

**HEALTHPRO
MANAGEMENT
ASSOCIATES, INC**

**EMPLOYEE HANDBOOK
FOR TEMPORARY
STAFF**

A. STANDARDS OF CONDUCT

1. EMPLOYEE CONDUCT

As an employee of HealthPro Staffing, you have made a commitment to accept and observe the policies and standards of conduct that have been established in the interest of customer care and efficient operation.

There are some specific violations that are clearly injurious to our customers and employees. These violations will result in severe disciplinary action or dismissal initiated by the employee's manager.

Examples of some of the most serious violations include but are not limited to:

1. Misconduct related to customers, visitors, or employees, such as physical or mental abuse; unlawful harassment as well as inconsiderate treatment or neglect; giving confidential information to unauthorized person; falsifying official records.
2. Insubordination- including deliberate refusal or failure to perform work assigned or requested by your supervisor.
3. Stealing from HealthPro Staffing, customers and other employees or visitors.
4. Willful destruction of company property.
5. Unauthorized access to and/ or distribution of confidential HealthPro Staffing employee or customer information.
6. Unauthorized use of computer equipment or information, and withholding information regarding same.
7. Embezzlement of office funds, equipment or supplies.
8. Forgery of documents.
9. Illegal use of controlled drugs.
10. Conviction of a felony.
11. Possession or use of alcohol on company property or during work hours.
12. Reporting to work or being present at work while under the influence of alcohol or with a detectable amount of any illegal drug in the employee's body.
13. Conviction of a drug related felony or misdemeanor, which affects the individual suitability of employment.
14. Abuse of prescribed drugs. Prescribed drugs will be allowed only when taken in accordance with a physician's prescription and where such use will not adversely affect the ability of the individual to properly and safely perform his or her duties. Abuse of prescribed drugs will not be tolerated and will be treated in the same fashion as use of illegal drugs.
15. Refusal to take a drug screen or failure to pass a drug screen.

This list is not all-inclusive. Other infractions that are not listed above will also be acted upon promptly and according to the severity of the offense. For minor offenses, when your behavior, attitude or attendance does not meet the basic standards of good conduct, your supervisor or the owner may first warn you about the problem. If this warning proves ineffective, your supervisor or the owner may begin progressive disciplinary

action with written notices, which will be discussed with you and you will be asked to sign. You will have the opportunity to record your own comments before it is placed in your file. The owner reserves the right to dismiss an employee without notice on these or other grounds. Examples include unsatisfactory attendance, repeated tardiness or job inefficiency. Immediate dismissal means that you will be fired and receive no additional benefits.

This policy in no way modifies, alters or amends the at-will nature of your employment relationship with the Company. While we strive to provide opportunities to correct behavior prior to discharge, employment may still be terminated at any time, for any reason with or without notice.

2. COURTESY

You will be expected to extend courtesy to customers, visitors, and fellow employees at all times. All employees by their conduct represent the philosophy of HealthPro Staffing.

3. CULTURAL DIVERSITY AND SENSITIVITY

Patients differ in many ways. Some of these differences are due to patient illness, personality, socioeconomic class, or education, but the most profound differences may be cultural. Many health professionals think that if they just treat each patient with respect, they will avert most cultural problems. But that is not always the case. Some knowledge of cultural customs can help avoid misunderstandings and enable practitioners to provide better care.

The definition of Culture is the sum total of the way of living; includes values, beliefs, standards, language, thinking patterns, behavioral norms, communication patterns, etc. They guide decisions and actions of a group through time.

Each patient is unique. Always keep in mind that:

- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.
- Avoid stereotyping a patient. Consider all of the factors that may affect his or her care needs.

Patient rights and organization ethics helps ensure that patients' rights are respected. These include the rights of patients (and families, in keeping with the patient wishes) to:

- Be actively involved in care and decisions about care
- Receive care that respects their cultural and personal values, and their privacy.

Assessment of patients helps insure the patients are assessed as often as needed to meet individual patient needs. Consideration needs to be given to cultural and spiritual

values. The same holds true when caring for patients and providing them with education.

It is important to know your culture and your views on illness and maintaining health. A key step in providing effective care is by understanding the patient's views and including them in care when possible. The patient will have ideas on maintaining health, causes of his or her condition, treatment, and using medicine. It is also important to understand the role that others play in a patient's care and to involve them as much as possible. They may include family members, community members and groups, and healers. Your awareness of language and communication issues can help bridge the patient's and healthcare provider's views on health.

There are many other factors that may affect a patient's care needs such as: food preferences, religious beliefs and practices, views about birth and death, gender, sexual orientation, the presence of a disability and socioeconomic status.

HealthPro Management Associates does expect all of its staff will maintain a high level of cultural awareness with both the patients that are in their care and with all staff employed by the facility where they are assigned. Any issues related to this topic can be addressed by the employee to the scheduler at HealthPro, so that we can assist you in the proper handling of the patient or the staff member.

