely free from work responsibilities. Employees are welcome to leave the job site for meal breaks.

Non-exempt (hourly) employees working more than five (5) hours in a workday must take one unpaid meal period of at least 30 minutes. The meal period must start no later than the end of the employee's fifth hour of work. Employees working more than ten (10) hours must take a second, unpaid meal period of at least 30 minutes. The second meal period must start no later than the end of the employee's tenth hour of work. The foregoing rules are subject to certain waivers by mutual consent.

If the total work period per day of the employee is no more than six hours, the meal period may be waived by mutual consent of both the Company and employee. Depending on the circumstances, employees may be able to waive the second meal period by mutual consent of both the Company and employee if the total hours worked is no more than twelve (12) hours, and only if the first meal period was not waived.

**Employees must not perform any work during their meal period, and must stop working for at least 30 full, consecutive minutes.** If an employee is interrupted by work during a meal period, they are entitled to start the break again at the beginning.

When you are assigned to a vendor facility, you are responsible for taking your meal period. BestNest Management staff are not onsite at the vendor facility and have no control over the scheduling or taking of meal periods. Supervisors may advise employees of the scheduling of meal periods, if applicable, but it is the employee's responsibility to take the meal periods. Employees are not permitted to work through their meal period so that they can leave work early.

### **On-Duty Meal Period.**

In certain instances, the nature of Employee's work prevents Employee from being relieved of all duties during Employee's meal period. For example, but not limited to, employees who work in prisons or other secured facilities. In these instances, Employee and BestNest Management may agree that Employee will be on duty and paid straight through the meal period.

### **Rest Periods**

In addition to meal breaks as stated above, non-exempt (hourly) employees are provided the opportunity to take ten (10) minute paid rest breaks based on the total number of hours worked and are expected to take rest breaks in the middle of the work period, when feasible. Employees are entitled to the following number of breaks:

<b>Hours Worked</b>	<b># of Rest Breaks</b>
< 3.5	0
3.5 to 6	1
> 6 to 10	2
> 10 to 14	3
> 14 to 18	4
> 18	5

Employees are expected to take rest breaks in the middle of the work period, when feasible.

**Employees must not perform any work during their rest break, and must stop working for at least 10 full, consecutive minutes.** If an employee is interrupted by work during a rest break, they are entitled to start the break again at the beginning.

When you are assigned to a vendor facility, you are responsible for taking your rest breaks. BestNest Management staff are not onsite at the vendor facility and have no control over the scheduling or taking of rest periods. Supervisors may advise employees of the scheduling of rest breaks, if applicable, but it is the employee's responsibility to take the rest breaks. Under no circumstances are employees allowed to combine any or all of their breaks into one long meal or break period. Meal and rest breaks must be taken as provided above and employees are required to arrange schedules and workloads to ensure meal and rest breaks as described above.

#### Missed Meal Or Rest Periods

Any Employee who misses a meal or rest break or if their meal or rest break is interrupted for any reason must inform BestNest Management immediately to resolve the issue. Employees must also report to BestNest Management any occasions where they took their meal period, but not within the first five (5) hours worked for the first meal period or within the first ten (10) hours worked for the second meal period. Because BestNest Management staff are not onsite at the vendor facility and have no control over the scheduling or taking of meal and rest periods, the only way the Company will know there is an issue is if you report it. Therefore, you must notify the Company immediately so that we have an opportunity to resolve the issue at your facility. In some circumstances or jurisdictions, an employee may be entitled to a meal or rest break premium. Failure to take meal periods or rest breaks in accordance with this policy may result in disciplinary action, up to and including termination.

### Overtime

Employees may occasionally be asked to work more than their normally scheduled hours in a workday or in a workweek.

Non-exempt (hourly) employees will receive overtime pay in accordance with applicable federal, state, and local laws.

Overtime pay is based on hours actually worked. For example, hours paid for sick time will not be included in calculating overtime.

If you believe that you have not been compensated for all hours worked, including overtime you believe you are owed, you must report your concerns to BestNest Management immediately. You are also obligated to immediately report to BestNest Management any supervisor or manager who requires or encourages you to underreport your hours worked.

### Orientation

Hospital orientation information or requirements will be provided to BestNest Management Employee prior to assignment start by a representative of the client facility. Employees will be paid for all time spent at any orientation.

## **Clinical Supervision**

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

## **Floating Policy**

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

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

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

# **TIME AWAY FROM WORK AND EMPLOYEE LEAVE**

## **California Paid Sick Leave Policy**

Under California law, employees who complete 30 days of employment in California are eligible to accrue paid sick leave starting with their first day of employment. Instead of using an accrual method, BestNest Management provides its employees with paid sick leave up front, as allowed under California law.

This policy applies to all employees, including exempt and nonexempt employees in full-time, part-time, temporary, seasonal, or per diem positions.

Full-time employees receive the greater of 24 hours or three days of paid sick leave on their first day of employment and subsequently on each subsequent January 1st.

Part-time, temporary, seasonal, and per diem employees receive the greater of 24 hours or three days of paid sick leave on their first day of employment and subsequently on each subsequent January 1st.

On and after their 90th day of employment, employees may use their available paid sick leave in a minimum amount of two hours each time.

Employees may use up to a maximum of 24 hours or three days of paid sick leave in a 12-month period. The first 12-month period will begin on the employee's hire date and subsequently on January 1st.

An employee may use paid sick leave for any reason allowed under California law, including for:

- The employee's care, preventive care, diagnosis, or treatment;

- The care, preventive care, diagnosis, or treatment of the employee’s qualified family member, as defined below; or
- An employee who is a victim of domestic violence, sexual assault, or stalking to take time off to: (1) obtain or attempt to obtain any relief to help ensure the health, safety, or welfare of the employee or the employee’s child, such as a temporary restraining order, restraining order, or other injunctive relief; (2) seek medical attention; (3) obtain services from a shelter, program, rape crisis center, or victim services organization or agency; (4) obtain psychological counseling or mental health services; or (5) participate in safety planning or take other actions to increase safety from future incidents; or
- The employee to attend judicial proceedings related to a crime that is a serious or violent felony or a felony involving theft or embezzlement, when the employee is a victim of that crime or an immediate family member, registered domestic partner, or child of a registered domestic partner of a victim of that crime.

For purposes of this policy, “qualified family member” means a child, spouse, registered domestic partner, parent, grandparent, grandchild, and sibling. A “child” includes a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in place of a parent (in loco parentis). A “parent” includes a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in place of a parent (in loco parentis) when the employee was a minor child.

Employees who receive paid sick leave up front under this policy will not carry over unused paid sick leave from one year to the next. Any remaining paid sick leave that is not used before the last day of employment is forfeited and is not paid out upon the termination of employment.

If an employee is rehired within one year of the date of termination, any paid sick leave that was forfeited upon termination will be reinstated and available for the employee to use.

BestNest Management also complies with all applicable local paid sick leave ordinances enacted in many cities and counties in California. Whichever law that provides greater rights or protections to the employee is the one that will be applied. Employees in those localities will be notified of their paid sick leave rights.

BestNest Management prohibits any form of retaliation or discrimination against an employee for attempting to use or using paid sick leave under this policy, and for any other reason prohibited by applicable law. Employees who believe they have been discriminated or retaliated against should report their concerns to BestNest Management’s Compliance Department.

### **Paid Sick Leave Policy in Other Jurisdictions**

BestNest Management also complies with all applicable local paid sick leave ordinances enacted in many states, cities and counties outside of California. Employees in those localities will be notified of their paid sick leave rights. If you have any questions regarding paid sick leave in your jurisdiction, please contact BestNest Management’s Compliance Department.

