EMPLOYEE HANDBOOK

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WELCOME

Welcome to the Eclat Healthcare Staffing LLC 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 Eclat Healthcare Staffing LLC employees are expected to follow.

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

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

WHY YOU WILL LOVE ECLAT HEALTHCARE STAFFING LLC:

We will always provide the personalized service you expect from a small, family-owned firm. When you call Eclat Healthcare Staffing LLC, 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.

MISSION

Bridge critical staffing gaps with qualified healthcare professionals. Support career growth for caregivers, creating sustainable staffing solutions.

VISION

Healthcare facilities are fully staffed with passionate professionals. Patient care standards are consistently elevated

ADMINISTRATIVE BASICS

Availability of Eclat Healthcare Staffing LLC Office Staff

The Eclat Healthcare Staffing LLC office, located in 18 JAMESTOWN ROAD, SHIPPENSBURG PA 17257 is open Monday through Friday from the hours of 9:00 AM - 5:00 PM. Our local telephone number is (717) 372-9919. Outside of normal business hours and in the event of an emergency, please contact us at (717) 371-7902. Eclat Healthcare Staffing LLC 's on call staff will be available to assist you.

In the event of an emergency, natural disaster or other uncontrollable event, Eclat Healthcare Staffing LLC will continue to provide service to you through our network from a location where phones and computers are functional. Eclat Healthcare Staffing LLC 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.

Work Related Injuries and/or Exposures

Eclat Healthcare Staffing LLC 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 Eclat Healthcare Staffing LLC 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, Eclat Healthcare Staffing LLC 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 Eclat Healthcare Staffing LLC payroll and management directly.

Lunch Break Policy

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

Orientation

Facility orientation information or requirements will be provided to Eclat Healthcare Staffing LLC Employee prior to assignment start by a representative of the client facility.

Clinical Supervision

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

Floating Policy

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

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

- The healthcare provider will immediately notify Eclat Healthcare Staffing LLC,
- The Eclat Healthcare Staffing LLC employee is obligated to inform the facility of his/her professional limitations based upon the Nurse Practice Act standards and upon Eclat Healthcare Staffing LLC client contract specifications as they relate to the assignment.

- The CEO or Clinical Professional at Eclat Healthcare Staffing LLC will work within the bounds of each discipline's Professional Association or State Governing Body and the client agreement to resolve the issue.
- Eclat Healthcare Staffing LLC will pay healthcare professional for hours worked up until the end of his/her shift.
- Eclat Healthcare Staffing LLC will pay nurse for hours worked up until the end of his/her shift.

Code of Business Ethics

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

Eclat Healthcare Staffing LLC has developed corporate compliance guidelines to supplement and reinforce our Eclat Healthcare Staffing LLC facilities' existing policies and procedures. It is also meant to assist Eclat Healthcare Staffing LLC to 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 Eclat Healthcare Staffing LLC reputation for integrity and professionalism is an important objective. The manner in which employees carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
- No employee should, at any time take any action on behalf of Eclat Healthcare Staffing LLC, which is known or should be known to violate any law or regulation.
- Information about a healthcare provider's medical condition and history is required during the hiring process. Eclat Healthcare Staffing LLC recognizes this health information and electronic information must be held securely and in confidence. It is the policy of Eclat Healthcare Staffing LLC that clinical staffs' specific information is not to be released to anyone outside of Eclat Healthcare Staffing LLC without a court order, subpoena or applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of Eclat Healthcare Staffing LLC
- To maintain high standards of performance, Eclat Healthcare Staffing LLC employs only those individuals it believes are most qualified without regard to race, color, religion, sex, age, national origin, handicap or disability in compliance with all federal and state laws regarding discrimination.
- Eclat Healthcare Staffing LLC is committed to maintaining a workplace environment in which employees are free from sexual harassment.
- Eclat Healthcare Staffing LLC will not tolerate violence or threats of violence in the workplace, including but not limited to abusive language, threats, intimidation, inappropriate gestures and/or physical fighting by any employee. These actions are strictly prohibited and may lead to severe disciplinary action up to and including termination.
- Eclat Healthcare Staffing LLC recognizes that its employees and clinical staff are its most valuable assets and is committed to protecting their safety and welfare. Employees are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.
- Employees that are licensed or certified in any profession shall follow all applicable rules and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- Eclat Healthcare Staffing LLC prohibits the use or possession of illegal drugs and alcohol abuse on Eclat Healthcare Staffing LLC property or while engaged in company activity.

- Eclat Healthcare Staffing LLC is committed to providing initial and ongoing education for all employees regarding their responsibilities to uphold the code of business ethics and this set of Eclat Healthcare Staffing LLC Corporate Compliance guidelines.
- Eclat Healthcare Staffing LLC prohibits field staff to discuss bill rates of facilitys or special rates of Eclat Healthcare Staffing LLC with other healthcare providers.
- Eclat Healthcare Staffing LLC prohibits field staff to discuss personal or business affairs of any employee (field or office staff) with any individual not directly involved with the said personal or business affair.
- Eclat Healthcare Staffing LLC is committed to protecting the privacy, confidentiality and security of personal (education, employment and health) information of its employees. This policy is designed to assure compliance with applicable state and federal laws and regulations.
- Eclat Healthcare Staffing LLC is committed to protecting its own and Eclat Healthcare Staffing LLC's trade secrets, proprietary information and other internal information.
- It is the desire of Eclat Healthcare Staffing LLC to provide authorized third parties with information whenever requested while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the employee and/or corporate information.
- Employees are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.

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

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

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

Conflicts of Interest Policy

Eclat Healthcare Staffing LLC is committed to maintaining the highest standards of integrity and transparency in all its business relationships. To the best of its ability, Eclat Healthcare Staffing LLC identifies and discloses any potential or actual conflicts of interest that may arise in the course of business.

Eclat Healthcare Staffing LLC will annually review its relationships and its staff's relationships with vendors, clients, competitors, and regulatory entities to determine if any conflicts of interest exist.

When a conflict of interest is identified, Eclat Healthcare Staffing LLC will promptly disclose the conflict to any parties that may be involved or affected.

