



EMPLOYEE HANDBOOK



Welcome to the team!

At Trusted, we are proud and grateful to work with professionals who represent and bring to life our mission to deliver the care everyone deserves. Trusted Health is committed to innovation, inquiry, and modernizing the way care is delivered to optimize for safety, quality, and efficiency.

We take pride in our employees' commitment to professionalism, clinical expertise, and excellence. To ensure mutual success in this commitment, we have prepared this handbook to provide you with a basic understanding of our mission, vision, policies, as well as your responsibilities as an employee. It was prepared to make you aware of what you can expect from us – and what we will expect from you.

You are required to review this handbook as it will serve as your point of reference for any standards, policies, and practices that Trusted Health employees are expected to follow. You will be asked to sign an acknowledgement form which will be kept on file for our records. Any questions regarding this handbook's content or company policies should be addressed through your Nurse Advocate or the Trusted Health Concierge.

This handbook should not be construed as an employment contract or an agreement for employment for any specified period of time. If any information contained in this handbook conflicts with and any of the above, those laws, rules and policies take precedence over the information provided in this handbook.

Trusted Health reserves the right to withdraw or change the policies, procedures, benefits, and working conditions described in this handbook at any time, for any reason, and without prior notice. We will make every effort to notify employees when an official change in policy or procedure has been made, but employees are responsible for their own up-to-date knowledge about our company's policies, procedures, benefits, and working conditions. All previously issued handbooks and any inconsistent policy or benefit statements or memoranda are superseded.

Trusted Health is an equal opportunity employer. Religion, age, gender, national origin, sexual orientation, race, or color does not affect hiring, promotion, development opportunities, pay, or benefits. Trusted Health provides for fair treatment of employees based on merit and complies with all applicable federal, state, and local labor laws.

Best,
Trusted Health

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Administrative Basics

Contacting Trusted Health

Trusted Health HQ Contact Information

For your reference, we have included basic contact information for Trusted Health HQ.

- Location: San Francisco, CA
- Hours: Monday through Friday, 9:00am to 6:00pm
- Telephone: 415- 466-1466

Emergency Contact

Please note that in the case of emergencies, you may call us outside of the listed hours at the phone number listed above.

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

Clinical Supervision

The President and/or Clinical Liaison provide clinical staff supervision for Trusted Health's healthcare professionals. Both individuals will have an understanding of the scope of services provided by the disciplines supervised and will consult with the appropriate practice acts, the professional licensing and certification boards, and professional associations as clinical resources, as needed. It is their responsibility to identify and report aberrant or illegal behavior to professional boards and law enforcement agencies.

Floating Policy

Determining Eligibility for Floating Assignments

Trusted Health employees may only be placed in assignments that match the job description for which Trusted Health 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.

Procedures for Expressing Concerns with Competency Fit

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

Workers' Compensation

Note on Workers' Compensation

Trusted Health provides you with workers' compensation insurance, and our goal is to help you safely return to work as soon as possible. you must complete an Injury Report Form and send it to us ASAP so that the injury can be reported to your insurance provider.

Seeking Medical Care for Work-Related Injuries or Exposures

The severity and timing of your injury will determine where a physician will see you. In the case of an emergency situation, you are advised to go to the emergency room. If it is not an emergency situation, Trusted Health can advise you on where to seek medical help.

Meal and Rest Periods

Meal Periods

Meal Period Requirements and “On Duty” Meal Periods (California employees)

If you work more than five (5) hours on a shift, then you are entitled to an uninterrupted 30-minute meal period free from all duty to commence no later than the end of the fifth hour of work. You are entitled to a second uninterrupted 30-minute meal period free from all duty to commence no later than the end of the 10th hour, should you work that many hours in any given day. Only in limited circumstances, discussed below, can meal periods be waived. For this reason, unless there is a written agreement for an on-duty meal period approved by your supervisor, you must record the beginning and ending time of your meal period in the timekeeping system every day. During your meal period, you should be relieved of all duty, being at liberty to use the meal period time as you wish.

In limited situations, certain designated employees may be authorized to work an “on-duty meal period” when the nature of the employee’s duties prevent the employee from being relieved of all duty. Only if the nature of your job duties requires it, and you and Trusted Health have agreed in advance and in writing to an on-duty meal period, will you be permitted to take an on-duty meal period. In this situation, your on-duty meal period will be paid and treated as hours worked.

Trusted Health schedules all work assignments with the expectation that all employees will take their duty-free meal periods and we encourage you to do so. You may be asked to confirm in writing that you have been relieved of all duty and otherwise provided with all of your daily meal periods during the pertinent pay period, or in the alternative, identify any meal periods that you have missed. At no time may you perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of your timekeeping records to hide or inaccurately reflect either meal periods or time spent working during meal periods.

Please note that no manager or supervisor of Trusted Health is authorized to instruct an employee how to spend his or her personal time during a meal or rest period. You should immediately report a manager’s or supervisor’s instruction to skip or work during a meal period to management.

Meal Period Requirements and “On-Duty” Meal Periods (non-California employees)

You are entitled 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 that you work during your lunch period due to patient care and safety, then you must obtain written/typed and signed approval from your supervisor at the facility for each applicable shift.

Meal Period Waiver

You may waive your meal period only under the following circumstances:

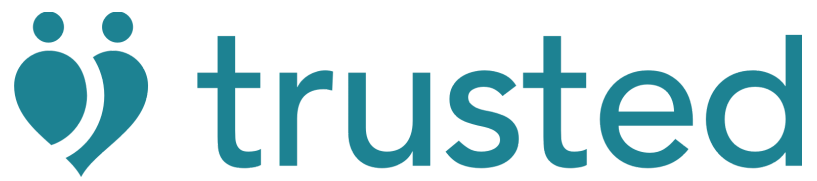
- if you will complete your work day in six (6) hours
- If you will work over ten (10) hours in a day (in this case, you may waive your second meal period only if you take your first meal period and do not work more than twelve (12) hours that day).

Any time you elect to waive a meal period, you must submit a written request and receive prior written authorization from your supervisor. You may not waive meal or rest periods to shorten your work day or accumulate meal or rest periods for any other purpose.