4. DISCIPLINARY ACTION

The vast majority of employees will not require disciplinary action. If disciplinary action becomes necessary, a system of progressive discipline is followed. The type of discipline will be determined by the nature and circumstance of the violation.

Discipline may include verbal warnings, written warnings or termination. Except in instances of immediate dismissal, employees may be warned, and given help to improve. If the problem is not resolved to the satisfaction of the owner, the employee may be terminated.

5. TERMINATION

Since employment is based on mutual consent, either the employee or the owner may terminate the employment relationship with or without reason any time, with or without notice. It is also important for the owner to have knowledge of the employees' desire to terminate. Employees who find it necessary to terminate their services are requested to give a minimum notice equal to that of the employee's annually awarded PTO time. This notice should be given in writing to your immediate manager.

B. HEALTH AND SAFETY

1. OUR RESPONSIBILITIES

One of our most important practices is to provide all of our employees with a safe and healthful working environment, which is free from unsafe conditions and exposures to harmful substances. The Company takes this responsibility very seriously!

Our ability to fulfill this responsibility successfully depends not only upon our establishment and enforcement of appropriate policies and standards for workplace safety but also upon **your willingness** to assist actively in the prevention and reporting of hazardous conditions and circumstances which may cause injury and/or illness to yourself, our visitors and other employees. **Safety is everyone's job!**

Good housekeeping is especially important from a safety standpoint. You are responsible for maintaining your equipment, furnishings and immediate work area in a clean, orderly and uncluttered fashion. Further, each of us shares in the obligation to keep common areas (for example, the cafeteria, rest rooms, hallways and storage areas) neat, clean and free from safety hazards. Employees share in the responsibility in the cleaning of the office and the removal of trash.

During your first weeks of employment, your immediate supervisor will acquaint you with the health, safety and security procedures specific to your job assignment and work area. You also will be advised as to the location and use of safety equipment applicable to your duties and tasks. In addition, the Company has posted on our bulletin boards important notices and reminders intended to inform you of safety rules, practices and the procedures to be followed in the event an emergency situation occurs which requires that our building be evacuated.

In general, you are responsible for:

- Knowing your job well and always applying safe practices in the operation of all Company equipment, tools, machinery, vehicles and other Company property in your charge;
- Reporting immediately all accidents and injuries, whether your own or those suffered by others;
- Recognizing the hazards of the job and taking precautions to ensure your safety and the safety of others;
- Reporting hazardous practices or unsafe conditions to your immediate supervisor;
- Suggesting ways to eliminate safety hazards; and

- Participating actively in the prevention of on-the-job accidents and work-related illnesses.

Safety and housekeeping rules will be enforced aggressively; and violations of health, safety and security rules will result in appropriate corrective action.

2. GENERAL SAFETY AND ACCIDENT PREVENTION

It is the employee's responsibility, to learn safety and the best way of performing your daily duties without incident. In performing your daily duties safely, you not only protect yourself from injury, but also your fellow employees and customers. We need your help in promoting safety and the prevention of accidents on the job by observing the following common sense rules:

1. Learn your job and how to be safe in the work place.
2. Learn the location of first aid kits, fire alarm boxes, extinguishers and your duties in case of fire.
3. Promptly report all unsafe or potentially hazardous conditions, such as the following to your supervisor or HealthPro.
 - Wet or slippery floors.
 - Trashy or unsafe areas at work.
 - Equipment left in halls or walkways.
 - Exposed or unsafe electrical wiring.
 - Careless handling of equipment.
 - Defective or shield less equipment.
4. Do not operate electrical equipment with wet hands.
5. Immediately report all accidents or injuries to your supervisor and to HealthPro.
6. Use proper lifting procedures and ask for help when needed.
7. Wear safety glasses and protective clothing when necessary.
8. Handle hazardous chemicals with care.
9. Horseplay is prohibited at all times.
10. If you do not have current First Aid Training, do not move or treat an injured person unless there exists the hazard of falling objects.
11. Appropriate clothing and footwear must be worn on the job at all times.
12. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
13. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition and worn when required.
14. Exercise caution when around sources of oxygen. Keep it stored in a dry location.
15. Do not smoke, light matches, lighters or allow open fires around oxygen.
16. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
17. Never remove or bypass safety devices.
18. Maintain a general condition of good housekeeping in all work area at all times.
19. Obey all traffic regulations when operating vehicles on public highways.

20. When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt must be worn.

21. Be alert to hazards that could affect you and your co-employees.

22. Obey safety signs and tags.

Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee injury.

3. FIRE REGULATIONS

It is vital that each employee knows and observes the following fire procedures and regulations:

1. Every employee should become familiar with the Fire Plan
2. Every employee should learn where the fire fighting equipment is located and should be familiar with how to use it.
3. In case of fire, observe the following basic rules:
 - a. Remove anyone from danger
 - b. Close all doors and windows
 - c. Call the local fire company from the nearest safe location
 - d. Extinguish the fire if possible.