Employees of Eclat Healthcare Staffing LLC are not permitted to:

- Maintain additional employment that conflicts with their duties at Eclat Healthcare Staffing LLC,
- Accept gifts (other than those of nominal value), or
- Accept payment, travel, living, or entertainment expenses from any person or organization currently doing or seeking to do business with Eclat Healthcare Staffing LLC,

unless specifically approved by Eclat Healthcare Staffing LLC management.

All employees are required to annually complete and sign a Conflict-of-Interest Disclosure Form confirming that, to the best of their knowledge, no conflict of interest exists as of the date signed.

STANDARDS OF CONDUCT

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

EMPLOYEE RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

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

GENERAL STANDARDS

The following set of standards, are to inform and guide, all staff assigned to work in facility 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 Eclat Healthcare Staffing LLC 's policies and procedures in this regard.
- Interactions with all facility patients, visitors, employees, physicians, vendors, etc., must be conducted in a courteous and professional manner at all times ensuring that Eclat Healthcare Staffing LLC is always presented in the most favorable light.
- The practice of counseling of the patient regarding personal problems and / or participation of the Eclat Healthcare Staffing LLC patient care provider in conversations with patients about topics not relevant to the plan of care--is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly and the selection of "favorites" is not acceptable
- Appropriate language is to be used at all times when a Eclat Healthcare Staffing LLC patient care staff member is at a Eclat Healthcare Staffing LLC client facility, and in any patient care area private and / or public. Abusive, profane, threatening, demeaning, language resulting in violation of HIPPA regulations or compromising patient confidentiality can result in immediate termination
- Touching patients, except in the direct delivery of care or by a greeting, is prohibited
- Socializing with patients and/or patient's significant others outside of the facility is unacceptable
- Socializing with patient's and/or patients' significant others after discharge from the Facility 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 Eclat Healthcare Staffing LLC Staff shall not solicit, and are encouraged not to accept gifts or compensation of any kind from any individual or Eclat Healthcare Staffing LLC outside of Eclat Healthcare Staffing LLC as a consequence of their position at Eclat Healthcare Staffing LLC
- Any inappropriate interactions between patients and staff, staff and staff, or staff and others within the facility will be met with investigation and quick response within the framework of Eclat Healthcare Staffing LLC policy and procedure.
- Employees who are licensed or certified in any profession shall follow all applicable rules or professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- All Eclat Healthcare Staffing LLC patient care staff will be expected maintain English proficiency standards and use English exclusively during all paid working hours.
- The client's name badge must be worn at all times while on assignment, above the waist with name and title fully visible.
- While at the facility, 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 Eclat Healthcare Staffing LLC patient care staff is expected to:
  - Inform the Patient / Family that you are leaving
  - State time you expect return
  - Ask if there is anything the pt. / family needs before you leave

DRESS CODE/FINGERNAIL POLICY

Dress code policy must be followed at all times while on the facility premises. The Eclat Healthcare Staffing LLC dress code includes but is not limited to the following:

- Clothing must be clean, neat, and allow for quick, efficient movement as necessary in the performance of job duties, including emergencies. Professional healthcare attire is acceptable.
- Unacceptable attire includes but is not limited to:
  - Bare midriffs
  - Low cut, tank, tube or sleeveless tops
  - Transparent, provocative, excessively form fitting or revealing clothing
  - Mini skirts
  - Sweat (warm-up) shirts or pants
  - Clothing with printed messages, caricatures or pictorial representations (e.g., university logos, beverage cans, and cartoon characters) applications that have the potential of falling off (e.g. sequins, glitter) shorts. Note:

    Exception business attire that is identified by small logo (e.g., Polo insignia).
  - Denim jeans (any color).
  - Spandex tights or leggings.
  - Fishnet stockings.
  - Hats (other than nursing caps).

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

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

CUSTOMER SERVICE

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

Behaviors of Exceptional Customer Service

1. Take pride and joy in creating a positive experience
2. Smile and be friendly.
   a. Make eye contact

b. Give a genuine warm greeting, using patient/customer name when possible
c. Be positive, talk positively
d. Respect patients and co-workers
e. Take ownership: you are responsible for safety, cleanliness and

confidentiality Standards of Service Excellence

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

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 Eclat Healthcare Staffing LLC Policy and Procedures.

SUBSTANCE ABUSE: DRUGS IN THE WORKPLACE

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

The use, possession, sale or transfer of illegal drugs or alcohol on company property, in company vehicles, or while engaged in company activity is strictly forbidden. Also, being under the influence of drugs or alcohol, while on company property, in company vehicles, or while engaged in company activities is strictly forbidden. A violation of this policy will result in disciplinary action up to and including termination. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy.

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

SEXUAL AND OTHER UNLAWFUL HARRASSMENT

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

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

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

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

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

Upon experiencing or witnessing sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Eclat Healthcare Staffing LLC Corporate Office or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.
All allegations of sexual harassment will be quickly and discreetly investigated. To the greatest extent possible, the alleged victim's confidentiality, that of any witnesses, and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the alleged victim will be informed of the outcome of the investigation.

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

PHYSICAL ASSAULT/WORKPLACE VIOLENCE

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

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

Definitions

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

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

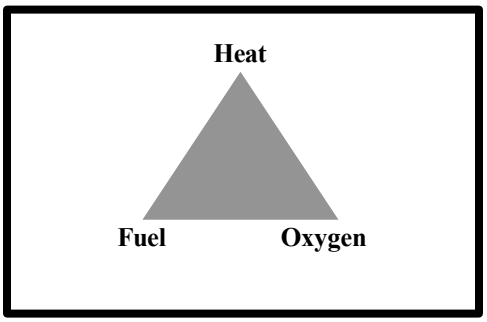
- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times
- Never put door wedges under doors that prevent doors from closing.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all unnecessary traffic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

- Keep telephone lines clear for fire control.

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.

Creation of fire

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



If the sides of the triangle are not allowed to meet – if the triangle does not form, there will be

no fire. In the event of a fire, follow the below action plan:

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

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

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. Facility 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 facility if all or part of the facility is damaged or non-functional.