### **Family And Medical Leave Act Policy**

BestNest Management provides leave according to the Family and Medical Leave Act of 1993 (FMLA), which provides for unpaid, job-protected leave to covered employees in certain circumstances.

#### **Eligibility**

To qualify for FMLA leave, you must: (1) have worked for BestNest Management for at least 12 months, although it need not be consecutive; (2) worked at least 1,250 hours in the last 12 months; and (3) be employed at a worksite that has 50 or more employees within 75 miles. If you have any questions about your eligibility for FMLA leave, please contact BestNest Management’s Compliance Department.

### Leave Policy

If eligible, you may take up to 12 or 26 weeks of unpaid family or medical leave, whichever is applicable (as explained below), within the relevant 12-month period defined below. On returning from approved FMLA leave, you have the right to be restored to the same job or an equivalent position, subject to the terms, limitations, and exceptions provided by law.

### Leave Entitlement

You may take up to 12 weeks of unpaid FMLA leave in a 12-month period for any of the following reasons:

- the birth of a son or daughter and in order to care for that son or daughter (leave to be completed within one year of the child's birth);
- the placement of a son or daughter with you for adoption or foster care and in order to care for the newly placed son or daughter (leave to be completed within one year of the child's placement);
- to care for a spouse, son, daughter, or parent with a serious health condition;
- to care for your own serious health condition, which renders you unable to perform any of the essential functions of your position; or
- a qualifying exigency of a spouse, son, daughter, or parent who is a military member on covered active duty or called to covered active duty status (or has been notified of an impending call or order to covered active duty).

You may take up to 26 weeks of unpaid FMLA leave in a single 12-month period, beginning on the first day that you take FMLA leave to care for a spouse, son, daughter, parent or next of kin who is a covered service member and who has a serious injury or illness related to active duty service, as defined by the FMLA's regulations (known as military caregiver leave).

### Both Spouses Employed by BestNest Management

Spouses who are both employed by BestNest Management and eligible for FMLA leave may be limited to a:

- Combined total of 12 weeks of leave during the 12-month period if leave is requested:
  - for the birth of a son or daughter and in order to care for that son or daughter;
  - for the placement of a son or daughter with the employee for adoption or foster care and in order to care for the newly placed son or daughter; or
  - to care for an employee's parent with a serious health condition.
- Combined total of 26 weeks in a single 12-month period if the leave is either for:
  - military caregiver leave; or
  - a combination of military caregiver leave and leave for other FMLA-qualifying reasons.

### Notice of Leave

If your need for FMLA leave is foreseeable, you must give BestNest Management at least 30 days' prior written notice. If this is not possible, you must at least give notice as soon as practicable (within one to two business days of learning of your need for leave). Failure to provide this notice may be grounds for delaying FMLA-protected leave, depending on the particular facts and circumstances.

Additionally, if you are planning a medical treatment or a series of treatments or you are taking military caregiver leave, you must consult with BestNest Management first regarding the dates of this treatment to work out a schedule that best suits the needs of the employee or the covered military member, if applicable, and BestNest Management.

Where the need for leave is not foreseeable, you are expected to notify BestNest Management within one to two business days of learning of your need for leave, except in extraordinary circumstances.

### Certification of Need for Leave

If you are requesting leave because of your own or a covered relative's serious health condition, you and the relevant health care provider must supply appropriate medical certification. When you request leave, BestNest Management will notify you of the requirement for medical certification and when it is due (at least 15 days after you request leave). If you provide at least 30 days' notice of medical leave, you should also provide the medical certification before leave begins. Failure to provide requested medical certification in a timely manner may result in denial of FMLA-covered leave until it is provided.

BestNest Management, at its expense, may require an examination by a second health care provider designated by BestNest Management. If the second health care provider's opinion conflicts with the original medical certification, BestNest Management, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion. BestNest Management may require subsequent medical recertification. Failure to provide requested certification within 15 days, when practicable, may result in delay of further leave until it is provided.

BestNest Management also reserves the right to require certification from a covered military member's health care provider if you are requesting military caregiver leave and certification in connection with military exigency leave.

#### Substitution of Paid Leave

While the law provides only unpaid leave, employees may choose to substitute accrued and unused paid sick leave while taking FMLA leave.

#### Intermittent and Reduced Leave Schedule

If medically necessary, FMLA leave occasioned by a serious health condition may be taken intermittently (in separate blocks of time due to a serious health condition) or on a reduced leave schedule (reducing the usual number of hours you work per workweek or workday). FMLA leave may also be taken intermittently or on a reduced leave schedule for a qualifying exigency relating to covered military service.

If leave is unpaid, BestNest Management will reduce your salary based on the amount of time actually worked. In addition, while you are on an intermittent or reduced leave schedule, BestNest Management may temporarily transfer you to an available alternative position that better accommodates your leave schedule and has equivalent pay and benefits.

#### Returning from Leave

If you take leave because of your own serious health condition (except if you are taking intermittent leave), you are required, as are all employees returning from other types of medical leave, to provide medical certification that you are fit to resume work. Otherwise, you will not be permitted to resume work until it is provided.

## **California Family Rights Act Leave Policy**

BestNest Management provides California employees leave under the California Family Rights Act (CFRA), which provides unpaid, job-protected leave to covered employees in certain circumstances.

#### Eligibility

To qualify for CFRA leave, employees must have worked for BestNest Management for at least 12 months and have worked at least 1,250 hours in the 12-month period before the date leave begins. If you have any questions about your eligibility for CFRA leave, please contact BestNest Management's Compliance Department.

#### Leave Entitlement

This leave may be up to 12 workweeks in a 12-month period, for any of the following reasons:

- The birth, adoption, or foster care placement of your child.
- To care for your own serious health condition.
- To care for the serious health condition of your child of any age, the child of any age of a registered domestic partner, spouse, registered domestic partner, parent, grandparent, grandchild, or sibling.
- A qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, registered domestic partner, child, or parent in the US Armed Forces, as specified in Section 3302.2 of the California Unemployment Insurance Code.

If both parents are employed by BestNest Management and are eligible for CFRA leave due to the birth, adoption or foster care placement of their child, each parent is entitled to take up to 12 workweeks in the one-year period after the child's birth, adoption, or foster care placement.

### Substitution of Paid Leave

While the law provides only unpaid leave, employees may choose to substitute accrued and unused paid sick leave while taking CFRA leave.

### Pregnancy Disability Leave

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth, or a related medical condition, you may be entitled to take pregnancy disability leave (PDL). Please refer to the Pregnancy Disability Leave Policy for more details.

### Right to Reinstatement

If you are CFRA-eligible, you have certain rights to take both PDL and CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement – for pregnancy disability it is to the same position, and for CFRA it is to the same or a comparable position – at the end of the leave, subject to any defense allowed under the law.

### Notice of Leave

You must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, you must notify your employer, at least verbally, as soon as you learn of the need for the leave. When possible, your notice must include the estimated time and duration of the reasonable accommodation, transfer, or leave required.

Failure to comply with these notice requirements is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

### Certification of Need for Leave

Medical certification from your health care provider may be required if you are requesting leave for either:

- Your serious health condition.
- Reasonable accommodation, transfer, or leave for your pregnancy disability.

If you are requesting leave to care for the serious health condition of your covered family member, medical certification from their health care provider is required.

### Intermittent Leave and Reduced Work Schedule

When medically necessary, leave may be taken intermittently or on a reduced work schedule. If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

## **Pregnancy And Parental Leave Policy**

BestNest Management recognizes that employees may need to be absent from work to care for a newborn child or new adopted or foster child (referred to as parental leave in this policy), or due to a pregnancy-related condition (referred to as pregnancy leave in this policy). BestNest Management provides pregnancy and parental leaves of absence to all eligible employees in accordance with the Family and Medical Leave Act (FMLA), Pregnancy Discrimination Act (PDA), Americans with Disabilities Act (ADA), and any applicable state law. If you have any questions regarding pregnancy or parental leave, please contact BestNest Management's Compliance Department.