4. WORKPLACE VIOLENCE

We've all read about the problem of workplace violence. Obviously, we cannot eliminate the possibility of its occurrence. However, with your help, we can minimize the possibility that it will happen here. Your safety and that of your patients and co-workers in and around the healthcare facility depends upon your training and practice of the facility guidelines in order to prevent workplace violence. Know the facility's policies, regarding workplace violence, where you are assigned. This will improve your chances of a positive outcome should you find yourself in a potentially dangerous situation.

The Company has a number of prohibitions, which are designed to minimize our exposure to workplace violence. More specifically, the following behaviors are absolutely prohibited:

- **Threatening to harm any employee or nonemployee with whom we do business.** Prohibited threats can be written or oral, expressed or implied. The fact that a threatening comment may have been made "in jest" is of no defense.
- **Threatening to cause damage to the Company's property or the property of any employee or nonemployee with whom we do business.** Again, the fact that a threatening comment may have been made in jest is of no defense.

- **Possessing or concealing a weapon while on Company premises or anywhere else while doing business for the Company.** For purposes of this prohibition, a weapon is defined to include guns, rifles, firearms, knives, explosives, bombs and any and all other tools or instruments capable of inflicting harm to persons or property. Company premises include the buildings, parking lots, surrounding grounds and motor vehicles owned or leased by the Company. In the case of guns, rifles and other firearms, it is irrelevant that the person has a license or that the gun, rifle or firearm has no ammunition in it.
- **Physically assaulting, attacking or otherwise intentionally causing injury to any person with whom you interact in connection with your employment with the Company.** The only narrow exception to this rule is an employee may use physical force in self-defense under circumstances in which the employee cannot withdraw safely from the situation without the use of physical force.
- **Intentionally causing damage to property belonging to the Company or any employee or nonemployee with whom we do business.**

The prohibitions set forth above apply to actions directed not only at employees and non-employees with whom we do business but also at persons associated with them (e.g., threats against an employee's spouse).

Any employee who violates any of the prohibitions set forth above will be subject to immediate discharge. The employee also may be subject to criminal prosecution.

The prohibitions set forth above also apply to nonemployees who do business with our Company. A nonemployee who violates any of these prohibitions while on Company premises and/or while doing business with us will be precluded from doing any additional work for our Company and may be subject to criminal prosecution.

We encourage you to speak with you Supervisor, Manager or Human Resources Representative immediately in any of the following situations.

- You feel that you are being intimidated, threatened or harassed, verbally or physically, by a co-worker or anyone else with whom you do business;
- You have been intimidated, threatened or harassed, verbally or physically, by a nonemployee independent of your employment relationship with us but feel that he or she may look for you at our workplace;

- You have had any of your personal property stolen on Company premises, or you become aware of the theft of any Company property.
- You become aware of the existence of an individual on or near Company premises under circumstances in which you believe that he or she may not have an appropriate business purpose for being here;
- You become aware of any other action, situation or occurrence which you believe may threaten your personal safety or the well-being of those around you; or
- You have any ideas as to how we can make our workplace safer.

We need your eyes and ears to help alert us to potential problems. Ensuring workplace security is a responsibility we all share.

A few additional thoughts on workplace security:

- Lock all valuables in your desk or locker. Do not leave them in plain view, since the Company is not responsible for personal items you bring on our premises.
- Bring to work only enough money for your personal needs;
- Check to make sure you have not left behind any personal valuables before leaving a rest room or other area;
- Make certain the main entrance doors are locked and secure at all times. If you notice a door is not locking properly, please contact Facilities Management;
- Do not let someone walk into the office with you if you do not recognize him or her or without inquiring his/her purpose for being there;
- Do not challenge or confront a hostile or angry person. Attempt to defuse the situation and to remove yourself from the situation; then, notify security immediately.
- Secure laptop computers and other small electronic equipment in a locked cabinet or drawer;
- Lock your desk before leaving the office at the end of the day, or if you will be away from your desk. Do not leave keys in the locks.

If you work at night, please park your motor vehicle as close to the building as possible. If you cannot get a space close to the building when you park earlier in the day, please move your car before sunset.

Finally, if you obtain a restraining order against any individual during your employment with the Company we ask that you provide a copy of the order along with a photograph of the individual to your supervisor, the owner or your Human Resource Representative.

5. SUBSTANCE ABUSE

a. Policy

HealthPro has the responsibility to maintain a safe and efficient working environment. Employees who work while under the influence of drugs or alcohol present a safety hazard to themselves and their co-workers. Moreover, the presences of drugs or alcohol in the workplace limits an employee's ability to perform at the highest level and provide our customers with the best possible service. Accordingly, HealthPro has adopted procedures to ensure that we continue to maintain our reputation as a quality employer and a provider of excellent services. While the company respects employees' legitimate privacy rights, all employees should be aware that HealthPro intends to vigorously enforce its rules regarding drug and alcohol use. All employees of HealthPro are covered by this policy.