When there is an emergency situation that could affect many workers, a facility's facility 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

Facility evacuation is an entirely different process than is recommended for schools and factories. Leaving the facility 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 facility. 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 facility 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 facility 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 facility'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 New York 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
- Gloves
- Gown
- Mask

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

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

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

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

HEALTHCARE ETHICS POLICY

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

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

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

This policy applies to all staff members, including:

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

management Ethical Principles

& Professional Conduct Patient

Rights

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

1. Respect and Dignity - Treat all patients with dignity, consideration, and respect for their personal values, beliefs, and cultural practices.

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

Professional & Business Conduct

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

Core Ethical Principles

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

Reporting Ethical Concerns

Eclat Healthcare Staffing LLC fosters a culture of safety where employees may report ethical concerns without fear of retaliation.

Reporting Process:

1. Internal Reporting – Report concerns first to the immediate supervisor at the client facility.
2. Escalation to Eclat Healthcare Staffing LLC – If unresolved, report immediately to your assigned supervisor or the Eclat Healthcare Staffing LLC corporate office at (717) 371-7902 or s.ouardi@ehstaffing.org
3. The Joint Commission – If concerns remain unresolved, employees may report directly to The Joint Commission's Office of Quality and Patient Safety (online, mail, or phone). Eclat Healthcare Staffing LLC prohibits retaliation for such reports.

Incident & Error Tracking

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

Training & Accountability

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

Violations

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

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

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 facilitys 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

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

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

Your commitment to understanding and applying these principles is essential to our mission of providing safe, high-quality care for every patient.

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 facility
   - 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 facility.

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 facility.

6. Prevent patients from falling
   - Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

7. Help patients to be involved in their care
   - Tell each patient and their family how to report their complaints about safety.

8. Identify patient safety risks
   - Find out which patients are most likely to try to kill themselves.
9. Watch patients closely for changes in their health and respond quickly if they need help
   - Create ways to get help from specially trained staff when a patient's health appears to get worse.

10. Prevent errors in surgery
    - Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
    - Mark the part of the body where the surgery will be done. Involve the patient in doing this.

DO-NOT-USE LIST

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

Do Not Use	Why	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) D.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO_4 and $MgSO_4$	Can mean morphine sulfate or magnesium sulfate. Confused for one another.	Write "morphine sulfate" Write "magnesium sulfate"

INFECTION CONTROL: UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

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

Nosocomial Infections

Nosocomial infections are infections which are a result of treatment in a facility 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 facility admission or within 30 days after discharge. This type of infection is also known as a facility-acquired infection.

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

- Facilitys 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 facility 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 facilitys 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 five steps in routine hand washing are:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or an air dryer.

The three steps to round alcohol hand rubs are:

1. Put product on hands and rub hands together.
2. Cover all surface until hands feel dry
3. This should take around 20 seconds

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

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

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

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

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

BLOODBORNE PATHOGENS

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

Hepatitis

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

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

drug use In order to prevent the

spread of Hepatitis:

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

Human Immunodeficiency Virus (HIV)

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

- Sexual route: Acquired through unprotected sexual relations, wherein infected sexual secretions of one partner come into contact with the genital, oral or rectal mucous membranes of another
- Blood/blood product route: Accounts for infections in intravenous drug users, hemophiliacs and recipients

of blood transfusions and other blood products.
- Mother-to-child: Occurs in utero during pregnancy and intrapartum at childbirth.

In order to prevent the spread of HIV:

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

Tuberculosis

Tuberculosis is a common and deadly infectious disease caused mainly BY *Mycobacterium tuberculosis*. Tuberculosis most commonly attacks the lungs (but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, bones, joints and even the skin. Tuberculosis is curable, but it involves taking medication for a very long time. TB is caused by airborne bacteria and spreads through coughing, sneezing, talking, laughing, and breathing.
Healthcare professionals and persons exposed to TB need to have a Purified Protein Derivative (PPD) skin test or a chest X-ray. Positive test results indicate the person is infected with TB but may not have TB disease. He or she may be given preventive therapy to kill germs that are not doing any damage now but, could break out later.

To protect yourself and others from contracting tuberculosis, follow your facility's recommended Special Precautions in addition to Standard Precautions.
Special Precautions for the treatment of TB patients:
- Place TB patients in private rooms.
- Ventilate rooms directly to the outside, if possible, to prevent the circulation of TB germs to other areas of the facility.
- Wear a special "fit-tested" mask (and receive training in how to wear it correctly) when entering the room and while in the room.
- Explain to patients and visitors how to use special masks.
- Keep patients in their rooms as much as possible.
- Encourage patients to cough or sneeze directly into tissues and to dispose of them.
- Have patients wear masks when being transported to other areas of the facility

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 mediations 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 facility's policy for corrections. Sign and date the entry.

Example:
4/19/07 0800: Pt found on floor in ~~room~~ LN hallway;
BP:165/66 VS: 36.8-136-20
Dr. Jones notified. Orders for MRI obtained

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

employees and prevent injuries.

BEHAVIOR MODIFICATION RESTRAINT: "Behavior modification restraint means the use of a physical or mechanical 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 facilityization 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 restraint a confused patient from pulling at naso-gastric tube or intravenous line), a separate consent should be obtained when possible. In the case of a minor, consent should be obtained from the parents or guardian. In the case of a confused or comatose adult, consent may be obtained from the immediate family or conservator.

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

Medical Restraint without Permission

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

Steps to follow:
1. An assessment of the patient, either by physician or a registered nurse, is required prior to instituting medical restraint. The assessment shall consider the use of less restrictive means to protect the patient and shall be documented in the medical record.
2. Medical restraint shall be imposed upon the order of a licensed independent practitioner. In an emergency, a registered nurse may initiate the use of a medical restraint (without consent). The emergency implementation shall continue beyond one hour only with a physician's order. Verbal orders may be accepted.
3. All physician orders for medical restraint shall be time limited. PRN orders shall not be given or accepted. Upon expiration of the time-limited order, a physician must review and renew the order.
4. Devised to be used may include soft ties, Posey vests, mittens, etc. Hard leather restraints shall not be used for medical restraint.
5. Any patient in medical restraint (without consent) shall be observed at intervals not greater than fifteen minutes. The exact time interval of observation may be more frequent and shall be determined by the clinical condition of the patient. Staff shall document these observations in the medical record at the end of each shift of 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 facility 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 facility has a disaster plan designed to direct how to carry out patient care during an internal and external disaster. Always be prepared to respond to the following situations: Actual colors associated with specific emergency situations may vary from one facility to another.