## **California Pregnancy Disability Leave Policy**

The Company provides eligible California employees with job-protected unpaid leave, up to four months, for disabilities relating to pregnancy, childbirth or related medical conditions (meaning a physical or mental condition intrinsic to pregnancy or childbirth). For the purposes of leave under this policy, "four months" mean the number of days the employee would normally work within four calendar months (one-third of a year equaling 17 1/3 weeks), if the leave is taken continuously, following the date the pregnancy leave commences. Taking pregnancy disability leave (PDL), however, does not protect you from non-leave related employment actions, such as a layoff.

Subject to any permissible defenses, the Company also provides reasonable accommodations, to the extent required by law, for conditions related to pregnancy, childbirth or related medical conditions. In addition, a transfer to a less strenuous or hazardous position or duties may be available pursuant to an employee's request, if such a transfer is medically advisable. Employees requesting a leave or reasonable accommodation should promptly notify BestNest Management's Compliance Department.

PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.

Once BestNest Management has been informed that you need to take PDL, we will provide you a guarantee in writing that you can return to work in your same position if you request a written guarantee. BestNest Management may require you to submit written medical certification from your health care provider substantiating the need for your leave.

PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.

PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four-month entitlement to leave.

You may choose to use any available sick leave during your PDL.

#### Employee's Notice Obligations

To receive reasonable accommodation, obtain a transfer, or take PDL, you must give sufficient notice for the Company to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.

Except in a medical emergency where there is no time to obtain it, BestNest Management may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer, or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. BestNest Management will provide at least 15 calendar days for you to submit the certification.

PLEASE NOTE: If you fail to give reasonable advance notice or, if BestNest Management requires it, written medical certification of your medical need, BestNest Management may be justified in delaying your reasonable accommodation, transfer, or PDL.

#### Return-to-Work Release

Employees on PDL will be required to obtain a release to return to work from their health care provider that they are able to resume their original job or duties. This is a requirement of all employees returning from other types of medical leave. Otherwise, the employee will not be permitted to resume work until it is provided.

### **Jury Duty Leave Policy**

BestNest Management encourages employees to fulfill their civic duties related to jury service.

Employees summoned for jury duty are entitled to unpaid time off for the days of jury service. However, exempt employees who work any portion of a workweek in which they also serve on jury duty will receive their full salary for that workweek.

If you receive a jury summons, you must inform BestNest Management's Compliance Department as soon as possible to make arrangements for a leave of absence. BestNest Management reserves the right to require employees to provide proof of jury duty service to the extent authorized by law.



You are expected to return to work if you are excused from jury duty during regular working hours or released from jury duty earlier than expected.

### **Witness And Victims Of Crime Leave Policy**

BestNest Management acknowledges that, on occasion, employees may have an obligation to participate in judicial proceedings either as a witness or because the employee or a close family member was victimized by a criminal act. BestNest Management also provides time off to an employee who has been the victim of crime or abuse to obtain relief to help ensure their welfare or that of their child, including a temporary restraining order, a restraining order, or other injunctive relief. BestNest Management authorizes leave under the circumstances described in this policy.

If you are required to attend a judicial proceeding either as a witness or as a crime or abuse victim (or a close family member of a crime or abuse victim), you must inform BestNest Management's Compliance Department as soon as possible to make arrangements for a leave of absence. BestNest Management reserves the right to require employees to provide proof of the need to attend the proceedings to the extent authorized by law.

Employees who are required to appear in court as a witness or as a victim of a crime or a close family member of a crime or abuse victim may take that leave unpaid.

For purposes of this policy, immediate family member includes:

- Spouse or registered domestic partner.
- Parent.
- Step-parent.
- Sibling.
- Step-sister or step-brother.
- Child or a registered domestic partner's child.
- Step-child.
- Anyone who has a similar familial relationship with the employee

You are expected to return to work if you are excused from the judicial proceedings during regular working hours or released from the judicial proceeding earlier than expected.

This policy does not apply to employees seeking leave because they have committed or are alleged to have committed a criminal act.

Retaliation for an employee's taking leave permitted under this policy is strictly prohibited.

### **Witness and Victims of Crime Leave Under State Law**

BestNest Management complies with state-specific witness and victims of crime leave obligations and offers leave in accordance with its requirements.

### **Seeking Outside Assistance Services**

Under California Labor Code Section 230.1, a California employee who has been the victim of crime or abuse may take leave to:

- Seek any relief to help ensure the health, safety, or welfare of the employee or the employee's child.
- Seek medical attention for injuries caused by crime or abuse.
- Obtain services from a domestic violence shelter, program, rape crisis center, victim services organization or agency due to the crime or abuse.
- Obtain psychological counseling or mental health services related to an experience of crime or abuse.
- Participate in or take safety measures, such as relocation, to protect against future crime or abuse.

To take advantage of this leave, you must provide BestNest Management with advance notice of the leave. If advance notice is not possible, you must provide BestNest Management with one of the following certifications upon returning to work:

- A police report showing that you were a victim of a covered crime.
- A court order protecting you from the perpetrator or other evidence from the court or prosecuting attorney that you appeared in court.
- Documentation from a licensed medical professional, domestic violence counselor, sexual assault victim advocate, health care provider, or counselor showing that you were receiving treatment or services resulting from the crime or abuse.
- Any other form of documentation that reasonably verifies that the crime or abuse occurred, such as a written statement signed by you or a person acting on your behalf, certifying the reason for your absence.

Employees who take leave for reasons authorized by this policy take that leave unpaid. As legally permitted, employees may opt to use any available accrued sick leave in place of unpaid leave.

#### Leave for Other Judicial Proceedings

Under California Labor Code Section 230.2, California employees are also entitled to take leave to attend judicial proceedings related to certain serious crimes if they are:

- A victim of the crime.
- The crime victim's "immediate family member."
- The crime victim's registered domestic partner.
- The child of the crime victim's registered domestic partner.

Crimes covered are:

- a violent felony, as defined in Section 667.5(c) of the Penal Code;
- a serious felony, as defined in Section 1192.7(c) of the Penal Code; or
- a felony theft or felony embezzlement.

"Immediate family member" is defined as:

- Spouse or registered domestic partner.
- Parent.
- Step-parent.
- Sibling.
- Step-sibling.
- Child.
- Step-child.

Employees who wish to take this leave must provide reasonable advance notice. When notice is not feasible or an unscheduled absence occurs, an employee may, within a reasonable time after the absence, provide BestNest Management with documentation evidencing the judicial proceeding from:

- The court or government agency setting the hearing.
- The district attorney or prosecuting attorney's office.
- The victim or witness office that is advocating on behalf of the victim.

At the victim's request, an employee who is a victim of certain offenses may also take time off to appear in court to be heard. Employees must provide reasonable advance notice of the employee's intention to take the time off. When notice is not feasible, or an unscheduled absence occurs, employees must provide certification that can include:

- A police report indicating that the employee was a victim of a covered offense.
- A court order protecting or separating the employee from the perpetrator of a covered offense.
- Documentation verifying that a crime or attempted crime or delinquent act was committed.

#### Reasonable Accommodation for Victims of Domestic Violence, Sexual Assault, or Stalking

Employees who are victims of domestic violence, sexual assault, or stalking may request an accommodation for safety at work, including a transfer, reassignment, modified schedule, changed work telephone, assistance in documenting

domestic violence, sexual assault, or stalking that occurs in the workplace, another workplace adjustment, or referral to a victim assistance organization. Unless there is undue hardship, the Company will engage in an interactive process to determine potential reasonable accommodations to the extent required by federal, state, and local laws.