b. Investigations and searches

Employees are expected to fully cooperate in any interviews or investigations of possible violations of substance abuse rules. HealthPro reserves the right to require employees while on duty for HealthPro or on client company property to agree to inspections of their persons, vehicles, lockers, handbags or their personal property. Employees may also be required to undergo a drug or alcohol test pursuant to the procedures described below.

c. Drug Testing

After a job offer has been made, all applicants may be required to take and pass a urine screen in order to be eligible for employment. An offer of employment may be contingent on the successful passing of this drug screen. An applicant's failure to consent to this test will result in the withdrawal of his/her employment application from consideration. Employees will be required to submit to a urine test for the presence of drugs when ever a workplace accident has occurred which results in medical treatment by a local medical provider or damage to any company property. Any employee who contributes or is otherwise involved in a serious accident or safety violation shall be required to take a urine test. An employee's failure to under go such test upon request or failure to pass the test will result in termination. HealthPro will make every effort to ensure the accuracy of the test results and to minimize any interference with employee's

legitimate privacy interests. In this regard, the following procedures will be followed along with any and all procedures required by state law:

1. Those required to provide a urine sample will be directed to a nearby medical clinic or labs.
2. Urine samples will be tested and analyzed by a reputable laboratory, which will follow medically accepted laboratory and chain of custody procedures.
3. Applicants or employees whose test results are positive will be afforded the opportunity to explain or rebut the results.
4. In the event of a positive result, the employee will be offered the option of having the same sample retested at a laboratory of their choosing at their expense.
5. The test results will be confidential, as in reasonable possible. Unless authorized by the applicant or employee in writing, the results will not be disclosed to persons inside or outside the company who do not need to know the information.

The test results will not be used for the purpose of determining any medical or bodily condition other than the presence of drugs or alcohol.

6. INFECTION CONTROL

OSHA'S BLOODBORNE PATHOGEN STANDARD

This standard issued by the Occupational Safety and Health Administration (OSHA) in 1991 is designed to protect the more than 5,000,000 health care workers in the United States at risk of occupational exposure to blood borne pathogens, such as Human Immunodeficiency, Hepatitis B, and Hepatitis C Viruses.

Though the chances of contracting a disease transmitted by blood are relatively low, they are real. Each year, more than 200 workers die of Hepatitis B infection attributed to occupational exposure. Since the AIDS epidemic began, there have been 51 health care workers who have **definitely** developed AIDS as a result of on-the-job exposures. Another 102 have **probably** developed AIDS from on-the-job exposure (exposure not reported and baseline HIV were not performed). Transmission of these infections may be preventable.

Employees in all segments of the industry where occupational exposure is possible are covered by these regulations. **Occupational exposure** means reasonable anticipated skin, eye, mucous membrane or parenteral (i.e. needle stick) contact with blood or other potentially infectious materials that result from the performance of employee's duties.

The OSHA Standards are intended to protect workers from all known and as yet unknown diseases transmitted by blood. The viruses of greatest concern, at present, are Hepatitis B and HIV.

MAJOR BLOODBORNE PATHOGENS: HIV, HBV, and HCV

Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus is the virus that causes AIDS. Acute infection occurs in 50-70% of patients 3-6 weeks after the virus enters the body. At this point, the antibody test becomes positive. A person may not have any symptoms for up to 10 years. The signs of HIV infection are extremely variable and include mono-like symptoms. These symptoms include:

fever, swollen glands, diarrhea, fatigue, and rash then followed by opportunistic infections. HIV is transmitted in the blood and other body fluids such as semen and cervical secretions. Exposure to tears or saliva and other casual forms of contact have not been found to transmit the virus.

Cases of HIV from 1/81 to 9/96

Philadelphia: 8,956 (5058 have died)

Pennsylvania: 16,641 (10,030 have died)

United States: 548,102 (343,000 have died)

Hepatitis B

Hepatitis B (HBV) is far more common than HIV and is present in very high concentrations in the blood of infected patients. Of those who have become infected, only 1/3 become symptomatic, therefore, 60% of all cases of Hepatitis B may be clinically unrecognized. A few asymptomatic infected individuals can be chronic carriers of the virus, infecting others. The high blood concentrations give HBV carriers a greater likelihood of infecting exposed people. HBV may cause infection in up to 1 of 3 exposures, while HIV can cause infection in 1 of 250 exposure incidents.

Hepatitis B vaccines are offered free to any employees with potential blood exposure. Job roles within HealthPro Management Association (HPM) that have potential exposure to blood include all direct patient care providers.

Hepatitis C

Hepatitis C virus (HCV) is transmitted most frequently via large or repeated exposure to blood or blood products from infectious donors or the sharing of contaminated needles among injection drug users. The risk to health care workers is not well defined.