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

What is my role in a disaster?

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

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

Communication

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

Supplies and Equipment

Backup supplies and equipment are available for disasters.

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 mediations.

People in this age group are beginning to lose friends and loved ones to the inevitable process of death and dying. Facilityization 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 facilityized 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 facility 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. Facilityization 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 increase. 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 facilityization 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 facilityized, 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 facility once the patient has been stabilized and once the facility has verified that that the next facility has room.

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

If you will be working in ER, please make sure you receive and complete Eclat Healthcare Staffing LLC 's education module on EMTALA.

THE HIPPA PRIVACY RULE

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

- Only information that is pertinent to a patient's treatment may be disclosed to other practitioners. Only authorized facility 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 (Eclat Healthcare Staffing LLC) and the Joint Commission.

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

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

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

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

What information is protected?

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

What types of information is protected?

- Paper records

- Computerized information
- Oral communication

What are examples of PHI?

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

Releasing Patient Health Information (PHI)

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

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

Who are the Records Custodians?

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

What are the Authorization Requirements?

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

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

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

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

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

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

How is Protected Health Information handled for Minors?

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

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

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

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

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

BODY MECHANICS

With the use of proper body mechanics and ergonomics (the undersigning of the 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 form 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 though 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 asses their level of acceptance.
- Include cultural diversity concept in the education of medical personnel and the orientation of facility 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 facility personnel do not speak the same language. Also, patients and staff may operate on different beliefs, values, clocks, causing confusion and resentment for all parties.

Time

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

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

Space

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

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

Touching

When people touch physically it mean different things.

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

congratulate

Communicate

When you communicate, be aware of:
- Tone of voice
- Body posture
- Breathing rate
- Distance
- Timing and pacing of speech patterns

DISCHARGE PLANNING

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

WHAT IS FACILITY DISCHARGE PLANNING?

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

If a patient needs help arranging nursing home care, ask the doctor to contact the Social Work Department. If a facility 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 facilitys must meet the following standards:

- Facilitys 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 facility 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 facility 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 facility's discharge planner should provide information about local nursing homes, and should help identify homes that have vacancies.

The facility 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 facility believes that a patient no longer needs facility 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 facilityization, subject to the patient's right to appeal. The notice and appeals rights are discussed below.

PATIENT RIGHTS AND RESPONSIBILITIES

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

The Patient's Bill of Rights

The Patients' Bill of Rights was conceived in 1998 by the U.S. Advisory Commission on Consumer Protection and Quality in the Heath 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, facilitys 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 dictions 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 facility if the employee is providing direct care to the patient or is involved in the facility's financial affairs
- Be a patient of the facility
- Have a claim against the facility

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 facility's emergency powerhouse generators. When normal service fails, the generators support essential building systems, fire safety systems and pre-designated medical equipment. Most facilitys 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: Facilitys 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 facility 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 facility medical gas storage systems. Medical Gases are distributed to specific outlets throughout the facility. Medical Air is also distributed via special outlets throughout the facility.
- 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 Facility'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 of fire sprinkler systems. They produce audible alarms and visual strobe signals.
- Pneumatic tube systems
- Telephones
- Computers

Code White: Utility Failure

The purpose of a Code White is to alert employees to a facility-wide failure of one or more of the above utility systems. All departments and units have Utility Failure Plans that identify what action you need to take in the event of one of more utility failures. Make sure you know the location of the Utility Failure Plan and contact the Facility 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 experience or express their pain alike. The most reliable indication of the existence and intensity of pain is the

patient's testimony, and its measurement is considered the 5th vital sign. Many factors can influence the severity of pain, including the personal meaning of pain, additional anxiety, tension, depression, fatigue, and sleeplessness. Chronic pain is the most frequent cause of reduced quality of life. Untreated acute pain in facilityized patients can cause longer facility 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.

<u>Relaxation and distraction techniques</u>

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.

<u>Physical Interventions</u>

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 acetominophen (Tylenol) are generally available in both over-the-counter and prescription strengths. Non-opoids 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:

- Corticosteriods
- 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 facility 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 facility 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 Policy (Staff and Customer)

Eclat Healthcare Staffing LLC is committed to excellence in professionalism, ethics, and service quality. This policy outlines a fair, transparent, and efficient process for addressing complaints or concerns from staff, healthcare professionals, and customers, ensuring that every issue is handled responsibly and resolved in a timely manner.

The goals are to:

- Promote a culture of responsiveness and continuous improvement.
- Identify root causes of complaints and address them through process or system improvements.
- Prevent reoccurrence of similar issues and reduce risk to customers, staff, and the organization.
- Strengthen accountability through documentation, analysis, and corrective action.

This applies to all Eclat Healthcare Staffing LLC employees, contracted clinical professionals, and customers. Every individual is entitled to fair and equal service, accommodations, and consideration under this policy.

A Complaint is any expression of dissatisfaction written, verbal, or otherwise by a client, staff member, patient, or third party concerning the quality of services, staff conduct, or business practices of Eclat Healthcare Staffing LLC.

Filing a Complaint

Eclat Healthcare Staffing LLC encourages open communication and prompt reporting of any concerns.

- Timeline: Complaints should be filed within 30 days of the alleged incident.
- Submission: Complaints must be submitted in writing whenever possible and should clearly describe the event, concern, or issue, including relevant dates, persons involved, and supporting details.
- Initial Contact: The individual should contact Eclat Healthcare Staffing LLC Management or the Clinical Professional assigned to their case or worksite.
- Intake Process: A formal intake interview (in-person or by phone) will be conducted by management or the designated Clinical Professional to ensure the concern is accurately documented.

Investigation and Review Process

1. Preliminary Review:

- Complaints are screened to determine if sufficient information exists for investigation.
- The assigned Clinical Professional will assist management in assessing any clinical or patient care–related concerns.

2. Investigation:
   - The complaint will be investigated by management in collaboration with the Clinical Professional, who will evaluate the clinical aspects and ensure adherence to professional standards of care.
   - Witnesses and involved individuals may be interviewed.
   - Relevant records and documentation will be reviewed.