Rest Periods

You are entitled to take a ten (10) minute paid rest period for every four (4) hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. For example, you may take one 10-minute rest period for shifts between 3 ½ to 6 hours in length, a second 10-minute rest period for shifts of more than 6 hours and up to 10 hours, a third 10- minute rest period for shifts of more than 10 hours and up to 14 hours, and so on. (Trusted Health generally will not authorize a rest period for employees whose total daily work time is less than three and one-half (3 ½) hours.) You are generally authorized and permitted to schedule your rest periods at your own discretion under these guidelines; however, a supervisor may ask that rest periods be scheduled to best ensure the smooth operation of their department. Rest periods may not be combined with other rest periods or meal periods.

Rest periods are counted as hours worked, and thus, you are not required to record their rest periods on their timesheets or time cards. However, no manager or supervisor is authorized or allowed to instruct or allow you to waive a rest period, and rest periods cannot be used to shorten the workday or be accumulated for any other purpose. You may be required to confirm that you have been provided an opportunity to take all of your rest periods during the pertinent pay period. If you are not permitted to take a rest break, you should contact management.



Benefits

Insurance

Health Insurance

Enrolling in Benefits

As long as you are a regular, full-time employee, you are eligible for benefits unless otherwise specified by Trusted Health. You can also enroll dependents for benefit coverage. When covering dependents, you must select the same plans for your dependents as you select for yourself. Dependents include:

- Your legal spouse or qualified domestic partner
- Your children, which may include natural, adopted, or stepchildren
- Your qualified domestic partner's children

Please note that your parents and siblings are *not* eligible dependents.

When it is time to enroll, you will receive an email with the necessary link to get started with enrollment and election of your benefits. If you experience a qualifying event later in the year, you can add or remove dependents from the plan within 30 days of the event's occurrence. Typical qualifying events include:

- Marriage, divorce, termination of a domestic partner
- Birth or adoption of a child
- Death of a spouse or dependent

Insurance Definitions

We have included a table of insurance terms for your reference.

Deductible	The set dollar amount a member must pay before insurance coverage for medical expenses can begin.
Coinsurance	The percentage of the charges the member is required to pay for a medical service in a plan after the deductible has been met. For example, the insurance carrier may pay 80% of the covered claim, and the member pays the remaining 20%.
Copayment / Copay	The flat fee paid by the member when a medical service is received, i.e. \$20 for a doctor's visit or \$20 for a prescription. Copays do not apply to the deductible
Out-of-Pocket Maximum (OOP)	The maximum amount the member would have to pay in a plan year for eligible expenses. After reaching the Out-of-Pocket maximum, the plan pays 100% of the

	allowable charges for covered services in network for the remainder of the plan year.
Network Provider	A hospital, doctor, medical group, and/or other healthcare provider contracted to provide services to insurance carrier's customers for less than their usual fees.
Out of Network Provider	A hospital, doctor, medical group, and/or other healthcare providers who are not contracted to provide services to insurance carrier's customers for less than their usual fees and contracted fee's and can charge the member as much as they wish
PPO	Preferred Provider Organization - a group of hospitals and physicians that are contracted with insurance companies to provide medical services. Out of pocket costs are lower when a provider is used within the PPO network (called in-network)

Health Insurance Options

Trusted Health's health insurance options for 2019 are offered through United Healthcare, and they will activate upon your first day of employment. We offer four plans to choose from, so that you may select the coverage that best fits your needs. Consult the chart below to compare our available options. Please note that full plan summaries and SBCs are available on our benefits portal.

			Core PPO HDHP Bronze	Select Plus PPO Silver	Select Gold Plus	Select Plus PPO Platinum
			AUSN	AUS8	AU-S5	AUSJ
In Network	Annual Deductible	Individual	\$4,800	\$1,500	\$500	\$0
		Family	\$9,600	\$3,000	\$1,000	\$0
	Out-of-Pocket Maximum	Individual	\$6,550	\$7,350	\$6,000	\$4,700
		Family	\$13,100	\$14,700	\$12,000	\$9,400
	Coinsurance		40%	30%	20%	20%
	Doctor's Visit	Primary Care	40%	\$40	\$25	\$15
		Specialist	40%	\$70	\$50	\$30
	Preventive Care		No Charge	No Charge	No Charge	No Charge
	Emergency Care		40%	30%	\$150	\$100
	Urgent Care		40%	\$100	\$75	\$50
	Hospitalization	Inpatient	40%	30%	20%	20%
		Outpatient	40%	30%	20%	20%
Prescription Drugs (retail/mail order)	Generic	40%	\$20	\$15	\$10	
	Preferred	40%	\$50	\$35	\$30	
	Non-Preferred	40%	\$100	\$70	\$60	
Out of Network	Annual Deductible	Individual	\$9,600	\$3,000	\$1,000	\$1,000
		Family	\$19,200	\$6,000	\$2,000	\$2,000
	Out-of-Pocket Maximum	Individual	\$13,100	\$14,700	\$12,000	\$9,400
		Family	\$26,200	\$29,400	\$24,000	\$18,800
	Coinsurance		50%	50%	50%	50%
Emergency Care		40%	30%	\$150	\$100	

Should you enroll into one of Trusted Health's health insurance options, we will subsidize 50% of your plan's monthly premiums, with the remaining amount deducted from your paycheck on a pre-tax basis. Our contributions to your health insurance premiums are completely independent of your compensation package. By keeping premium contributions and compensation separate, we ensure that your compensation will not change should you have a qualifying life event part-way through your assignment that requires you to utilize our insurance offerings. You may consult the

table below to get an idea of your contribution to monthly rates for yourself and any dependents.