Means of Transmission

Needle Sticks

Mucous membranes (less likely transmission by contamination of eyes or mouth)

Blood contact with pre-existing portal of entry (cut or scratches) unclear for HCV

Sexual

Perinatal-unclear for HCV

Risk of Transmission after a Needle Stick

HIV – 0.3%

HBV – 10-30%

HCV – 3-17%

TUBERCULOSIS

Tuberculosis (TB) is an airborne disease that has seen resurgence in the United States. Presently the disease is on the decline, but because of outbreaks of multi-drug-resistant TB during the resurgence, especially in hospitals and prisons, there was a high rate of death and transmission to healthcare workers. 10-15 million persons in the United States are infected with the TB causing organism, *Mycobacterium Tuberculosis*. Without intervention, about 10% of these people will develop active TB at some point in life. As a healthcare professional you not only can contract TB from your patients but may also transmit it to others.

Mycobacterium Tuberculosis is spread by airborne particles called “droplet nuclei”. These are released into the air from a person with active TB by:

- Sneezing
- Coughing
- Speaking
- Singing

Your job is to prevent exposure to droplet nuclei so as to avoid contracting TB and spreading it to others.

Prevention consists of following the facility’s guidelines for the use of respiratory and isolation precautions. You should:

- Understand isolation procedures and identifying marks for isolation patients.
- Follow facility procedure in the use of masks and respirators (Personal Respiratory Protection).
- Attend the facility’s “Fit Test” training and learn to properly fit and use various respirators available for your use.
- Adhere to the facility policy on employee TB screening, but at the very least, have a PPD done yearly.
- Participate in any educational offerings by the facility regarding TB.
- Use universal precautions when indicated.
- Teach your patient with TB to always cover mouth and nose when sneezing or coughing with a disposable tissue and to discard appropriately.
- Take special precautions with patients undergoing cough-producing procedures such as bronchoscopy, administration of aerosolized medications, sputum collections etc.
- If you are exposed to TB, notify your supervisor, then follow a licensed medical practitioner’s advice for follow up active infection prevention.

With the cooperation of well-trained and conscientious healthcare workers, the spread of TB can be properly controlled. It’s up to you.

EXPOSURE CONTROL PLAN

The Exposure Control plan’s goals are to eliminate or minimize the exposure to infectious material and identify a process in response to employee exposure to blood borne pathogens.

Within each job description, the division identifies which job categories are at risk of occupational exposure. Any worker who may have contact with blood or other potentially infectious materials is covered under the Exposure Control Plan.

Follow-up Exposure Incidents

When an exposure incident occurs, the following steps should be taken:

1. Cleanse the area immediately with soap and water or flush mucous membranes (i.e. mouth or eyes) thoroughly with water.
2. Notify your supervisor immediately on site and your scheduler at HPM.
3. Complete the Employee Injury Incident report form and submit to the office.

4. Report to your facility's Occupational Health Department, the closest Emergency Department, or an Occupational Health Department directed to by your HPM scheduler as soon as possible for treatment and counseling.
5. Obtain order and consent for lab specimens from "source patient" as appropriate. Have specimens drawn as ordered.
6. Return to Occupational Health for follow-up after all lab results available.

Personal Protective Equipment (PPE)

- Standard (universal) precautions are followed for all patients
- PPE must be used to protect oneself from any anticipated blood or body fluid exposure. Consider the potential for exposure prior to beginning a task and don the appropriate PPE before beginning the task.
 - Gloves are to be worn when contact with blood, body fluids or mucous membranes is likely.
 - Masks and goggles should be used to protect the nose, mouth or eyes from contamination of splashing, spraying or splattering of blood or body fluids.
 - Gowns or aprons are to be worn when cleaning incontinent patients, changing grossly soiled linen or when performing procedures in which splashing of blood or body fluid may occur
 - Utilize facemasks with one-way valves if CPR must be initiated.
- Be familiar with where PPE is located at your scheduled facility.
- Miscellaneous
 - Hand washing is the most important means of preventing infection. Wash hands thoroughly with soap and water. Only use waterless hand disinfectant if no appropriate location is available for hand washing.
 - Clean up blood spills as per directions on container with "Cavicide", 10% bleach solution or other provided disinfectant. Do not use soap & water.
 - Transport blood or body fluid specimens in a Ziploc bag and appropriate puncture resistant container with biohazard symbol as provided.
 - Dressings should be disposed of by utilizing a "double-bag" technique
 - To prevent needle sticks, **DO NOT RECAP NEEDLES**
 - Launder contaminated clothing and linen utilizing as hot of water as possible and bleach or "Lysol" following directions on container for disinfecting procedure.

PRINCIPLES OF DISEASE TRANSMISSION

Transmission

Transmission of a disease may occur via one of four methods:

1. **Contact** – most frequent means of transmission
 - a) **Direct** – Person to person by directly touching infectious material; e.g. MRSA, lice scabies
 - b) **Indirect** – contaminated object to person; e.g. improperly disinfected instrument
 - c) **Droplet** – 3-5 feet from source; coughing, sneezing, or talking; e.g. Mumps, meningococcal meningitis
2. **Vehicle Contaminated items**
 - a) Food – salmonella
 - b) Water – legionellosis
 - c) Blood – Hepatitis B or HIV

3. **Airborne** – droplet nuclei; small drops stay in air for long time; e.g. Tuberculosis, chicken pox
4. **Vectorborne** – Little significance in hospitals, but more impact in community; e.g. malaria carried by mosquitoes or Lyme Disease carried by ticks

UNIVERSAL/STANDARD PRECAUTIONS & ISOLATION PRECAUTIONS

For certain diseases, extra precautions are needed.