3. Reporting to Licensing Authorities:
   If the complaint involves:
   - Allegations of clinical negligence,
   - Unethical or unprofessional conduct by a licensed nurse or clinician, or
   - Violation of nursing standards of practice,

4. The Clinical Professional will report the concern to the appropriate State Board of Nursing or regulatory authority in accordance with legal and ethical obligations.

5. Confidentiality:
   All complaint information is handled confidentially and disclosed only as required by law or regulation, ensuring respect for privacy and professional integrity.

Resolution and Corrective Action

Complaints may be resolved at any time during the process. All parties will be given the opportunity to provide information, ask questions, and propose solutions.

If a complaint is substantiated, corrective or disciplinary action will be taken, which may include:

- Restoration of previously denied rights or privileges.
- Reimbursement for verified out-of-pocket losses.
- Modification of procedures or practices.
- Counseling, retraining, or disciplinary action for involved personnel.

- Notification to licensing boards or professional agencies when legally required.

Customer Escalation Process:

Eclat Healthcare Staffing LLC aims to resolve all issues quickly and fairly.
If a customer or staff member is dissatisfied with the outcome, they may escalate the concern to:

Eclat Healthcare Staffing LLC Corporate Office
📞 (717) 372-9919

A corporate representative will review the matter and collaborate with the Clinical Professional and management to reach an appropriate resolution.

If the complaint involves patient care quality or safety and remains unresolved, the individual may contact:

The Joint Commission: Office of Quality Monitoring
🌐 www.jointcommission.org
📞 (800) 994-6610 📠 (630) 792-5636

Eclat Healthcare Staffing LLC prohibits any form of retaliation or disciplinary action against individuals who report safety or quality concerns in good faith.

Commitment to Continuous Improvement

Eclat Healthcare Staffing LLC collects and reviews complaint data to identify trends and implement preventive measures. Management and the Clinical Professional jointly analyze outcomes to improve policies, clinical practices, and customer satisfaction.

HUMAN RESOURCES: EMPLOYMENT APPLICATION PROCESS

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

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

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

<u>Proof of Citizenship or Ability to Work as Required by Law</u>

Eclat Healthcare Staffing LLC verifies eligibility to work in the United States. The U.S. Immigration and Naturalization Service requires 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

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

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

License Verification/Certification &Education

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 Eclat Healthcare Staffing LLC and its clients. Eclat Healthcare Staffing LLC conducts primary source verification of professional licenses in all states where Eclat Healthcare Staffing LLC is employing the provider or offering placement for the provider, with the appropriate licensing bodies to verify issue date, expiration date, active status of the 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 Eclat Healthcare Staffing LLC, and falsification of any documentation will render the applicant completely ineligible for employment with Eclat Healthcare Staffing LLC.

Positions that require a specific educational requirement and/or certification must have verification of such. Where education and licensure are required, but the license may not be obtained without meeting the education requirements, it is not necessary to confirm education, but only to verify the license (A 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 in removal from duties and progressive discipline. Employees are required to immediately notify Eclat Healthcare Staffing LLC if a license/certification is suspended or revoked prior to education.

Reference Checking

Eclat Healthcare Staffing LLC verifies at least two references 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 facility, 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 80%. 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 80% within the first two attempts is automatically ineligible for employment with Eclat Healthcare Staffing LLC.

Health Screening

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

- Clearance for Work is only required when specified in the written agreement between Eclat Healthcare Staffing LLC and its clients. If required, the applicant will submit a written clearance for work conducted within the last twelve months before the hire date. The Clearance for Work shall include whatever specifications are in the written agreement between Eclat Healthcare Staffing LLC and its clients, which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that the employee is physically and medically qualified to perform the duties to be assigned. In addition, annual physicals are only required when specified in the written agreement between Eclat Healthcare Staffing LLC and its clients.

- Tuberculosis Tests: These tests are only required when specified in the written agreement between Eclat Healthcare Staffing LLC and its clients. TB tests, if required, may need to be conducted within the last twelve months before the 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 Eclat Healthcare Staffing LLC and its clients. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter when specified in the written agreement between Eclat Healthcare Staffing LLC and its clients.

Interview and Education

Applicants whose qualifications are in question are interviewed by the CEO and the clinical professional. Interviews are designed to determine the 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 Eclat Healthcare Staffing LLC 's general policies and procedures and specific administrative policies on overtime and scheduling. Orientation is also provided for select facilities, as specified by select client facility.

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 blood-borne 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. The form will be retained in the Eclat Healthcare Staffing LLC 's personnel record.

Each position within Eclat Healthcare Staffing LLC has a detailed job description defining:

- Title and reporting structure
- Essential duties and responsibilities
- Required education and licensure
- Competency expectations
- Performance evaluation standards

Certified Nursing Assistant (CNA) Job Description

The Certified Nursing Assistant (CNA) provides direct patient care and assistance under the supervision of a licensed nurse, ensuring the comfort, safety, and well-being of patients or residents. The CNA plays a vital role in maintaining the dignity and quality of life of those under their care, while adhering to all facility and Eclat Healthcare Staffing LLC policies, procedures, and regulatory standards.

Essential Duties and Responsibilities

- Assist patients with activities of daily living (ADLs), including bathing, dressing, grooming, toileting, feeding, and mobility.
- Measure and record vital signs such as temperature, pulse, respiration, and blood pressure as directed.
- Assist with patient transfers, positioning, and ambulation using proper body mechanics and equipment.
- Observe and report any changes in patient condition or behavior to the supervising nurse promptly.
- Maintain a clean, safe, and comfortable environment for patients and residents.
- Assist in the care, cleaning, and maintenance of patient equipment and supplies.

- Support patients' emotional and social well-being by providing companionship and respectful communication.
- Maintain patient confidentiality and comply with HIPAA regulations.
- Adhere to infection prevention, safety, and facility protocols at all times.
- Document care provided and patient responses accurately and promptly in facility records.