### **Bone Marrow And Organ Donation Leave**

All employees who have been employed for at least 90 days are eligible to take bone marrow and organ leave under this policy.

#### **Bone Marrow Donation Leave**

Eligible employees may take up to five business days of paid leave (depending on the jurisdiction) in a one-year period to donate bone marrow. Any employee requesting bone marrow donation leave must provide a written verification that the employee is a bone marrow donor and there is a medical necessity for the donation.

#### **Organ Donation Leave**

Eligible employees may take up to 30 business days of paid leave (depending on the jurisdiction) in a one-year period to serve as an organ donor. Any employee requesting organ donation leave must provide a written verification that the employee is an organ donor and there is a medical necessity for the donation.

#### **Additional Organ Donation Leave**

If these requirements are met, an employee who is an organ donor may take up to an additional 30 business days of unpaid leave in a one-year period for the purpose of donating an employee's organ to another person.

#### **Compensation During Leave**

Bone Marrow Donation Leave and Organ Donation Leave under this policy may be paid (depending on the jurisdiction), while Additional Organ Donation Leave is unpaid. Employees must use five days of their available accrued but unused sick leave, paid time off, or vacation days when taking bone marrow donation leave. Employees must use two weeks of their available accrued but unused sick leave, paid time off, or vacation days when taking organ donation leave. Any leave that is accrued under this policy, but not used, will not carry over to the next calendar year.

#### **Requesting Leave**

Employees must request leave under this policy from BestNest Management's Compliance Department. Requests for leave must be made as far in advance as possible, but no less than 30 calendar days before the leave is scheduled to begin. Requests must include a written verification stating that the employee is an organ or bone marrow donor and there is a medical necessity for the donation of the organ or bone marrow.

### **Additional Leaves**

The Company provides additional leaves as set forth by law, such as School Activities Leave, Suspension Leave, Volunteer Civil Service Leave, Military Service Leave, Leave for Drug and Alcohol Treatment, Leave for Literacy Assistance, and others depending on the employee's situation and jurisdiction. An employee needing extended time off should contact BestNest Management's Compliance Department to discuss whether the time off may be protected by any federal, state, or local law.

## **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 BestNest Management to avoid conflicts of interest between the client hospital, employees and staff.

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

- All employees are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity
- Preserving BestNest Management reputation for integrity and professionalism is an important objective. The manner in which employees carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
- No employee should, at any time take any action on behalf of BestNest Management, which is known or should be known to violate any law or regulation.
- Information about healthcare provider's medical condition and history is required during the hiring process. BestNest Management recognizes this health information and electronic information must be held securely and in confidence. It is the policy of BestNest Management that clinical staffs' specific information is not to be released to anyone outside of BestNest Management without a court order, subpoena of applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of BestNest Management
- To maintain high standards of performance, BestNest Management 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.
- BestNest Management is committed to maintaining a work place environment in which employees are free from sexual harassment.
- BestNest Management 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.
- BestNest Management recognizes that its employees and clinical staff are its most valuable assets and is committed to protecting their safety and welfare. Employees are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.
- Employees that are licensed or certified in any profession shall follow all applicable rules and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- BestNest Management prohibits the use or possession of illegal drugs and alcohol abuse on BestNest Management property or while engaged in company activity.
- BestNest Management 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 BestNest Management's Corporate Compliance guidelines.
- BestNest Management prohibits field staff to discuss bill rates of hospitals or special rates of BestNest Management with other healthcare providers.
- BestNest Management 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.
- BestNest Management 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.
- BestNest Management is committed to protecting its own and its client's trade secrets, proprietary information and other internal information.
- It is the desire of BestNest Management to provide authorized third parties with information whenever requested while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the employee and/or corporate information.
- Employees are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.

Any employee that becomes aware of any ethical issues or unethical practices must immediately report it to their supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, because of their involvement in the situation, you should immediately contact the BestNest Management 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.

BestNest Management 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.

## **STANDARDS OF CONDUCT**

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

### **EMPLOYEE RESPONSIBILITIES**

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

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

BestNest Management Field Employee agrees to and shall observe and comply with the applicable policies, procedures, rules and regulations established by Client.

BestNest Management Field Employee agrees to work all scheduled shifts as directed by Client (including weekends and holidays).

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

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

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

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

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

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

## **GENERAL STANDARDS**

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

- Patient care providers are to render care in a manner that enhances the personal dignity and rights of each patient. Any form of patient abuse and/or neglect will not be tolerated, and patient care providers are to support BestNest Management's policies and procedures in this regard.
- Interactions with all hospital patients, visitors, employees, physicians, vendors, etc., must be conducted in a courteous and professional manner at all times ensuring that BestNest Management is always presented in the most favorable light.
- The practice of counseling of the patient regarding personal problems and / or participation of the BestNest Management patient care provider in conversations with patients about topics not relevant to the plan of care--is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly and the selection of "favorites" is not acceptable
- Appropriate language is to be used at all times when a BestNest Management patient care staff member is at a BestNest Management client facility, and in any patient care area private and / or public. Abusive, profane, threatening, demeaning, language resulting in violation of HIPPA regulations or compromising patient confidentiality can result in immediate termination
- Touching patients, except in the direct delivery of care or by a greeting, is prohibited
- Socializing with patients and/or patient's significant others outside of the facility is unacceptable
- Socializing with patient's and/or patients' significant others after discharge from the Hospital is prohibited. Staff are not to call, date, nor develop personal or social relationships with patients, former patients, or family/significant others of patients, including giving of personal information or residential phone numbers. Staff should discuss with their manager, any matter of concern regarding their contacts with current or former patient/family members of patient's significant others.
- All staff will uphold all rules and regulations related to patient confidentiality in all areas including patient care, public and non-patient care areas. These rules and regulations include but are not limited to the following:
  - Patient care providers are not to divulge to anyone any information or records concerning any patient without proper authorization. Unauthorized release of confidential information may constitute ground for termination and/or civil action.
  - Conversations regarding patients are not to be held in the presence of other patients or any other person not privileged to this communication.
  - Problems of a patient are not to be discussed with another patient.
  - Patients are not to be named or discussed with anyone in or outside of the facility who does not have the legal right to receive information about the patient.
- Personal problems, concerns or personal life information of patient care providers are not to be discussed with any patient, patient group or family/significant others.
- Staff is not to discuss disagreements or criticize other patient care providers or physicians within the earshot of patients/families/significant others. A professional difference of opinion must be discussed in an appropriate private space.
- Behavior in patient areas and at the nurses' station shall be oriented toward patient care. Personal reading and conversations, including personal phone calls, are not to be conducted in these areas.
- Employees must avoid any situation, which involves a possible conflict between their personal interests and those of BestNest Management Staff shall not solicit, and are encouraged not to accept gifts or compensation of any kind from any individual or BestNest Management outside of BestNest Management as a consequence of their position at BestNest Management
- Any inappropriate interactions between patients and staff, staff and staff, or staff and others within the hospital will be met with investigation and quick response within the framework of BestNest Management policy and procedure.