Standard Precautions

- Apply to blood, all body fluids (except sweat), non-intact skin, and mucus membranes
- Designed to reduce risk of transmission of microorganisms from recognized and unrecognized sources
- Barrier protection (PPE) to be used whenever the **potential** exists for sharps injury, mucous membrane exposure, non-intact skin exposure to blood or body fluids
- PPE must be available at each facility where staff is assigned.
- Engineering controls are also available for patient care, which include sharps disposal containers, safety syringes, needleless IV systems, and others.

TRANSMISSION – BASED ISOLATIONS

Patients with known or suspected infectious diseases may be placed on appropriate Transmission-Based Isolation Precautions. Isolation Precautions are utilized to prevent “patient to nurse”, “patient to patient”, and “employee to patient” transmission of infectious diseases. Care must also be taken to prevent transmission of diseases to caregivers or significant others that have direct contact to the patient. It is the employee’s responsibility to ensure that he or she follows the appropriate isolation precautions designated at your assigned facility to prevent infection of others.

Contact Precautions

- Designed to prevent transmission of diseases or infections, which can spread by direct contact. Glove when entering the patient’s area. Follow standard precautions. Consider utilizing a disposable stethoscope, and obtain a thermometer for the patient. Follow procedures as designated in your assigned facility.
- Use for Lice, scabies, MRSA, C. diff (not an all inclusive list)

Strict Contact Isolation

- Designed to prevent transmission of **highly transmissible or epidemiologically important** infections (or colonization). Gown and glove when entering the patient’s area. Remove gown and gloves when leaving. Utilizing a disposable stethoscope and obtain a thermometer for the patient. Follow guidelines or procedures as designated in your assigned facility.
- Use for multiple resistant bacteria, e.g. **VRE** (Vancomycin Resistant Enterococcus) & **VARE** (Vancomycin & Ampicillin Resistant Enterococcus). (Not an all-inclusive list).

Droplet Precautions

- Designed to prevent transmission of infectious diseases spread through large droplets (within 3 feet) e.g. sneeze, cough. Mask, standard precautions.
- Use for Measles, mumps, H. Influenza or meningococcal meningitis.

Airborne Precautions

- Wear particulate respirator – provided by facility – when entering the patient's area. Utilizing a disposable stethoscope, and obtain a thermometer for the patient. Follow guidelines and procedures as designated in your assigned facility.
- For patients with known or suspected tuberculosis (TB) who may have a positive sputum smear or chest x-ray that suggests active TB. (not an all inclusive list)

Airborne & Contact Precautions

- Designed to prevent transmission of highly contagious or virulent infections that may be spread by both air and contact. This is a combination of precaution techniques seen in Contact Precautions and Airborne Precautions. Utilize gowns, gloves, mask and goggles if splashing possible.
- Used for Varicella (chicken pox)
- An employee who has no immunity to chickenpox should not enter the area of a patient with chicken pox or disseminated shingles (Zoster). As for another assignment. The varicella vaccine is available through Occupational Health (Localized zoster does not require isolation unless the patient is immunocompromised, however, the nonimmune employee should not care for this patient).

HANDLING MEDICAL WASTE

Blood and other body fluids can carry the human immunodeficiency virus (HIV), the Hepatitis B virus (HBV), drug-resistant organisms (DRO's) and radioactive waste. Therefore, it is important that all medical waste related to patient care be treated as potentially hazardous. Examples of medical waste include:

- Sharps
- Blood
- Body fluids
- Specimens
- Soiled laundry
- Dirty dressings

Always dispose of medical waste properly.

HAND WASHING

Hand washing is the most effective of all infection control protocols in the prevention of disease transmission.

Hand washing is a simple thing and it's the best way to prevent infection and illness.

Clean hands prevent infections. Keeping hands clean prevents illness at home, at school, and at work. Hand hygiene practices are key prevention tools in healthcare settings, in daycare facilities, in schools and public institutions, and for the safety of our food.

In healthcare settings, hand washing can prevent potentially fatal infections from spreading from patient to patient and from patient to healthcare worker and vice-versa. The basic rule in the hospital is to cleanse hands before and after each patient contact by either washing hands or using an alcohol-based hand rub.

At home, hand washing can prevent infection and illness from spreading from family member to family member and, sometimes, throughout a community. In the home, the basic rule is to wash hands before preparing food and after handling uncooked meat and poultry, before eating, after changing diapers, after coughing, sneezing, or blowing one's nose into a tissue, and after using the bathroom.

Wash Your Hands: The Right Way

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 15-20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend.
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
- Always use soap and water if your hands are visibly dirty.