Qualifications

- Education: High school diploma or equivalent required.
- Certification: Current and valid Certified Nursing Assistant (CNA) certification in the state of practice.
- Licensure: Must be in good standing with the state registry.
- Certifications: Current Basic Life Support (BLS) or CPR certification.
- Experience: Minimum of six (6) months of recent experience as a CNA in a healthcare facility preferred.

Skills:

- Compassionate, patient, and dependable demeanor
- Strong communication and interpersonal skills
- Ability to work collaboratively with nursing and support staff
- Basic knowledge of infection control and safety procedures

Licensed Practical Nurse (LPN) Job Description

The Licensed Practical Nurse (LPN) provides direct patient care under the supervision of a Registered Nurse (RN) or physician, following established nursing standards and facility protocols. The LPN promotes patient safety and comfort while assisting in the assessment, planning, implementation, and evaluation of care for individuals across various clinical settings.

Essential Duties and Responsibilities

- Provide direct nursing care and assist in implementing patient care plans as directed by the supervising RN or physician.
- Administer medications and treatments accurately in accordance with physician orders and facility policies.
- Observe, record, and report patient conditions, reactions, and progress to the supervising nurse or physician.
- Assist with patient assessments and contribute to developing individualized care plans.
- Collect specimens and perform basic laboratory tests as ordered.
- Maintain accurate and timely documentation in the medical record.
- Educate patients and families regarding medications, treatments, and health maintenance.
- Monitor and maintain infection control and safety standards.
- Supervise and direct Certified Nursing Assistants (CNAs) or other support staff as needed.
- Respond to medical emergencies and perform interventions within the scope of LPN practice.
- Maintain confidentiality and adhere to HIPAA and facility policies at all times.

Qualifications

- Education: Graduate of an accredited practical nursing program.
- Licensure: Current and unrestricted Licensed Practical Nurse (LPN) license in the state of

practice.
- Certifications: Current Basic Life Support (BLS) certification
- Experience: Minimum of one (1) year of recent clinical experience in an acute care, long-term care, or similar healthcare setting preferred.

Skills:

- Strong clinical assessment and medication administration skills
- Excellent communication and documentation abilities
- Ability to function effectively within interdisciplinary teams
- Proficiency with electronic health record (EHR) systems
- Compassionate, dependable, and professional demeanor

Registered Nurse (RN) Job Description

The Registered Nurse (RN) is responsible for delivering safe, effective, and patient-centered nursing care in compliance with facility policies, professional standards, and state regulations. The RN works collaboratively with physicians, allied health professionals, and facility staff to promote optimal patient outcomes.

Essential Duties and Responsibilities

- Assess, plan, implement, and evaluate individualized nursing care plans for assigned patients.
- Administer medications and perform treatments according to physician orders and facility protocols.
- Document patient assessments, interventions, and outcomes accurately and promptly.
- Monitor patient conditions and report changes to appropriate personnel.
- Provide patient and family education regarding treatment plans, medications, and health maintenance.
- Ensure adherence to infection control and safety protocols.
- Collaborate effectively with interdisciplinary team members to ensure continuity of care.
- Maintain patient confidentiality and comply with all HIPAA regulations.
- Demonstrate professionalism, compassion, and cultural sensitivity in all interactions.

Qualifications

- **Education:** Graduate of an accredited nursing program (ADN or BSN).
- **Licensure:** Current and unrestricted Registered Nurse (RN) license in the State of assignment.
- **Certifications:** Current BLS certification (ACLS, PALS, or other certifications as required by assignment).
- **Experience:** Minimum of one (1) year of recent clinical experience in an acute care, long-term care, or related setting.

Skills:

- Strong clinical judgment and critical thinking skills
- Excellent communication and documentation abilities
- Ability to adapt to multiple facility environments
- Proficient in use of EHR and other clinical systems

Clinical Competence Assessment Activities

Clinical professional participates in the following competency-related functions to ensure high-quality care delivery and staff performance:

- Determining whether clinical staff possess appropriate education, background, and experience for assigned placements.
- Supporting clinical personnel during active assignments and assisting with clinical or administrative concerns.
- Conducting and documenting initial, periodic, and annual competency assessments.
- Developing remediation plans for staff with identified performance gaps and establishing reassessment frequency.
- Reviewing skills assessment results and verifying completion of specialty checklists.
- Reviewing client or customer evaluations of staff clinical performance.
- Addressing client complaints or performance issues and initiating corrective actions.
- Contributing to annual and corrective performance evaluations for clinical staff.

All findings from these assessments are documented in the employee's personnel record and incorporated into their performance review and continuing education plan.

Maintaining Nursing Personnel Files

HR maintains all personnel files and monitors relevant requirements and their expirations. Requirements are kept current through daily alerts of soon-to-expire or expired requirements.

Orientation

Eclat Healthcare Staffing LLC will provide all new employees with an orientation to the company's policies and procedures. Each employee will receive a Eclat Healthcare Staffing LLC 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 before the work assignment start date. The Recruiter will explain the required orientation to all employees prior to scheduling the first shift with a facility. Orientation time worked at the facility is paid at the orientation rate. (Usually less than the regular pay rate)

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

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

- Report approximately one (1) hour early for orientation (it may vary for each facility).
- Carry photo ID badge for evidence of identity when reporting for assignment.
- Take your nursing license and certifications with you.
- Report to the appropriate supervisor.
- It is expected that the healthcare practitioner locates and complies with the facility policy and procedures manual, as well as locates fire pulls, crash carts, medication rooms, linen carts, 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, an employee may show up early as directed for orientation shift, but no one is available for orientation. Please take it upon yourself to utilize this time to become familiar with the floor layout and the location of vital items you may need to function effectively on your shift. It will be to your advantage to know the location of the policy and procedures manual, fire pulls, crash cart, med. room, linen cart, and appropriate exits before the onset of your shift.

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

- Age Specific
- Disaster Preparedness
- Cultural Diversity
- Environmental Safety
- Hazardous Chemicals
- HIPAA
- Infection Control/Bloodborne Pathogens
- Abuse
- Domestic Violence
- Ethics for Healthcare
- Annual National Patient Safety Goals
- Pain Awareness
- Patient Restraints
- Patient Rights
- Workplace Violence (HR 3)

PERFORMANCE IMPROVEMENT AND EDUCATION PROGRAM

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

Initial Assessment

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

Annual Assessments

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

- The charge nurse, nurse manager, or client designee assesses clinician once during their assignment or at least annually. The assessment focuses on professionalism, safety, patient care, compliance, assessment, planning, and documentation.