	Core PPO HDHP Bronze		Select Plus PPO Silver		Select Plus PPO Gold		Select Plus PPO Platinum	
	AU-SN / RX399 <i>*Base plan, all others are buy up</i>		AU-S8 / RX405		AU-S5 / RX636		AU-SJ / RX403	
Age Band	Employee Rate	Dependent Rate	Employee Rate	Dependent Rate	Employee Rate	Dependent Rate	Employee Rate	Dependent Rate
<15	\$29.28	58.56	\$41.61	70.89	\$56.40	85.68	\$66.35	95.63
15	\$31.88	63.76	\$45.32	77.20	\$61.42	93.30	\$72.25	104.13
16	\$32.88	65.76	\$46.73	79.61	\$63.33	96.21	\$74.50	107.38
17	\$33.87	67.74	\$48.14	82.02	\$65.25	99.12	\$76.76	110.63
18	\$34.94	69.89	\$49.67	84.61	\$67.31	102.26	\$79.19	114.13
19	\$36.02	72.03	\$51.19	87.21	\$69.38	105.39	\$81.61	117.63
20	\$37.13	74.25	\$52.77	89.89	\$71.52	108.64	\$84.13	121.26
21	\$38.27	76.55	\$54.40	92.67	\$73.73	112.00	\$86.73	125.01
22	\$38.27	76.55	\$54.40	92.67	\$73.73	112.00	\$86.73	125.01
23	\$38.27	76.55	\$54.40	92.67	\$73.73	112.00	\$86.73	125.01
24	\$38.27	76.55	\$54.40	92.67	\$73.73	112.00	\$86.73	125.01
25	\$38.43	76.86	\$54.62	93.04	\$74.02	112.45	\$87.08	125.51
26	\$39.19	78.39	\$55.70	94.90	\$75.50	114.69	\$88.81	128.01
27	\$40.11	80.22	\$57.01	97.12	\$77.27	117.38	\$90.89	131.01
28	\$41.60	83.21	\$59.13	100.74	\$80.14	121.74	\$94.28	135.88
29	\$42.83	85.66	\$60.87	103.70	\$82.50	125.33	\$97.05	139.88
30	\$43.44	86.88	\$61.74	105.18	\$83.68	127.12	\$98.44	141.88
31	\$44.36	88.72	\$63.05	107.41	\$85.45	129.81	\$100.52	144.88
32	\$45.28	90.56	\$64.35	109.63	\$87.22	132.50	\$102.60	147.88
33	\$45.85	91.71	\$65.17	111.02	\$88.33	134.18	\$103.90	149.76
34	\$46.47	92.93	\$66.04	112.50	\$89.50	135.97	\$105.29	151.76
35	\$46.77	93.54	\$66.47	113.25	\$90.10	136.87	\$105.99	152.76
36	\$47.08	94.15	\$66.91	113.99	\$90.69	137.76	\$106.68	153.76
37	\$47.38	94.77	\$67.35	114.73	\$91.27	138.66	\$107.37	154.76
38	\$47.69	95.38	\$67.78	115.47	\$91.86	139.55	\$108.07	155.76
39	\$48.30	96.60	\$68.65	116.95	\$93.04	141.35	\$109.45	157.76
40	\$48.92	97.83	\$69.52	118.44	\$94.22	143.14	\$110.84	159.76
41	\$49.83	99.67	\$70.83	120.66	\$95.99	145.83	\$112.92	162.76
42	\$50.71	101.43	\$72.08	122.79	\$97.69	148.40	\$114.92	165.63
43	\$51.94	103.88	\$73.82	125.76	\$100.05	151.99	\$117.69	169.63
44	\$53.47	106.94	\$75.99	129.46	\$103.00	156.47	\$121.16	174.63
45	\$55.27	110.54	\$78.55	133.82	\$106.46	161.73	\$125.24	180.51
46	\$57.41	114.82	\$81.60	139.01	\$110.59	168.00	\$130.10	187.51
47	\$59.82	119.64	\$85.02	144.85	\$115.24	175.06	\$135.56	195.38
48	\$62.58	125.16	\$88.94	151.52	\$120.54	183.12	\$141.80	204.38
49	\$65.30	130.59	\$92.80	158.10	\$125.78	191.07	\$147.96	213.26
50	\$68.36	136.71	\$97.16	165.51	\$131.68	200.04	\$154.90	223.26
51	\$71.38	142.76	\$101.45	172.83	\$137.50	208.88	\$161.75	233.13
52	\$74.71	149.42	\$106.18	180.90	\$143.91	218.63	\$169.30	244.01
53	\$78.08	156.16	\$110.97	189.05	\$150.40	228.48	\$176.93	255.01
54	\$81.72	163.43	\$116.14	197.85	\$157.41	239.12	\$185.17	266.89
55	\$85.35	170.70	\$121.31	206.66	\$164.41	249.76	\$193.41	278.76
56	\$89.29	178.59	\$126.91	216.21	\$172.01	261.30	\$202.34	291.64
57	\$93.27	186.55	\$132.57	225.84	\$179.67	272.95	\$211.36	304.64
58	\$97.52	195.05	\$138.61	236.13	\$187.86	285.38	\$220.99	318.51
59	\$99.63	199.26	\$141.60	241.23	\$191.91	291.54	\$225.76	325.39
60	\$103.88	207.75	\$147.64	251.51	\$200.10	303.97	\$235.39	339.27
61	\$107.55	215.10	\$152.86	260.41	\$207.17	314.73	\$243.71	351.27
62	\$109.96	219.92	\$156.29	266.25	\$211.82	321.78	\$249.18	359.14
63	\$112.99	225.97	\$160.58	273.57	\$217.64	330.63	\$256.03	369.02
64+	\$114.82	229.65	\$163.19	278.02	\$221.18	336.00	\$260.19	375.02

Dental and Vision Insurance

Dental Insurance Options

Our dental insurance is offered through Guardian. Like our health insurance options, the plan will activate on your first day of employment should you choose to enroll. Consult the charts below for the summary of details for our dental coverage. Full plan summaries and SBCs are available on the Trusted Health benefits portal.

		In Network	Out of Network	
DPPO	Preventive Services	100%	100%	
	Annual Deductible	Individual	\$50	\$50
		Family	\$150	\$150
	Annual Maximum	\$1500	\$1500	
	Basic Services (fillings, extractions, root canals)	80%	80%	
	Major Services (oral surgery, crowns)	50%	50%	

You may also consult the table below to determine your contribution to monthly rates for yourself and any dependents.

	Weekly Pre-Tax Pay Period Deduction
Employee Only <input type="button" value="v"/>	\$11.21
Employee & Spouse / Domestic Partner	\$22.76
Employee & Children	\$27.40
Employee & Family	\$41.43

Note that adding domestic partners and children of domestic partners to this benefit will result in additional tax consideration.

Vision Insurance Options

Our vision insurance is offered through Guardian and administered through VSP. Like our health insurance options, the plan will activate on your first day of employment should you choose to enroll. Consult the charts below for the summary of details for our vision coverage. Full plan summaries and SBCs are available on the Trusted Health benefits portal.

		In Network	Out of Network
Frequency	Exam	--	12 Months
	Lenses	--	12 Months
	Frames	--	24 Months
Examination		\$20 copay	<i>Reimbursement</i> Up to \$50
Lenses	Single	\$20 copay	<i>Reimbursement</i> Up to \$48
	Bifocal	\$20 copay	<i>Reimbursement</i> Up to \$67
	Trifocal	\$20 copay	<i>Reimbursement</i> Up to \$86
Frames		\$130 allowance + 20% off remaining balance	<i>Reimbursement</i> Up to \$48
Contact Lenses <i>(in lieu of frames)</i>		\$130 allowance	<i>Reimbursement</i> Up to \$120

You may also consult the table below to determine your contribution to monthly rates for yourself and any dependents.