- Employees who are licensed or certified in any profession shall follow all applicable rules or professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- All BestNest Management patient care staff will be expected maintain English proficiency standards and use English exclusively during all paid working hours.
- The client's name badge must be worn at all times while on assignment, above the waist with name and title fully visible.
- While at the hospital, all employees must follow these basic rules:
  - Eating and drinking are only permitted in the cafeteria, designated employee lounges, unit conference rooms and in private offices, when not in use for patient care.
  - Sleeping is not permitted during paid working hours.
  - Personal phone calls on the unit during work time are prohibited, except in emergency situations
  - Assigned duties must be carried out in a timely, efficient manner as directed or delegated.
  - When entering a patient room and/or when greeting a patient, practice the following.
    - Knock before entering
    - Greet the patient by name
    - If it is first contact of the day, introduce yourself by name and title
    - Tell the patient why you are in the room.
  - When exiting a pt room BestNest Management patient care staff is expected to:
    - Inform the Patient / Family that you are leaving
    - State time you expect return
    - Ask if there is anything the pt. / family needs before you leave

### **DRESS CODE/FINGERNAIL POLICY**

Dress code policy must be followed at all times while on the hospital premises. The BestNest Management dress code includes but is not limited to the following:

- Clothing must be clean, neat, and allow for quick, efficient movement as necessary in the performance of job duties, including emergencies. Professional healthcare attire is acceptable.
- Unacceptable attire includes but is not limited to:
  - Bare midriffs
  - Low cut, tank, tube or sleeveless tops
  - Transparent, provocative, excessively form fitting or revealing clothing
  - Mini skirts
  - Sweat (warm-up) shirts or pants
  - Clothing with printed messages, caricatures or pictorial representations (e.g., university logos, beverage cans, and cartoon characters) applications that have the potential of falling off (e.g. sequins, glitter) shorts. Note: Exception business attire that is identified by small logo (e.g. Polo insignia).
  - Denim jeans (any color).
  - Spandex tights or leggings.
  - Fishnet stockings.
  - Hats (other than nursing caps).

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

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

## **CUSTOMER SERVICE**

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

### Behaviors of Exceptional Customer Service

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

### Standards of Service Excellence

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

## **TELEPHONE COURTESY**

Telephone courtesy guidelines include but are not limited to:

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



**Any violations of the Code of Conduct will be investigated and may result in Disciplinary action up to and including termination, per BestNest Management Policy and Procedures.**

## **SUBSTANCE ABUSE: DRUGS IN THE WORKPLACE**

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

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

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

## **PHYSICAL ASSAULT/WORKPLACE VIOLENCE**

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

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

### Definitions

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

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

### Responsibilities

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

## **SAFETY MANAGEMENT**

### **LIFE SAFETY (FIRE) MANAGEMENT**

#### General Rules

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

#### **Important locations you need to know:**

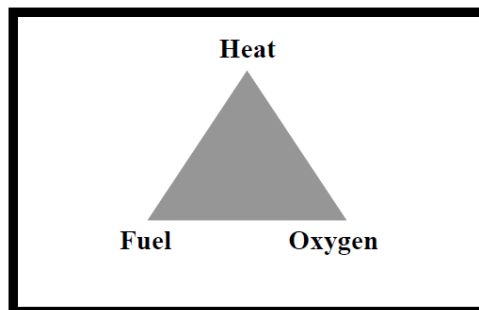
- Fire extinguisher in your department
- Closest fire-alarm pull
- Evacuation route
- Fire doors and walls
- Next safe fire zone (smoke compartments)

#### **Important facility conditions to maintain:**

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

#### Creation of fire

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



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

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

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

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

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

## **ENVIRONMENTAL SAFETY**

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

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

### **Personal Property**

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

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

### **Patient Property**

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

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

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

### **Institutional Property**

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

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

### **“Security-sensitive” Areas**

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

Security-sensitive areas may include the following:

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

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

1. Wearing your ID badge
2. Keeping doors locked

### 3. Reporting missing or damaged equipment.

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

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

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

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

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

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

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

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

## **EMERGENCY PREPAREDNESS/DISASTER SAFETY**

Emergencies or disasters can be classified as either “internal” or “external.”

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

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

- Accidents involving buses, trains, airplanes or multiple vehicles
- Explosions
- Chemical spills
- Large fires
- Violent incidents involving a large group of people

- Natural disasters occurring outside the facility such as tornadoes or floods.

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

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

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

### Evacuation

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

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

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

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

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

### Emergency Removal

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

Three considerations may be dominant factors in emergency patient handling:

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

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

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

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

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

### Earthquake/Disaster Preparedness

1. Attempt to familiarize yourself with the facility/unit earthquake preparedness plan. You can reduce injuries to co-workers and patients and lessen the possibility of panic after the disaster has occurred by planning for all eventualities.
2. At least 2 persons in each unit or on each floor should assume leadership roles after the disaster has occurred. It is the facility's responsibility to be sure they are properly trained.
3. Understand how to protect yourself (and patients if possible) during an earthquake: Get under a desk or table or stand in a doorway away from the glass. Do not leave the building during the quake.
4. Attempt to locate and have available for immediate use, the telephone numbers and alternative means of communication with public safety agencies. When given the chance, participate in drills; take advantage of the opportunity to prepare for possible disasters.
5. In medication rooms, patient rooms, clean and dirty utility rooms be aware of high or top-heavy shelves, cabinets, machinery or any other equipment that could fall during a tremor. Heavy objects should not be on top shelves, but stored in lower places.
6. Be aware of possible necessity to shut off lights, gas and water.
7. Attempt to locate several alternate routes of evacuation in the various parts of the unit and or facility, should you need to leave your work area because it is unsafe.
8. Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
9. Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aid of another person.
10. Attempt to locate areas of the facility that may be suitable as shelter areas should employees and patients be required to stay there after the disaster.
11. Be sure the fire extinguishers are kept in good working order and that you know how to use them.
12. If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
13. Attempt to locate contingency plans for continued operation of the hospital based on total and/or partial shut downs due to building/utility/communication/transportation failures. Try to identify key personnel,

- communication systems, utilities and other support needs for 24 hours, 72 hours, one week and one month, if available.
14. Organize Interdisciplinary Team and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
  15. Immediately check for injuries among fellow workers and render first aid as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Be sure your entire area is checked for the injured.
  16. In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
  17. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
  18. See that these are turned off at main values and switches if required. Check for building damage and move patients to safe areas.
  19. Do not use elevators or to run into the street.
  20. Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas.
  21. Immediately clean up dangerous materials that may have spilled.
  22. Limit use of "land line" and mobile telephones for outside calls except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies.
  23. Check closets and storage areas very carefully, watching for falling objects.
  24. After a major earthquake prepare for aftershocks which will be occurring and may cause more damage.
  25. Check that all telephones are correctly "on hook" so the system does not indicate "busy" to incoming or internal calls.

## **ELECTRICAL SAFETY**

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

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

## **CHEMICAL SAFETY/HAZARDOUS COMMUNICATIONS**

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

### Understanding the Material Safety Data Sheet (MSDS)

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

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

### Information within the MSDS

1. Identification of product: You will find the product name, manufacturer's name, address, telephone and emergency number.
2. Hazardous ingredients: Lists of all the ingredients in the product.
3. Physical data: Provides information on how to work with the chemical and describes the physical characteristics.
4. Fire and Explosion Hazard data: Specifies if the material may present a fire or explosive hazard and under what conditions the hazard exists.
5. Health hazard data: Identifies the symptoms related to overexposure (nausea, vomiting, and dizziness).



6. Reactivity Data: Describes what materials will react with the chemical you're using.
7. Spill/leak procedures: Addresses how to respond to an accident spill or leak.
8. Control measures and special precautions: Specifies the type of PPE that you should wear when handling the product.
9. Handling and storage precautions: Describes how to safely store and handle materials.

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

#### Physical Hazards

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

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

#### Health Hazards

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

1. Carcinogens: these cause cancer, reproductive toxicity in males or females, reproductive toxins can result in fetus damage.
2. Toxic: a substance that acts as a poison.
3. Irritants: these may cause irritation to any body part.
4. Corrosives: these can cause damage to body tissue.
5. Sensitive: these can cause allergic reaction.
6. Hepatoxin: this is a liver poison.
7. Nephrotoxin: this is a kidney poison.
8. Neurotoxin: this is a nerve poison.
9. Hematopoietic System: Act on the system resulting in blood poisoning.
10. Substance compounds: damaging to lungs, skin, eyes or mucous membranes upon contact.