Any unsatisfactory scores will be reviewed and discussed with each nurse, and methods for improvement will be recommended by the Eclat Healthcare Staffing LLC CEO or Clinical Professional. For more information on the Eclat Healthcare Staffing LLC Progressive Discipline Program, please see the Progressive Discipline Program.

Periodic Assessments

Eclat Healthcare Staffing LLC CEO or Clinical Professional conducts annual assessments of all staff. Annual performance evaluations are solicited via phone calls to review clinical performance based on client feedback. The CEO and the clinical professional and clients evaluate the employee's job performance based on the functions and standards as outlined in the job descriptions. The CEO and the clinical professional and the employee will identify strengths, accomplishments, and areas for improvement and development. All client reviews, including initial and random assessments, are also incorporated into the annual performance review.

If performance improvement is required, written recommendations identifying the expected performance will be created and will be used to gain the employee's commitment to performing to those expectations. The CEO and the clinical professional will provide written coaching, resources, and suggestions to assist the employee in working toward the performance expectations established in this phase. In the event that a Performance Plan is created, it is expected that the CEO and the clinical professional Conducts Progress Checks or informal reviews of performance to determine if the agreed-upon goals and objectives are being achieved, to recognize achievements, to discuss developmental needs, and/or to provide assistance in the accomplishment of performance goals.

Eclat Healthcare Staffing LLC Performance Review

- Every healthcare professional employed by Eclat Healthcare Staffing LLC who is currently working or has worked in the last year will have an annual performance evaluation carried out by Eclat Healthcare Staffing LLC on the anniversary of their date of hire.

- Per diem providers are eligible for annual evaluations if they worked a minimum of 8 hours during the preceding year and are active during the current year at the anniversary of the date of hire.
- Eclat Healthcare Staffing LLC will attempt to obtain feedback from client representatives regarding clinical staff competence and ongoing performance of professional behaviors. Unfortunately, some clients will not cooperate with Eclat Healthcare Staffing LLC in this regard, so the Eclat Healthcare Staffing LLC representative may conduct phone solicitation of feedback from its clients.
- Feedback from our clients regarding clinical and/or professional performance is addressed with our employees immediately. Follow-up with our clients is completed within an appropriate time frame.
- Annual skills checklists that apply to the specialty area of work will be completed by every health professional employed by Eclat Healthcare Staffing LLC.
- When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.
- The company assesses aspects of the employee's competence at hire, at performance evaluation, and as needed or required by state licensing agencies to ensure that Eclat Healthcare Staffing LLC clinicians have the skills or can develop the skills to perform and continue to perform their duties.
- The CEO and the clinical professional are responsible for ensuring that any identified areas of development are addressed.

Education

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

Disciplinary Action

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

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

- Accepting an assignment and not reporting to work or not notifying us.
- Unauthorized possession, use, or removal of property belonging to Eclat Healthcare Staffing LLC or any client of Eclat Healthcare Staffing LLC
- Failure to comply with all safety rules and regulations, including the failure to wear safety equipment when instructed.
- Reporting to work under the influence of alcohol, illegal drugs, or in possession of either item on company premises or work sites of client companies.
- Lewd, unacceptable behavior, possession of weapons or explosives and provoking, instigating or participating in a fight is prohibited at Eclat Healthcare Staffing LLC and/or at its client facilitys.
- Violation of the harassment policy.
- Insubordination of any kind is grounds for immediate termination. (For example, refusal to carry out your supervisor's reasonable works request).
- Leaving an assignment without notice i.e., patient or assignment abandonment.
- Falsifying records, including but not limited to time records or claims pertaining to injuries occurring on company premises or work sites of client companies or personnel records.
- Disclosing confidential information without authorization.
- Disregard for established policies and procedures.
- Excessive cancellations or tardiness.

- Discourtesy to clients or fellow employees.

Do Not Send Policy and Process

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

Below is the Termination Policy.

- Following the Termination Policy are the Do Not Send Prevention Curriculum and the Do Not Send Prevention Quiz
- **You will be held responsible for the information in the curriculum** and quiz in both your clinical and professional / behavioral performances **every time you work for Eclat Healthcare Staffing LLC**
- Please take the quiz and return only the answer sheet to us within 14 days in the enclosed self-addressed-stamped-envelope.

  - ***When a performance issue arises, Eclat Healthcare Staffing LLC will use the point system outlined below. As you can see, significant performance issues or ongoing performance issues could result in termination. By implementing this program, it is our goal to reduce the number of performance issues and/or Do Not Sends.***

Termination Policy

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

1 Point — Attitude / lack of professionalism / customer service

2 Points

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

3 Point

- Danger to patient.
- No call No show.
- Departing facility before end of shift secondary to dissatisfaction with assignment.
- Do Not Send from any Travel Assignment regardless of origin

5 Points

- Illegal Behavior (Includes false identity; falsified documentation,
- use of or distribution of controlled substances etc.)
- Pt. abandonment. When nurse is under investigation for above behavior they will be considered terminated until exonerated from all accusations.
- Error resulting in Pt. Death or Permanent physical or mental damage
- Self-terminating travel assignment without proper notice to facility or Staffing Agency.

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

Please feel free to contact the Eclat Healthcare Staffing LLC office, if you have any questions

Do Not Send Prevention: Curriculum

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

1. Be on time to all shifts.

- Be 30 to 45min early, arriving to the floor, when working at a facility for the first time. To ensure being on time, preparation begins the night before, or day of your night shift. Have clothes, nursing tools, lunch etc. prepared before sleeping.
- Get to bed early to ensure 8 hrs of sleep.
- Awake early enough to eat before you leave for shift.
- Make sure you have accurate directions and facility phone number before you begin driving to the shift. Do not sign in and out at the same time!

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

2. Take a detailed report.

- Head to toe, system by system, Neuro to Skin.
- Review your patient's charts, (ten to twenty minutes per chart) after report, and before lunch.