	Weekly Pre-Tax Pay Period Deduction
Employee Only	\$2.02
Employee & Spouse / Domestic Partner	\$3.40
Employee & Children	\$3.47
Employee & Family	\$5.49

Note that adding domestic partners and children of domestic partners to this benefit will result in additional tax consideration.

Instances of Gaps and Out-of-Network Coverage

Insurance for Nurses In-Between Assignments

We are committed to providing the best experience for Trusted Nurses, even between contracts. In the event of a non-working gap period between contract end and start

dates, we offer pre-pay and pay-as-you-go options to ensure continued benefit coverage through the gap period.

This only applies to a maximum 4 week gap (28 days total, where a week is considered Sunday - Saturday, following our standard definition of a pay/work week). If a non-working gap period exceeds 4 weeks (28 days), standard termination with COBRA coverage options applies.

The most common payment type chosen is the pre-pay option. If you choose pay-as-you-go, pre-tax deductions can be taken from any unused sick pay (if your status is eligible) on the regular weekly deduction schedule, although deductions are generally paid by the Nurse to Trusted on a post-tax basis. Trusted reserves the right to catch up all unpaid premiums on the first pay of the new contract under the pay-as-you-go option. For more information on the pay-as-you-go option, reach out to hello@trustedhealth.com.

Out-of-Network Coverage

We recommend using medical providers that are in-network with your plan, as there are typically higher out-of-pocket costs with out-of-network care. However, we understand that medical emergencies can happen, and your health comes first.

If you end up using medical services from out-of-network providers, keep in mind that they can charge whatever they want for a service, whereas in-network providers can only charge the pre-negotiated rate that they've set with your insurance carrier. Thus, for out-of-network services, your insurance carrier will cover the amount specified in the SBC, and you will be "balance billed" for the difference between this set amount and the provider's charge. You will be responsible for paying whatever this difference is.

Disability Insurance

Family Temporary Disability Insurance

By California state law, Trusted Health is required to withhold a certain percentage of your wages pursuant to the Family Temporary Disability Insurance Act ("FTDI") in order to fund the Paid Family Care Leave Program. FTDI is another disability benefits program that is administered by California's Employment Development Department.

Despite its name, the FTDI is not a "leave" program; it does not provide you with any entitlement to leave beyond that to which you are entitled pursuant to Company policy. You must notify your supervisor if you intend to file for FTDI benefits.

All claims for FTDI benefits must be submitted directly to the Employment Development Department of the State of California. The Employment Development Department ultimately determines whether you receive FTDI benefits based on the serious health condition of certain family members that require your care. You may not

be eligible for FTDI benefits if you are receiving State Disability Insurance, Unemployment Compensation Insurance, or Workers' Compensation benefits.

State Disability Insurance

In addition, we are also required to deduct a certain amount from your pay to provide State Disability Insurance (S.D.I.). S.D.I. benefits are payable when you cannot work because of illness or injury unrelated to your employment. For information concerning these benefits, contact the Employment Development Department of the State of California, which administers the S.D.I. program.

Other Required Notices for Health Plan Administration

General Contact Information

This section contains the enrollment notices that are required to be provided by your employer. For questions pertaining to any of the information below, please contact:

Trusted Concierge

hello@trustedhealth.com

415-466-1466

Notice of Lifetime Limits

The lifetime limit on the dollar value of benefits does not apply to the Trusted Health, Inc Health Plans as the plan does not have any lifetime maximums. Individuals whose coverage ended by reason of reaching a lifetime limit under another plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Trusted Health Operations hello@trustedhealth.com.

Annual Limits on Essential Health Benefits

Effective for plan years beginning on or after Jan. 1, 2014, health plans are prohibited from placing annual limits on essential health benefits. The ACA's prohibition on annual limits was phased in over a three-year period; restricted annual limits were permitted for plan years beginning before Jan. 1, 2014. Some plans received annual limit waivers from HHS during the phase-in period. These waivers all expire effective for the 2014 plan year.

Excessive Waiting Period

Effective for plan years beginning on or after Jan. 1, 2014, a health plan may not impose a waiting period that exceeds 90 days. A waiting period is the period of time that must pass before coverage for an employee or dependent who is otherwise eligible to enroll in the plan becomes effective. Other conditions for eligibility are permissible, as long as they are not designed to avoid compliance with the ACA's 90-day waiting period limit. Trusted Health does not impose a waiting period that exceeds this limit.

Adult Dependents to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Trusted Health Group health plan.

Individuals may request enrollment for such children for 30 days from the date of notice. For more information contact Trusted Health Operations hello@trustedhealth.com.

Summary of Benefits and Coverage

The ACA requires health plans and health insurance issuers to provide a summary of benefits and coverage (SBC) to applicants and enrollees to help them understand their coverage and make coverage decisions.

Trusted Health must provide the SBC to participants and beneficiaries who enroll or re-enroll during an open enrollment period. The SBC also must be provided to participants and beneficiaries who enroll other than through an open enrollment period (including individuals who are newly eligible for coverage and special enrollees). For more information contact Trusted Health Operations hello@trustedhealth.com.

In connection with your plan's 2019 open enrollment period, the SBC should be included with the plan's application materials. If plan coverage automatically renews for current participants, the SBC must generally be provided no later than 30 days before the beginning of the new plan year.

Initial Notice of COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, employees may elect a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end due to a reduction in hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). Under the new law, the employee or a family member has the responsibility to inform the Payroll Supervisor of a divorce, legal separation, or a child losing dependent status under the insurance plan within 60 days of the later of the date of the event or the date on which coverage would be lost because of the event. If you choose continuation coverage, is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The new law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation of coverage period is 18 months. This 18-month period may be extended if other events (for example, divorce, legal separation or death) occur during that 18-month period. In no event will coverage last beyond three years from the date of the event that originally made you eligible to elect coverage. For more information contact Trusted Health Operations hello@trustedhealth.com.

Notice of Grandfathered Health Plan Status

The Trusted Health Health Plan believes the group medical plans will no longer be a “grandfathered health plan” under the Patient Protection and Affordable Care Act PPACA (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing.