#### Acute and Chronic Exposure

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

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

#### Routes of Entry

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

#### Your responsibilities when handling hazardous materials

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

### Handling Hazardous Materials

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

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

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

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

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

### Breathing the chemical

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

Appropriate PPE for toxic fumes may include:

- Special mask
- Ventilator

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

### Having physical contact with the chemical

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

Appropriate PPE to prevent physical contact may include:

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

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

### Swallowing the chemical

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

Appropriate PPE to prevent swallowing may include:

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

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

# JOINT COMMISSION EDUCATION

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

- Error
- Sentinel Event
- Near Miss
- Hazardous Condition

## Error

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

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

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

## Sentinel Event

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

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

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

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

## Near Miss

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

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

## Hazardous Condition

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

In other words, a Hazardous Condition is:

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

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

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

## **ANNUAL NATIONAL PATIENT SAFETY GOALS**

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

### 1. Improve the accuracy of patient identification

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

### 2. Improve the effectiveness of communication among caregivers

- For verbal or telephone orders or for reporting critical test results over the telephone, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

### 3. Improve the safety of using medications

- Have on hand a small supply of the medicines that are used in the hospital
- Create a list of medicines with names that look alike or sound alike and update the list every year. This will prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
- Take extra care with patients who take medicines to thin their blood.

### 4. Prevent infection

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines
- Report death or injury to patients from infections that happen in the hospital.

### 5. Check patient medicines

- Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any medicines with their current medicines.
- Give a list of the patient's medicines to the patient's next caregiver. Give this same list to the patient before they leave the hospital.

6. Prevent patients from falling
  - Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.
7. Help patients to be involved in their care
  - Tell each patient and their family how to report their complaints about safety.
8. Identify patient safety risks
  - Find out which patients are most likely to try to kill themselves.
9. Watch patients closely for changes in their health and respond quickly if they need help
  - Create ways to get help from specially trained staff when a patient's health appears to get worse.
10. Prevent errors in surgery
  - Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
  - Mark the part of the body where the surgery will be done. Involve the patient in doing this.

### **DO-NOT-USE LIST**

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

<b>Do Not Use</b>	<b>Why</b>	<b>Use Instead</b>
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) D.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO <sub>4</sub> and MgSO <sub>4</sub>	Can mean morphine sulfate or magnesium sulfate. Confused for one another.	Write "morphine sulfate" Write "magnesium sulfate"

## **INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS**

BestNest Management 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:

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

### CDC HAND HYGIENE GUIDELINES

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

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

The six steps in routine hand washing are:

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

The four steps to round alcohol hand rubs are:

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

## **STANDARD PRECAUTIONS**

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

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

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

### 1. Hand protection

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

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

### 2. Body protection

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

### 3. General protection

- Dispose of all materials containing blood in the proper waste containers.
- Use a barrier device instead of performing direct mouth-to-mouth ventilations during CPR.
- Avoid contact with blood from needles by using safety devices provided by your facility.
- Never recap a needle (if you miss, you could jab your finger).
- Dispose of all sharps (needles, blades, IV catheters) in the proper disposal box.
- Wash your hands after removing gloves.

- Do not eat, drink, and apply make-up or contact lenses in areas where exposure to body fluids is possible.

#### Post Exposure and Follow up Plan

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

BestNest Management's post-exposure and follow-up, shall include the following:

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

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

## **BLOODBORNE PATHOGENS**

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

### Hepatitis

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

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

In order to prevent the spread of Hepatitis:

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

### Human Immunodeficiency Virus (HIV)

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



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

In order to prevent the spread of HIV:

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

### Tuberculosis

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

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

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

Special Precautions for the treatment of TB patients:

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

## **MEDICATION SAFETY AND DOCUMENTATION**

### What are medication errors?

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

### What are common sources of medication errors?

- Lack of knowledge about drugs: with so many new drugs being developed each year, it's never been more important to understand what each drug can do and how to use it properly.
- Lack of patient information: Ensuring medication safety means it's important to know key information about each patient, including his/her age, weight, clinical status, known drug allergies and use of other medications (herbs, supplement, vitamins, other holistic remedies) and the potential for interactions.

- Poor communication: Problems can result from things such as:
  - Not using standardized abbreviations
  - Handwriting that's hard to read
  - Verbal miscues (for example, mispronouncing a drug's name)
  - Unclear decimal points
- Storage and stocking of drugs: For example, the risk of someone picking up the wrong drug is higher when the two drugs are similarly packaged (but are very different).
- Equipment used to administer drugs: Variations in the design of IVs and infusion pumps can cause confusion. Poor maintenance and not understanding how to program automated equipment also increases the risk of medication errors.
- Patient identifications: A good system to identify patients, such as armbands, may be in place. However, the system must be utilized (i.e. the armbands must be checked) in order for it to work
- Distractions: Ringing telephones, too much conversation, and interruptions can cause even the most careful healthcare worker to lose concentration.

#### How can medication errors be prevented?

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

- Works together across departments, including physicians, pharmacists, nurses, support staff and administrators
- Focuses on systems, which means improving procedures to help prevent mistakes.
- Takes blame away from employees and looks at the process(es) that led to the error
- Helps patients understand their medications, follow their treatment plans, and take an active role in their care at every step along the way.
- Uses benchmarks to compare challenges and successes of other health care organizations with their own.
- Reports errors voluntarily so that a root cause analysis can be done. A root cause analysis is a step-by-step method to understand what went wrong and why. It allows us to make improvements in a system and monitor changes to see how well they are working.

#### Medication Administration and safety

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

#### Medication Documentation

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

#### Narcotics

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

#### Intravenous - IV

- Nurse may monitor or discontinue IV therapy
- IV certified LVNs may start and superimpose IV fluids through a peripheral line
- Only an RN can add or regulate IV medications

- IV tubing is to be labeled at the time of initial use with the date, time and expiration date
- All IV tubing is to be changed every 72 hours, except TPN tubing, which is changed every 24 hours
- IV sites must be assessed every 2 hours

#### Why is clinical documentation so important?

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

#### Basic charting tips

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

#### Good Documentation Habits

- Use language that patient understands for discharge instructions and patient education material
- Documentation of actions, conversations with the patient, family members, physicians
- Documentation of safety precautions reviewed with the patient and/or family
- Description of unusual incidents
- Documentation of contacts with the provider
- Contemporaneous, chronological
- Do not editorialize, criticize, add 'hearsay'
- Avoid blaming another person or department
- Complete all boxes / forms accurately
- Do not leave open lines on records between documentation entries
- Verification informed consent was obtained
- Instructions given to patient/verbalization of understanding
- Do not alter entries Alteration of Records
- Medical records should never be 'edited' after the fact
- Never document in anticipation of an event
- Never chart for someone else
  - Exceptions
    - Code situations
    - Supervisor starting an IV per your request
- You may be personally assessed for penalties related to falsification of documentation
- Alterations in a record can make the case indefensible

#### Late Entries

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

**Example:**

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

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

Corrections

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

**Example:**

4/19/07 0800: Pt found on floor in ~~room~~ LN hallway; BP:165/66

VS: 36.8-136-20

Dr. Jones notified. Orders for MRI obtained

## **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 an observable and material impairment.
3. Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child
4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
5. Sexual contact, sexual intercourse, or sexual conduct;
6. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct.