If soap and clean water are not available, use an alcohol-based hand rub to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast-acting.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

CDC Recommendations for Hand Hygiene

These recommendations are designed to improve hand-hygiene practices of HCWs and to reduce transmission of pathogenic microorganisms to patients and personnel in health-care settings.

Recommendations

1. Indications for hand washing and hand antisepsis

- A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water
- B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items 1C—J. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items 1C--J
- C. Decontaminate hands before having direct contact with patients.
- D. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled.
- H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
- I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- J. Decontaminate hands after removing gloves.
- K. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of HCWs, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.
- M. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.
- N. No recommendation can be made regarding the routine use of nonalcohol-based hand rubs for hand hygiene in health-care settings. Unresolved issue.

2. Hand-hygiene technique

- A. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry
- B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
- C. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.
- D. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings.

3. Surgical hand antisepsis

- A. Remove rings, watches, and bracelets before beginning the surgical hand scrub (II)
- B. Remove debris from underneath fingernails using a nail cleaner under running water (II)
- C. Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.
- D. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2--6 minutes. Long scrub times (e.g., 10 minutes) are not necessary.
- E. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol solution, prewash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.

4. Other Aspects of Hand Hygiene

- A. Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms)
- B. Keep natural nails tips less than 1/4-inch long.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and nonintact skin could occur.
- D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

Change gloves during patient care if moving from a contaminated body site to a clean body site.

7. REPORTING ACCIDENTS

Immediately report to your supervisor any accident that has resulted in personal injury or property damage.

If you are injured on the job, you should report as soon as possible to your supervisor and fill out an Employee's Report of Personal Injury. If the injury is serious, you may be referred to the Emergency Room for treatment. The Occupational Safety and Health Act of 1970 (OSHA) requires employees to report all accidents, which occur, on the job. Failure to report an accident may jeopardize any future Worker's Compensation claim.

8. WORKER'S COMPENSATION INSURANCE

HealthPro carries insurance under State Worker's Compensation for employees who are injured on the job in the line of duty. The worker's compensation law sets forth limitations and procedures on filing claims. For this reason, if you are injured or have an accident while working on the job, report it immediately to your manager.

Your supervisor will investigate the claim and look for ways to prevent future work-related injuries of this type. As part of that investigation, the employee will be asked to complete an injury incident report. It is the responsibility of the supervisor to notify the company designated HR Department. A representative of this department will notify the worker's compensation insurance company to initiate a claim and will establish ongoing communication with the employee, the claim representative and any treating medical personnel. They will also be responsible to identify suitable transitional return-to-work positions when feasible. (Refer to HealthPro's Return-To-Work program)

All Independent Contractors are required to show proof of their own Worker's Compensation insurance policy or a signed document showing that the policy was waived.

9. PATIENT SAFETY

a. JCAHO National Safety Patient Goals

It is the responsibility of all clinical staff to become familiar with the Joint Commission National Patient Safety Goals. (Refer to attachment A at the end of this document for the list). Each facility should have specific policy and procedures in place that address each of these goals. New goals are approved annually by the JCAHO. You are expected to follow each of the critical elements that the facility has implemented in order to meet these safety goals and therefore reduce errors. It is your responsibility to seek out this information at each facility where you are assigned.

b. Risk Management and Incident Reports

Risk Management is the process of reducing or eliminating incidents that may lead to injury, illness or the dissatisfaction of clients and/or their families, visitors, and employees. Through risk management, the facility and its employees can identify various potential risks and ways to prevent incidents from occurring. Comprehensive risk management helps to protect the facility and its employees from lawsuits as well as providing safe, satisfying and cost effective healthcare to patients.

Should any incident occur that might affect the quality of care or safety, an incident report must be filed. The facility will supply you with guidelines for completing an incident report and to whom the incident should be reported. Incident Reports are a key component in the identification of problems, and therefore help to prevent similar incidents from occurring in the future. They are examined and reviewed in order to devise corrective actions. They help to identify trends that may be affecting patient/employee care and safety.

In addition to filing incident reports, members of the healthcare team can practice other risk reducing activities. Good communication between healthcare workers and their patients and families is essential in establishing confidence and “personalized” service. Being a good listener as well as providing compassionate understanding and presenting a bedside manner which is pleasant will add to a patient’s overall satisfaction. This will greatly help to reduce the likelihood of a lawsuit.

c. Sentinel Events

In support of its mission to continuously improve the safety and quality of health care provided to the public, The Joint Commission reviews organizations’ activities in response to sentinel events in its accreditation process, including all full accreditation surveys and random unannounced surveys and, as appropriate, for-cause surveys.

- 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.
- The terms “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

It is the responsibility of all clinical staff to become involved in each facility’s unusual occurrence and sentinel event reporting. You should become familiar with the facility policies related to these topics during your initial orientation period. Staff should also notify the HealthPro Management’s scheduler/recruiter assigned to you with regards to any occurrence or sentinel events of which you are involved.

C. COMPETENCY AND CREDENTIALING PROCESS

It is the policy of HealthPro Management Associates, Inc that staff is competent in the job responsibilities that they fulfill.