However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. For more information contact Trusted Health Operations hello@trustedhealth.com.

Notice of Health Exchanges

ACA requires Trusted Health to provide all new hires and current employees with a written notice about ACA's health insurance Exchanges. Trusted Health must provide all new hires and current employees with an Exchange notice that includes information regarding the existence of the Exchange, as well as contact information and a description of the services provided by the Exchange. The notice must also explain how an employee may be eligible for a premium tax credit if the employee purchases a qualified health plan through the Exchange and contains a statement informing the employee that, if the employee purchases a qualified health plan through an Exchange, the employee may lose the Trusted Health contribution to any health benefits offered and that all or a portion of Trusted Health contribution may be excludable for federal income tax purposes.

Notice of HIPAA Pre-existing Condition Exclusions

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a “preexisting condition” is a condition for which medical advice; diagnosis, care, or treatment was recommended and received within the six-month period ending on the enrollment date in a health plan (the look-back period). Taking prescription medications during the look-back period constitutes receiving treatment. This plan does not impose preexisting condition exclusion. All questions about the preexisting condition exclusion and creditable coverage, for more information contact Trusted Health Operations hello@trustedhealth.com.

Notice of Special HIPAA Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing toward the other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the marriage, birth*, adoption, or placement for adoption. To request special enrollment or obtain more information, for more information contact Trusted Health Operations hello@trustedhealth.com.

Notice of Women's Health and Cancer Rights (WHCRA)

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for: All stages of reconstruction of the breast on which the mastectomy has been performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prosthesis and physical complications of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. For more information contact Trusted Health Operations hello@trustedhealth.com.

Notice of Newborn's and Mothers' Health Protection Act

MATERNITY BENEFITS Under Federal and State law you have certain rights and protections regarding your maternity benefits under the Plan. Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996" (Newborns' Act) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information contact Trusted Health Operations hello@trustedhealth.com.

Coverage for Clinical Trial Participants

Effective for plan years beginning on or after Jan. 1, 2014, non-grandfathered health plans cannot terminate coverage because an individual chooses to participate in a clinical trial for cancer or other life-threatening diseases or deny coverage for routine

care that would otherwise be provided just because an individual is enrolled in a clinical trial.

Trusted Health Group Medical Plans - Notice of HIPAA Privacy Practices and GINA

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You: This notice is intended to inform you of the privacy practices followed by the Trusted Health Group Medical Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 10/1/2018. The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. The Trusted Health Group Medical Plan requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information: Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information: Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment: We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operation: We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment: Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law: We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Expressly prohibited by law: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in health coverage based on genetic information. Specifically GINA prohibits group health plans and health insurance issuers (that is, insurance companies or health maintenance organizations (HMOs) in the group market from using genetic information to adjust premium or contribution amounts for the group covered under the plan. Plans and issuers in the group market are still allowed to increase the premium rate for an employer based on the manifestation of a disease or disorder of an individual enrolled in the plan, but they are prohibited from using the manifested disease or disorder of one individual as genetic information about other group members to further increase the premium. GINA also prohibits group health plans and health insurance issuers in the group market from requesting or requiring an individual or family member of an individual to undergo a genetic test. Plans and issuers are not precluded from obtaining and using the results of a genetic test to make a determination regarding payment, but they may only use the minimum amount of information necessary.

GINA includes a research exception under which a group health plan or a health insurance issuer in the group market may request (but not require) a participant or beneficiary to undergo a genetic test if the following five conditions are met:

1. The request is made in writing pursuant to research that complies with 45 CFR Part 46, or equivalent Federal regulations, and any applicable State or local law or regulations for the protection of human subjects in research.
2. The plan or issuer clearly indicates to each participant or beneficiary to whom the request is made that compliance is voluntary and non-compliance will have no effect on enrollment status or premium contribution amounts.
3. None of the genetic information collected can be used for underwriting purposes.
4. The plan or issuer notifies the appropriate Secretary in writing that it is conducting such research activities, including a description of the activities conducted

5. The plan or issuer complies with such other conditions as may be required by regulations for such activities.

Group health plans and health insurance issuers in the group market are prohibited from requesting, requiring, or purchasing genetic information for underwriting purposes or prior to an individual's enrollment under a plan or policy.

GINA defines genetic information with respect to any individual as; information about that individual's genetic tests, the genetic tests of family members of the individual, and the manifestation of a disease

or disorder in family members of the individual.

The term genetic information also includes an individual's request for, or receipt of, genetic services, but does not include information about the sex or age of any individual. Genetic services are further defined as:

- A genetic test, genetic counseling (which includes obtaining, interpreting, or assessing genetic information), or genetic education.
- A genetic test is defined for purposes of Title I of GINA as:
- An analysis of human DNA, RNA, chromosomes, proteins, or metabolites that detects genotypes, mutations, or chromosomal changes.

The term is not meant to include an analysis of proteins or metabolites that does not detect genotypes, mutations, or chromosomal changes, or an analysis of proteins or metabolites that is directly related to a manifested disease, disorder, or pathological condition that a healthcare professional with appropriate training and expertise could reasonably detect. Definitions of family member and underwriting purposes are also included, as well as provisions clarifying that references to genetic information concerning an individual include the genetic information of a fetus carried by a pregnant woman and of an embryo legally held by an individual utilizing an assisted reproductive technology.

The provisions of GINA are effective with respect to group health plans and health insurance issuers in the group market for plan years beginning after May 21, 2009.

Pursuant to your Authorization: When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates: We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

Your Rights:

Right to Inspect and Copy: In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend: If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions: You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the HR person listed. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communication: You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice: If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities: We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice. We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices or if you have any questions or complaints, contact Trusted Health Operations hello@trustedhealth.com.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [HYPERLINK "http://www.hhs.gov/ocr"](http://www.hhs.gov/ocr) www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Additional Perks

Perkspot

Perkspot is an employee discount program available to our nurses. You will receive access as soon as you start your first assignment as a Trusted Nurse.

EMPLOYEE DISCOUNT PROGRAM

PERKSPOT



PerkSpot's team of expert negotiators works full time to deliver great savings for you.

- Private and exclusive discounts
- Great customer service
- Merchant reliability

Categories:

- ✓ Automotive
- ✓ Beauty & Fragrance
- ✓ Books & Media
- ✓ Cell Phones
- ✓ Computers & Electronics
- ✓ Financial & Life Services
- ✓ Health & Wellness
- ✓ Home Services
- ✓ Sports & Outdoors
- ✓ Tickets
- ✓ Travel

ADP Lifemart

ADP Lifemart is a discount shopping website that helps you save money on certain products, services, and local retailers. You will receive access via your ADP dashboard after you start your first assignment as a Trusted Nurse.