Signs and Symptoms of Child Abuse

- Burns on the soles of the feet (from forced standing in hot places)
- Burns on buttocks, thighs, hands or feet (from submersion in hot water)

- Explanation for injury does not match developmental stage (for example, caregiver explains a broken leg by saying the patient fell down, but the patient is too young to stand up)
- Evidence of sexually transmitted disease
- Bruising or tearing around the genital area

### NEGLECT

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

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

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

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

### Signs and Symptoms of Child Neglect

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

### Spousal/Partner Violence

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

### Signs and Symptoms of Spousal/Partner Violence

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

### Exploitation

The illegal or improper act or process 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:
  - a) The name, age, and address of the person
  - b) The name address of the person responsible for care
  - c) The nature and extent of the person's condition
  - d) The basis of the reporter's knowledge
  - e) Any other relevant information
  - f) Documentation shall occur in the appropriate section of the patient record.
- If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved, prior to the report being made. Consent will be obtained if deemed appropriately by the treatment team.
- Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.

- Any act of omission is reportable. A reportable suspicion includes a child victims or abuse shall be documented in the appropriate section of the medical record.
- Symptoms resulting from abuse will be addressed by the patient's treatment team.
- Documentation of physical marking should include photographic documentation (with appropriate patient identification) and included in the appropriate portion of the patient's medical record.
- Any other evidentiary material of abuse released by the patient will be included in the appropriate portion of the patient's medical record.
- Adult patients shall be given information regarding legal counsel
- Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician.

### Abuse Reporting

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

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

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

## **NURSING ESSENTIALS**

### **RESTRAINTS**

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

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

#### Safety Restraint

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

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

Steps to follow:

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

#### Routine Treatment Immobilization

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

#### General Restraint Guidelines

1. Restraints shall not be ordered on a PRN basis.  
Restraints shall be only employed on the written order of a physician after personal evaluation of the patient's physical and mental status. When the physician is not immediately available to assist the patient and 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.

## **END OF LIFE CARE**

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

## **EMERGENCY CODES**

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

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

### What is my role in a disaster?

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

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

### Communication

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

### Supplies and Equipment

Backup supplies and equipment are available for disasters.

## **AGE SPECIFIC EDUCATION**

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

### Early Older Adulthood (60-75 years)

The average American lives to be 77.2 years old. Most adults will live well into early older adulthood. People in early older adulthood usually have at least one chronic disease. High blood pressure, arthritis, heart disease and cancer are the

most common. Most people in this age group will need eyeglasses to read. Many will suffer from the loss of hearing associated with old age. Most women have gone through menopause. Many in this group require daily medications.

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

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

#### Middle Older Adulthood (75-85 years)

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

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

## **EMERGENCY TREATMENT OF PATIENTS (EMTALA)**

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

BestNest Management 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 BestNest Management's education module on EMTALA.

## **THE HIPPA PRIVACY RULE**

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

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

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

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

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

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

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

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

### **What information is protected?**

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

### **What types of information is protected?**

- Paper records
- Computerized information
- Oral communication

### **What are examples of PHI?**

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

### Releasing Patient Health Information (PHI)

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

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

#### **Who are the Records Custodians?**

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

#### **What are the Authorization Requirements?**

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

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

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

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

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

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

#### **How is Protected Health Information handled for Minors?**

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

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

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

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

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

## **BODY MECHANICS**

With the use of proper body mechanics and ergonomics (the undersigning of the 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 front of your work and make sure your work is at eye-level to avoid neck strain.

### **Standing**

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

### **Back Care and Points for Prevention**

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

- Monitor safety of patients closely.
- Ensure breaks are applied to wheelchair or bed when moving patients.
- Adjust height of bed or table to waist / mid-to-upper thigh level when moving patient.
- Maintain ergonomics at all times.

## **UNDERSTANDING CULTURAL DIVERSITY**

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

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

### Ethnocentrism

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

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

### Approaches to Minimize Conflict in a Cultural Setting

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

### Cross Cultural Communications for Healthcare Workers

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

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

### Verbal Behavior

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

### Non-Verbal Behavior

- Visual restatements (use pictures, graphs, etc.)

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

#### Attribution

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

#### Comprehension

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

#### Motivation

- ENCOURAGEMENT: Verbally and non-verbally encourage and reinforce.
- REINFORCEMENT: Do not embarrass speakers.

#### Strategies to Communicate Effectively

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

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

#### Time

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

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to conclusions that others are irresponsible. Do not assume that you are stupid or insensitive because you don't manage time the way they do.
- If you cannot adapt to the other person's sense of time, negotiate something that will 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

## **DISCHARGE PLANNING**

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

### **WHAT IS HOSPITAL DISCHARGE PLANNING?**

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

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

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

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

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

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

## **PATIENT RIGHTS AND RESPONSIBILITIES**

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



### The Patient's Bill of Rights

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

1. Information Disclosure: Patients have the right to accurate and easily-understood information about their health plan, health care professionals, and health care facilities. If a patient speaks another language, has a physical or mental disability, or just don't understand something, assistance must be provided so that the patient can make informed health care decisions.
2. Choice of Providers and Plans: Patients have the right to a choice of health care providers who can provide high-quality health care when needed.
3. Access to Emergency Services: Patients who have severe pain, injury, or sudden illness that convinces them they are in serious danger, have the right to be screened and stabilized using emergency services. These services should be provided whenever and wherever needed, without the need to wait for authorization and without any financial penalty.
4. Participation in Treatment Decisions: Patients have the right to know their treatment options and to take part in decisions about their care. Parents, guardians, family members, or others that a patient selects can represent them if they cannot make their own decisions.
5. Respect and Non-discrimination: Patients have a right to a considerate, respectful care from doctors, health plan representatives, and other health care providers without discrimination.
6. Confidentiality of Health Information: Patients have the right to talk privately with health care providers and to have their health care information protected. Patients also have the right to read and copy their own medical record. Patients have the right to ask that a doctor change their record if it is not accurate, relevant, or complete.
7. Complaints and Appeals: Patients have the right to a fair, fast, and objective review of any complaint they have against their health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

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

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

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

### Informed Consent

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

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

### Advance Directives

Advance Directives: Documents written in advance of serious illness or injury which state choices for medical treatment or names someone to make treatment decisions on behalf of that individual should he/she become unable to make or communicate such decisions. Advance directives promote an individual’s control over his/her own healthcare decisions. All patients entering the healthcare system must be given the opportunity to complete an advance directive document which will define the patients’ preferences in end-of-life decisions or at any time that they are unable to convey their own wishes regarding healthcare. Advance directives are voluntary and are supported by the Patient’s Bill of Rights dependent upon state law, there may be two or more types of advance directives: the living will and the durable state of attorney/healthcare surrogate, as examples.

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

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

### Guidelines

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

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

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

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

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

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

If a patient decides to revoke a written advance directive, the appropriate department should be notified by the patient’s physician or staff nurse. Said department shall explicitly mark the advance directive as being revoked and should clearly

document the date of the revocation. A patient may revoke an advance directive at any time, regardless of the patient's mental state of competency.

## **UTILITY MANAGEMENT**

Utilities are basic building services. They include:

- Electricity: Emergency Electrical Service is supplied from a hospital's emergency powerhouse generators. When normal service fails, the generators support essential building systems, fire safety systems and pre-designated medical equipment. Most hospitals have an Uninterruptible Power Supply (UPS) System. It permits power sensitive equipment to function normally during transitions in power supply.
- Water: Water is needed for drinking, cooking, bathing, cleaning, flushing the toilet, steam production, heating and cooling systems and cooling some clinical equipment.
- Sewer: The Sewer Service allows for waste disposal from the facility.
- Natural gas: Hospitals use natural gas as the primary fuel for the boilers to make steam and hot water. Natural gas also supports food service and lab processes. The hospital may have a backup diesel fuel supply to fire the boilers if the natural gas supply fails.
- Piped Medical gases: Medical gases include oxygen, nitrogen, nitrous oxide and carbon dioxide. They are supplied from the hospital medical gas storage systems. Medical Gases are distributed to specific outlets throughout the hospital. Medical Air is also distributed via special outlets throughout the hospital.
- Heating, Ventilation and Air Conditioning Systems (HVAC): The functions of HVAC include heating to support room comfort, ventilation to support air quality and infection control and cooling to support human comfort and in some locations, equipment function.
- Fire Protection System: Fire protection systems are operated and maintained by the Hospital's Physical Plant and Maintenance Departments. Smoke detection systems are designated to operate at all times. Fire sprinklers turn on when a defined temperature is reached. Fire alarms are triggered by 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.