The Joint Commission stresses the importance of competence in the *Comprehensive Accreditation Manual for Hospitals (CAMH)*. The CAMH, in an overview of human resource function states that "An initial review of credentials and qualifications is performed," and that during orientation, the hospital confirms the individuals' "experience, education, and abilities." After orientation, "Ongoing, periodic competence assessment evaluates staff members' continuing abilities to perform throughout their association with the organization."

The goal of the Competency Assessment Program is to provide the education, information, and skills necessary to fulfill every performance expectation and job responsibility.

The competence assessment program is composed of three areas:

1. Pre- Employment Assessment

- a. Resume review
- b. Completed Employment Application
- c. Personnel Interview
- d. Skills Assessment

2. Hire/Credentialing Process

At the time of hire, all employees will be responsible for providing proof of the following documents: all required licenses, diplomas, degrees, certifications, documents that establish identity and work eligibility and any additional documentation for employment purposes as requested. Copies of originals will be made and retained by the Human Resource Department.

- e. OIG Medicaid and Medicare Fraud Check
- f. Professional Reference checks (2), one should be from a current or previous supervisor, also letters of professional recommendations are accepted.
- g. License Verification(s)
- h. Criminal Background Check, includes national sex offender authentication
- i. Drug Screening (when required by customer)
- j. Health information to include PPD results (within 1 year of start date), Hepatitis B injection documentation or signed declination form, immunization history and/or titers as required.

3. Orientation Assessment

During the first 3 months (90 day introductory period) of employment, all new personnel will participate in an orientation. The majority of this information will be available electronically. Each pharmacist is held accountable, to review this information and complete the orientation, the minimal orientation requirements are indicated below.

- k. Review of HealthPro's Temporary Employee Manual/handbook
- l. Orientation specific to job responsibilities
 - 1. Review of Job description
 - 2. Review of competency assessment program
- m. Pharmacists will participate in one or more Performance Improvement Initiatives to validate competency related to client hospital pharmacy services provided
- n. Quality Assurance and Risk Management Orientation
 - 1. Review of Performance Improvement Initiative Structure and Function at individual hospital where assigned. Pharmacists should be aware of the JCAHO National Patient Safety Goals and what processes the assigned hospital has in place to meet these goals.
 - 2. Medication Error Reporting system and process at individual hospital where assigned
- o. Completion of all Orientation Assessment Summary/Performance Evaluation

4. Maintenance of Competencies

Annual validation is obtained through a combination of cognitive tests, simulations, education and licensure validation/verification, direct observations, and personal assessment of competency related to client hospital operations. This is an absolute requirement to continue employment with HealthPro Management.

Annual Competencies:

- 1. Ongoing validation of licenses, certificates, etc. will be available to management through the Human Resources Department.
- 2. Employees are responsible to provide copies of current/updated licenses and certificates to the designated Human Resources Representative as they become available.
- 3. Personal continuing education documents are to be maintained by the individual pharmacist, copies of certificates, diplomas or other documentation should be placed in the pharmacist's outlook folder.
- 4. HealthPro requires Pharmacists to complete a sequence of educational modules and associated tests annually to represent the cognitive portion of the program (Annual Competencies). These modules will be sent out electronically.
- 5. Completion of Annual Assessment Summary/Performance evaluation.

HEALTHPRO MANAGEMENT ASSOCIATES

- I accept responsibility for familiarizing myself with the information in these policies;
- I understand changes have been made and will continue to be made in the future and that it is my responsibility to review these changes

I, _____ have read and been given a copy of the HealthPro Management Associates, Inc. Employee Handbook for Temporary Staff and hereby acknowledge and agree to accept and abide by its contents.

Print Name

Signature

Date

Manager: Place in employee personnel file

Attachment A

2009 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

- **Identify patients correctly**

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

- **Improve staff communication**

Read back spoken or phone orders to the person who gave the order.

Create a list of abbreviations and symbols that are not to be used.

Quickly get important test results to the right staff person.

Create steps for staff to follow when sending patients to the next caregiver. The steps should help staff tell about the patient's care. Make sure there is time to ask and answer questions.

- **Use medicines safely**

Create a list of medicines with names that look alike or sound alike. Update the list every year.

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

- **Prevent infection**

Use the hand cleaning guidelines from the World Health Organization or Centers for Disease Control and Prevention.

Report death or injury to patients from infections that happen in hospitals.

- **Use proven guidelines to prevent infections that are difficult to treat.**
- **Use proven guidelines to prevent infection of the blood.**
- **Use safe practices to treat the part of the body where surgery was done.**

- **Check patient medicines**

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

- **Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.**
- **Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.**
- **Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.**

- **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.

- **Help patients to be involved in their care**

Tell each patient and their family how to report their complaints about safety.

- **Identify patient safety risks**

Find out which patients are most likely to try to kill themselves.

- **Watch patients closely for changes in their health. Respond quickly if they need help**

Create ways to get help from specially trained staff when a patient's health appears to get worse.

- **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.