<p>Exclusive Savings</p> <p>Employee Purchase Program</p>	<p>Up To 45% Off</p>	<p>Over 30% Off</p>	<p>Everyday Low Rates</p>	<p>Up To 40% Off</p>
<p>New Car Savings</p>	<p>\$2 Magazines</p>	<p>60% Off Second Guests</p>	<p>Download Now</p>	<p>Up To 60% Off</p>

Taking Time Off

Sick Leave

You are eligible for paid sick leave and will accrue one hour of paid sick leave for every 30 hours worked, up to a maximum of 72 hours. Any unused sick leave that is accrued under this policy carries forward into later years.

Under this policy, you are entitled to sick leave for illness, injury, or to receive medical care, including routine medical and dental appointments, for yourself, your child, parent, spouse, registered domestic partner, your spouse's or registered domestic partner's child, or other persons designated by local, state or federal laws when such person is ill or injured, or receiving medical care. If you have no spouse or registered domestic partner, you may designate one person for whom you will use leave under this policy.

You must to submit documentation to use paid sick leave in certain situations, such as:

- Your using paid sick leave for three or more consecutive shifts
- Your using paid sick leave during a week that contains a holiday
- Your using paid sick leave during your first and last weeks of your assignment
- Your using paid sick leave for a reasonably foreseeable or pre-scheduled absence
- If we need to verify that the reason for your requested leave is consistent with our sick leave policy and any applicable federal, state, or local regulations

In these cases, we must receive documentation on the reason for your leave before you can receive payment for shifts for which this leave was taken.

Trusted Health may decide to implement sick leave and/or PTO policies that are more generous than required by the law. Leave under this policy may run concurrently with leave under state or federal law, including leave taken pursuant to the California Healthy Workplaces, Healthy Families Act, the California Family Rights Act or the Family Medical Leave Act.

Civic Duties

Trusted Health encourages you to perform your civic responsibilities. Below are our procedures regarding taking time to handle civic duties. You may choose to use any accrued vacation or sick leave time, if available, for an absence described below.

Witness Duty

If you receive a subpoena to appear in court, please notify your supervisor immediately. You are expected to return to work as soon as your service as a witness is completed.

Jury Duty

If you receive a call to jury duty, please notify your supervisor immediately so he or she may plan the department's work with as little disruption as possible.

If you are released from jury service before the end of your regularly scheduled shift or who are not asked to serve on a jury panel are expected to call your supervisor as soon as possible and report to work if requested.

Voting (California-based employees only)

If you are a California employee and would like to vote in a public election, but do not have sufficient time to vote during non-work hours, you may arrange to take up to two hours off from work with pay to vote. To receive time off for voting, you must obtain advance approval from your supervisor and must take the time off to vote either at the beginning or end of your work shift. Trusted Health reserves the right to request a copy of your voter's receipt following any time off to vote.

Leave for Emergency Rescue Personnel (California-based employees only)

To the extent required by law, California-based employees who are volunteer firefighters, reserve peace officers, or emergency duty personnel may receive unpaid leave to perform emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel. Such employees may also take a temporary, unpaid leave of absence, not to exceed a total of 14 days per calendar year, in order to engage in fire, law enforcement, or emergency rescue training.

If you are participating as a volunteer firefighter, reserve peace officer, or emergency rescue personnel, please alert your supervisor so that he or she may be aware of the fact that you may have to take time off for emergency duty and/or training. In the event that you need to take time off for emergency duty and/or training, please alert your supervisor in writing as far in advance as possible. You must provide Trusted Health with appropriate documentation evidencing your performance of emergency duty and/or attendance at training upon returning to work.

Leave Policies Specific to California-based Employees

Leave for Victims of Felony Crimes

To the extent required by law, California-based employees who are victims of certain, specified felony crimes, or who are an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may receive unpaid time off from work to attend judicial proceedings related to that crime. Additionally, employees who are victims of such crimes may take unpaid

time off from work to be heard at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

If you meet one of the descriptions above and wish to take this leave, you must provide Trusted Health in advance with a copy of the notice of the proceeding. If advanced notice is not possible, you must provide Trusted Health with appropriate documentation evidencing your attendance at the judicial proceeding upon returning to work.

Leave for Victims of Domestic Violence, Sexual Assault, or Stalking

To the extent required by law, California-based employees who are victims of domestic violence, sexual assault, or stalking may receive unpaid leave to attend legal proceedings or obtain or attempt to obtain any relief necessary, including a restraining order, to ensure their own health, safety, or welfare, or that of the employee's child. Employees who are victims of domestic violence, sexual assault, or stalking may also receive unpaid leave to: 1) obtain services from a domestic violence shelter or rape crisis center; 2) seek medical attention for injuries caused by domestic violence or sexual assault; 3) obtain psychological counseling for the domestic violence or sexual assault; or 4) take action, such as relocation, to protect against future domestic violence or sexual assault. The employee may choose to use any accrued vacation or sick leave time, if available, for the absence described.

If you meet one of the descriptions above and wish to take this leave, you must provide Trusted Health with advance notice of the leave. If advanced notice is not possible, you must provide Trusted Health with the following certification upon returning back to work: 1) a police report showing that you were a victim of domestic violence or sexual assault; or 2) a court order protecting you from the perpetrator or other evidence from the court or prosecuting attorney that you appeared in court; or 3) documentation from a medical professional, domestic violence or sexual assault victim advocate, health care provider, or counselor showing that your absence was due to treatment for injuries from domestic violence or sexual assault.

In addition, employees who are victims of domestic violence, sexual assault or stalking are entitled to a reasonable accommodation for their safety while at work. A reasonable accommodation may include: the implementation of safety measures, including a transfer, reassignment, modified schedule, changed work telephone, changed work station, installed lock; assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace; an implemented safety procedure; or another adjustment to a job structure. If you are a victim of domestic violence, sexual assault or stalking, Trusted Health will engage you in a timely, good faith, and interactive process to determine effective reasonable accommodations.