## **PATIENT EDUCATION**

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

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

- Helping the patient adopt or function more independently
- Information about access to additional resources
- When and how to obtain further treatment
- Safe and effective use of medication and medical equipment
- Potential drug – food interaction
- Nutrition information/counseling on modified diets as appropriate
- Rehabilitative techniques, including activity and assistive devices
- Maintenance of good standards for personal hygiene and grooming, including brushing teeth, bathing, caring for hair and nails, and using the toilet

- Information on patient/family responsibilities for the patient's health care need (e.g. self-care, signs and symptoms to report, etc.) including the knowledge and skills to carry out these responsibilities.

#### **How is Patient/Family Education Implemented?**

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

#### **The Nurse Role in Patient Education**

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

### **MEDICAL EQUIPMENT MANAGEMENT**

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

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

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

- All employees who operate, monitor or maintain clinical equipment must be trained to do so safely.

- Employees are required to be familiar with the clinical equipment inspection stickers affixed to each piece of equipment.
- All equipment should have the facility's inspection sticker on it that indicates the equipment was inspected; the equipment passed the electrical safety test and how frequently the equipment is tested.

### Clinical Equipment

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

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

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

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

- Ventilators
- IV (Intravenous) pumps
- Glucose-testing monitors
- Cardiac monitors
- Enteral pumps
- Radiant warmers
- Hypothermia blankets
- EKG (Electrocardiograph) machines
- Electric beds

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

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

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

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

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

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

6. Cellular phones have been found to interfere with some electrical equipment. Your facility may have a policy that bans cell phones in the facility or within certain areas.

## **PAIN MANAGEMENT**

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

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

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

Pain control measures fall into two categories:

1. Pharmacological interventions
2. Non-pharmacological interventions

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

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

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

1. Relaxation and distraction techniques
2. Physical interventions.

### **Relaxation and distraction techniques**

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

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

### **Physical Interventions**

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

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

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

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

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

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

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

- Gastric irritation
- Prolonged bleeding time.

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

#### Pure Agonists

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

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

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

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

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

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

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

#### Other opiates

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

### Administration of opiates

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

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

### Adjuvants

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

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants.

These drugs are used to:

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

## **RADIATION SAFETY**

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

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

## **FALL PREVENTION**

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

A patient fall may also result in:

- Longer hospital stays
- Permanent injury
- Disability
- Death

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

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



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

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

#### Infants and young children

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

#### Older adults

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

#### Sedated patients

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

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

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

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

Most injuries can be prevented!

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

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

#### Identify and correct safety hazards

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

## **COMPLAINT RESOLUTION (STAFF AND CUSTOMER)**

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

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

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

BestNest Management accepts complaints from persons who believe that they have experienced a violation of their rights. The following guidelines shall be followed in resolving complaints.

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

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service, we encourage you to contact the BestNest Management Management to discuss the issue. BestNest Management has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the BestNest Management corporate office at (562) 457-3150. A corporate representative will work with you to resolve your concern. Any individual that has a concern about the quality and safety of patient care delivered by BestNest Management health care professionals, which has not been addressed by BestNest Management management, is encouraged to contact the Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling the Office of Quality Monitoring at 630.792.5636. BestNest Management 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.

## **HUMAN RESOURCES: EMPLOYMENT APPLICATION PROCESS**

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

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

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

#### Proof of Citizenship or Ability to Work as Required by Law

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

#### Background Checks

BestNest Management requires applicants and employees to satisfactorily complete a background check. BestNest Management will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained as a result of a background check will be used solely for employment purposes.

When a background check is required, you must complete required authorization forms. Failure to timely complete an authorization may result in termination of BestNest Management's consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination. In addition, BestNest Management verifies that applicants are not included in the Office of Inspector General's (OIG) or the Excluded Parties List System (EPLS) databases of excluded providers.

All background check information will be kept confidential. BestNest Management complies with all applicable federal, state, and local laws regarding background checks.

#### License/Certification/Education Verification

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

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

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

#### Reference Checking

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

#### Pre-Employment Skills and Competency Assessment

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

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

### Health Screening

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

- Clearance for Work: are only required when specified in the written agreement between BestNest Management and its clients. If required, the applicant will submit a written clearance for work conducted within the last twelve months prior to hire date. The Clearance for Work shall include whatever specifications are in the written agreement between BestNest Management and its clients, which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that the employee is physically and medically qualified to perform the duties to be assigned. In addition, annual physicals are required thereafter
- Tuberculosis Test: are only required when specified in the written agreement between BestNest Management and its clients. TB tests if required may need to be conducted within the last twelve months prior to hire date. The TB test may show a negative result. Applicants who test positive as a tuberculin reactor are required to submit documentation of a negative chest x-ray showing no abnormalities and/or provide proof of prophylactic antibiotic therapy. One clear chest x-ray is required for individuals following a positive skin test or documented history of positive skin test, repeat chest X rays thereafter are not required for those who present positive skin results, repeat chest x rays are only required when specified in the written agreement between BestNest Management and its clients. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter when specified in the written agreement between BestNest Management and its clients.
- Vaccinations: are only required when specified in the written agreement between BestNest Management and its clients. If required the applicant will Submit proof of exposure to or immunization to Rubella, Rubeola, mumps, and Varicella zoster.
- Drug Test: are only required when specified in the written agreement between BestNest Management and its clients. If required the applicant will submit a drug screen that may screen any or all of the following: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, meperidine, Methadone, Opiates, Phencyclidine, Propoxphene
- Hepatitis B: are only required when specified in the written agreement between BestNest Management and its clients. Must provide proof of vaccination to Hepatitis B or sign waiver/declination. The Hepatitis B vaccine and vaccination series shall be made available at no cost to all employees. Employees shall not receive the vaccination if they have previously received the Hepatitis B vaccination series or have antibody resting which reveals the employee is immune or for whom the vaccine is contraindicated for medical reasons.

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

### Interview and Education

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

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

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

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

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

### **Maintaining Nursing Personnel Files**

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

### **Orientation**

BestNest Management will provide all new employees with an orientation to the company's policies and procedures. Each employee will receive an Employee Handbook.

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

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

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

- Report approximately one (1) hour early for orientation (it may vary for each facility).
- Carry photo ID for evidence of identity when reporting for assignment
- Take your nursing license and certifications with you
- Report to the appropriate supervisor
- It is expected that the healthcare practitioner locates and comply with the facility policy and procedures manual, locate fire pulls, crash cart, med. room, linen cart, and appropriate exits before your shift starts.

- Always dress in proper attire when working at the facility. Orientation is only paid when the time has been properly verified by facility staff.

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

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

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

## **REPORTING ANY ISSUES**

### Assignment Issues

Issues may arise while an employee is on assignment for BestNest Management As a representative of BestNest Management 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 BestNest Management for mediation
3. Complete an incident report at the facility (if required)
4. Complete an incident report at BestNest Management (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 BestNest Management immediately of exposure

BestNest Management 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.

BestNest Management'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.

## **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 BestNest Management'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 BestNest Management 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

#### Joint Commission's Sentinel Event Policy

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

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

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