Rationale: This is of paramount importance! Sets the tone for the start of the shift, provides the foundation for the plan of care, focus of initial assessments and interventions.
Taking a detailed report and reviewing the pt's chart during the first half of your shift also prepares the Agency nurse to give a knowledgeable, relevant report.

3. Show Initiative.

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

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

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

4. Avoid handling personal business during shift.

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

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

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

- Some Facilities want two nurses to sign off on all **insulin** administration, **narcotic** administration and **lab specimens**. Please respect all of our facilities policies and procedures, without complaint or argument.

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

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

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

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

6. Practice the 6 rights of medication administration.

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

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

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

medication errors are almost always preventable.

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

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

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

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

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

- Having the charge nurse review our documentation, within a couple of hours of the end of your shift, displays exceptional accountability, reduces the healthcare provider and facility's exposure to liability. Thorough documentation also helps convey important information to the following shift and ensures the necessary facts will be available when and if the chart is reviewed in the future.

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

9. Practice excellent customer service.

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

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

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

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

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

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

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

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

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

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

Do Not Send Prevention: Quiz

1. **Its 4:45 a.m. and La Tasha Davis has just been confirmed for the day shift at a Medical Center across town from her. La Tasha lives in across town from and has never been to the Medical Center. Which of the sequences will below provide La Tasha with greatest chances of making a great first impression and having a successful shift?**

    a. Wake up at 6:15 a.m., take a shower, get dressed, hit the road @ and head in general direction of the facility and call for directions from the car.

    b. Get out of bed at 0500 obtain detailed directions and the nursing office phone number. Eat a small healthy breakfast, shower, dress neatly, gather nursing tools (ID badge, medication book, stethoscope etc.) and be on the road by 0545.

    c. Get out of bed at 0500 go to the gym, come home, shower, get dressed, walk the dog, be on the road at 0705, call the staffing firm and say she got lost.

    d. Refuse to go to the Medical Center located across town, call the staffing firm at 0730 and ask if the facility she usually works at has any late call needs.

2. **Lynn Carson RN is alone at the Nursing station in a facility in which she has been working twice a week, for over year, she is faxing a new order to the Pharmacy. Before Lynn leaves the Nursing station the phone rings, and several lines are blinking. Which of the following answers is the best example of excellent customer service?**

    a. Lynn looks around and sees the unit secretary speaking to the charge nurse, the nurse manager, and two executives with facility badges and wearing suits and yells out to the secretary that the "phones are ringing!" and walks away from the Nursing station.

    b. Lynn answers the phone lines and politely explains to every caller that she is not the unit secretary and cannot help them before hanging up, and walking away from the Nursing station.

    c. Lynn finishes faxing her new medication order to the Pharmacy, doesn't acknowledge any of the phones ringing and walks away from the nursing station.

    d. Lynn sits down at the nursing station answers all the lines and directs the calls courteously and

professionally. Lynn then remains at the nursing station, handling the phones for a few minutes until unit secretary returns. Lynn then passes along all relevant information upon being relieved.

3. **Kenny Slater RN has an extremely heavy assignment working day shift in a very busy Telemetry unit for the first time. Kenny's patients tell him he has done a great job. However, the night shift Charge Nurse makes Kenny a Do Not Send, stating incomplete documentation as the reason. Which of the options below is the most reliable way to prevent this from happening in the future?**

    a. Kenny could have communicated the condition of his patients, explained how busy he was, asked for help and requested the dayshift Charge Nurse to audit his charts several hours before his shift ended.

    b. Kenny could have avoided fulfilling his pts requests, not followed up on MD orders, and missing medications and made completing his documentation his first priority.

    c. Kenny could have stated that his assignment was unfair and unsafe then complained to his patients and their families.

    d. Kenny could have done nothing more; it wasn't his fault. It was the facility's fault for giving him such a hard assignment and not showing him all the details of the documentation process in the first place.

4. **An MD on a pediatric floor order .1mg of M.S. prn q 1º and a Dig level QD. Please write in the correct versions of the abbreviations used above, which comply with Joint Commission National Patient Safety Goals.**
    a. *0.1mg of Morphine Sulfate prn q 1 hour, Digoxin level daily*

5. **Its 0930 and Ude Amin RN, who also works as a Real Estate agent, is working in the ICU. At the end of her morning break, Ude checks her voice mail. Ude finds out an offer for a 2-million-dollar property, from one of her clients, has been accepted! Which of the following actions would be appropriate?**

    a. Ude tells the Charge RN she has a severe family emergency and leaves the facility immediately.

    b. Ude excitedly calls the seller's broker back from the Nursing station, and asks him to fax the counter offer to the ICU, so she can fax it to her client right away.

    c. Ude waits until her lunch break to call the seller's broker back. She uses her mobile phone outside of the facility.

    d. Ude uses the nursing station computer, logs on to the internet, and prints out pictures of the 2-million-dollar house she just sold. She then borrows another RN's calculator to estimate the commission she expects to earn from the sale.

REPORTING ANY ISSUES

Assignment Issues

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

Common issues that may arise are:

- Conflict with facility 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 Eclat Healthcare Staffing LLC for mediation
3. Complete an incident report at the facility (if required)
4. Complete an incident report at Eclat Healthcare Staffing LLC (if required)

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

In the event of exposure to any blood borne pathogens:
1. Adhere to appropriate decontamination procedures
2. Contact the charge nurse or nursing supervisor for assistance
3. Inform Eclat Healthcare Staffing LLC immediately of exposure

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

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

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

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

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

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
Eclat Healthcare Staffing LLC 's CEO or Clinical Professional.

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 Eclat Healthcare Staffing LLC of any clinical incidents that occur while on assignment, regardless of an adverse outcome.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variatio n 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 facility 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 facility 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 facility where he or she receives care, treatment or services.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall
- Hemolytic transfusion reaction involving major blood group incompatibilities
- A foreign body, such as some sponge or forceps that was left in a patient after surgery

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

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

Access the most updated Sentinel Event Policy here:
https://www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/sentinel-event-policy-and-procedures

Internal Reporting Procedures for Sentinel Events
All staff are expected to take the following steps immediately upon recognizing a sentinel event:

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

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

Joint Commission's Sentinel Event Policy

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

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

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