Unpaid Family School Partnerships Leave

If you are a California-based employee who is a parent, guardian, step-parent, foster parent, grandparent, or individual standing in *loco parentis* with custody of school age children (K-12), then you are eligible for up to forty (40) hours of unpaid leave each year, not to exceed eight (8) hours in any calendar month, to participate in the school-related activities of your children or your registered domestic partner's children. You may take leave to find, enroll, or re-enroll your child in a school or with a licensed childcare provider, or to participate in activities of the school or licensed child care provider, or to address the child care provider or school emergencies.

You must personally notify your supervisor as soon as you learn of the need for the planned absence. You will be denied time off if you do not provide your supervisor with adequate notice. Trusted Health may require verification of the school-related activity, and we request that you schedule individually-scheduled activities, such as parent/teacher conferences, during non-work hours. If you request leave for unauthorized purposes, you will be subject to discipline, up to and including termination.

Leave for Organ and Bone Marrow Donors

If you are a California-based employee who provides written verification to your supervisor that you are an organ or bone marrow donor (required for medical necessity), then you are entitled to receive a job protected paid leave of absence that may be taken in one or more periods in order to donate as long as you have been employed for at least 90 days.

Eligible organ donors are entitled to a leave of absence not to exceed 30 business days in any one-year period of time, and they will be required to use up to two weeks of their Sick, PTO or Vacation time for organ donor leave. Eligible bone marrow donors are entitled to a leave of absence not to exceed 5 business days in any one-year period, and they will be required to use up to 5 days of their Sick, PTO or Vacation time for bone marrow donor leave.

Pregnancy Disability Leave of Absence and Accommodation

California-based female employees may take a leave of absence up to four (4) months for disabilities relating to pregnancy, childbirth or related medical conditions (meaning a physical or mental condition intrinsic to pregnancy or childbirth). For the purposes of leave under this policy, "four months" means the number of days the employee would normally work within four calendar months (one-third of a year equaling 17 1/3 weeks), if the leave is taken continuously, following the date the pregnancy leave commences.

If you are granted leave for pregnancy, you will be returned to the same or similar position to the extent required by state law. Upon the advice of your health care provider, you may also be entitled to reasonable accommodation, to the extent required by law, for conditions related to pregnancy, childbirth or related medical conditions. You should promptly notify your supervisor of the need for a reasonable accommodation. In addition, a transfer to a less strenuous or hazardous position or to

less strenuous or hazardous duties may be available pursuant to your request, if such a transfer is medically advisable. If you are affected by pregnancy or a related medical condition, please notify your supervisor as soon as reasonably possible as we cannot provide you with reasonable accommodation unless we know of the need for such accommodation.

Prior to the start of the leave, Trusted Health will require a statement from your healthcare provider indicating that you are unable to perform your job and the anticipated date of your return. In the event that your leave exceeds the anticipated date of return, it is your responsibility to provide further verification from your health care provider that you are unable to perform your job and the revised anticipated date of return. Depending on your eligibility, medical insurance may be continued during the leave in accordance with the applicable plan document, COBRA, or provisions of federal/state law relating to unpaid pregnancy disability or medical leave.

Family and Medical Leave

Trusted Health's family and medical leave policy is designed to comply with the Family and Medical Leave Act, the California Family Rights Act, and the New Parent Leave Act.

Determining Eligibility

To be eligible for leave under FMLA/CFRA/NPLA, you must:

- Have worked at least 12 months for Trusted Health in the preceding seven years (limited exceptions apply to the seven-year requirement, and for California-based employees, if the 12-month employment requirement will be satisfied during the proposed leave, this requirement may be deemed satisfied);
- Have worked at least 1,250 hours for Trusted Health over the preceding 12 months; and
- Currently work at a location where there are at least 50 employees within 75 miles (with an exception for California-based employees, who must currently work at a location where there are at least 20 employees within 75 miles).

All periods of absence from work due to or necessitated by service in the uniformed services are counted in determining FMLA/CFRA/NPLA eligibility.

Leave under this policy may be taken for the following reasons:

- Birth of a child, or to care or bond with a newly-born child including incapacity due to pregnancy or prenatal medical care (up to 12 weeks);
- Placement of a child with the employee and/or the employee's registered domestic partner for adoption or foster care or to care or bond with the child (up to 12 weeks);

- To care for an immediate family member (employee's spouse, registered domestic partner, child, registered domestic partner's child, or parent) with a serious health condition (up to 12 weeks);
- Because of the employee's serious health condition that makes the employee unable to perform the employee's job (up to 12 weeks);
- To care for a Covered Servicemember with a serious injury or illness related to certain types of military service (up to 26 weeks) (see Military-Related FMLA Leave for more details); or,
- To handle certain qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on duty under a call or order to active duty in the Uniformed Services (up to 12 weeks) (see Military-Related FMLA Leave for more details)

The maximum amount of leave that may be taken in a 12-month period for all reasons combined is 12 weeks, with one exception. For leave to care for a Covered Servicemember, the maximum combined leave entitlement is 26 weeks, with leaves for all other reasons constituting no more than 12 of those 26 weeks.

Notice and Medical Certification

When seeking FMLA/CFRA/NPLA leave, you are required to provide:

- Sufficient information for us to determine if the requested leave may qualify for FMLA/CFRA/NPLA protection and the anticipated timing and duration of the leave. Sufficient information may include that you are unable to perform job functions, a family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. You must also inform Trusted Health if the requested leave is for a reason for which FMLA/CFRA/NPLA leave was previously taken or certified. If the need for leave is foreseeable, this information must be provided 30 days in advance of the anticipated beginning date of the leave. If the need for leave is not foreseeable, this information must be provided as soon as is practicable and in compliance with Trusted Health's normal call-in procedures, absent unusual circumstances.
- Medical certification supporting the need for leave due to a serious health condition affecting you or an immediate family member within 15 calendar days of Trusted Health's request to provide the certification (additional time may be permitted in some circumstances). If you fail to do so, we may delay the commencement of your leave, withdraw any designation of FMLA/CFRA/NPLA leave or deny the leave, in which case your leave of absence would be treated in accordance with our standard leave of absence and attendance policies, subjecting you to discipline up to and including termination. Second or third medical opinions and periodic re-certifications may also be required;
- Periodic reports as deemed appropriate during the leave regarding your status and intent to return to work; and

- Medical certification of fitness for duty before returning to work, if the leave was due to your serious health condition. Trusted Health will require this certification to address whether you can perform the essential functions of your position.

Failure to comply with the foregoing requirements may result in delay or denial of leave, or disciplinary action, up to and including termination. You should speak directly with your supervisor prior to taking a leave to ensure your understanding of all of your obligations to Trusted Health while on leave, such as reporting and verification obligations. Failure to comply with this policy may substantially affect your ability to return to work.

Identifying the 12-Month Period

Trusted Health measures the 12-month period in which leave is taken by the “rolling” 12-month method, measured backward from the date of any FMLA/CFRA/NPLA leave with one exception. For leave under to care for a covered servicemember, Trusted Health calculates the 12-month period beginning on the first day the eligible employee takes leave to care for a covered servicemember and ends 12 months after that date. Leave under FMLA/CFRA/NPLA for the birth or placement of a child for adoption or foster care must be concluded within 12 months of the birth or placement.

Using Leave

Eligible employees may take FMLA/CFRA/NPLA leave in a single block of time, intermittently (in separate blocks of time), or by reducing the normal work schedule when medically necessary for the serious health condition of the employee or immediate family member, or in the case of a covered servicemember, his or her injury or illness.

Eligible employees may also take intermittent or reduced-schedule leave for military qualifying exigencies. Intermittent leave is generally not permitted for birth of a child, to care for a newly-born child, or for placement of a child for adoption or foster care, except as required under applicable law. Employees who require intermittent or reduced-schedule leave must try to schedule their leave so that it will not unduly disrupt Trusted Health's operations. Intermittent leave is permitted at the same intervals as provided in our sick leave policy.

Use of Accrued Paid Leave

Depending on the purpose of your leave request, you may choose (or Trusted Health may require you) to use accrued paid leave (such as sick leave), concurrently with some or all of your FMLA/CFRA/NPLA leave. If you are eligible to substitute paid leave for FMLA/CFRA/NPLA leave, then you must comply with Trusted Health's normal procedures for the applicable paid-leave policy (e.g., call-in procedures, advance notice, etc.).

Maintenance of Health Benefits

If you and/or your family participate in our group health plan, Trusted Health will maintain coverage during your FMLA/CFRA/NPLA leave on the same terms as if you had continued to work. If applicable, you must make arrangements to pay your share of health plan premiums while on leave. In some instances, we may recover premiums that we have paid to maintain health coverage or other benefits for you and your family. Use of FMLA/CFRA/NPLA leave will not result in the loss of any employment benefit that accrued prior to the start of your leave.

Employer Responsibilities

To the extent required by law, Trusted Health will inform employees of whether they are eligible for leave under the FMLA/CFRA/NPLA. Should you be eligible for FMLA/CFRA/NPLA leave, we will provide you with a notice that specifies any additional information required as well as your rights and responsibilities. Furthermore, we will inform you if your leave will be designated as FMLA/CFRA/NPLA-protected and, to the extent possible, note the amount of leave counted against your leave entitlement. If we determine that your leave is not FMLA/CFRA/NPLA-protected, we will notify you. If you are not eligible for FMLA/CFRA/NPLA leave, we will also provide a reason for the ineligibility.

Job Restoration

Upon returning from FMLA/CFRA/NPLA leave, eligible employees will typically be restored to their original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

Failure to Return After FMLA/CFRA/NPLA Leave

Any employee who fails to return to work as scheduled after FMLA/CFRA/NPLA leave or exceeds the 12-week FMLA/CFRA/NPLA entitlement (or in the case of military caregiver leave, the 26-week entitlement), will be subject to Trusted Health's standard leave of absence and attendance policies. This may result in termination if you have no other leave available to you that applies to your continued absence. Likewise, following the conclusion of your FMLA/CFRA/NPLA leave, our obligation to maintain your group health plan benefits ends (subject to any applicable COBRA rights).

Other Employment

Trusted Health generally prohibits employees from holding other employment. This policy remains in force during all leaves of absence including FMLA/CFRA/NPLA leave and may result in disciplinary action, up to and including immediate termination of employment.

Fraud

Providing false or misleading information or omitting material information in connection with an FMLA/CFRA/NPLA leave will result in disciplinary action, up to and including immediate termination.

Employers' Compliance with FMLA/CFRA and Employee's Enforcement Rights

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided under FMLA/CFRA/NPLA, or discharge or discriminate against any person for opposing any practice made unlawful by FMLA/CFRA/NPLA or for involvement in any proceeding under or relating to FMLA/CFRA/NPLA.

While Trusted Health encourages our employees to bring any concerns or complaints about compliance with FMLA/CFRA/NPLA to the attention of their supervisors, FMLA/CFRA/NPLA regulations require us to advise you that you may file a complaint with the U.S. Department of Labor or bring a private lawsuit against an employer. FMLA/CFRA/NPLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

Military-Related FMLA Leave

FMLA leave may also be available to eligible employees in connection with certain service-related medical and non-medical needs of family members. There are two forms of such leave. The first is military caregiver leave, and the second is qualifying exigency leave. Each of these leaves is detailed below.

Military Caregiver Leave

Unpaid military caregiver leave is designed to allow eligible employees to care for certain family members who have sustained serious injuries or illnesses in the line of duty while on active duty. Military caregiver leave is a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period.

To be "eligible" for military caregiver leave, you must be a spouse, son, daughter, parent, or next of kin of the covered servicemember. "Next of kin" means the nearest blood relative of the servicemember, other than the servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions; brothers and sisters; grandparents; aunts and uncles; and first cousins; unless the servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave. You must also meet all other eligibility standards as set forth within our family and medical leave policy.

If eligible, you may take up to 26 workweeks of military caregiver leave to care for a covered servicemember in a "single 12-month period." The "single 12-month period" begins on the first day leave is taken to care for a covered servicemember and ends 12 months thereafter, regardless of the method used to determine leave availability for other FMLA/CFRA/NPLA-qualifying reasons. If you do not exhaust your 26 workweeks of military caregiver leave during this "single 12-month period," the remainder is forfeited.

Military caregiver leave applies on a per-injury basis for each servicemember. Consequently, if eligible, you may take separate periods of caregiver leave for each and every covered servicemember, and/or for each and every serious injury or illness of the same covered servicemember. A total of no more than 26 workweeks of military caregiver leave, however, may be taken within any “single 12-month period.” Within the “single 12-month period” described above, an eligible employee may take a combined total of 26 weeks of FMLA leave including up to 12 weeks of leave for any other FMLA/CFRA/NPLA-qualifying reason (i.e., birth or adoption of a child, serious health condition of the employee or close family member, or a qualifying exigency). For example, if you are found eligible, then during the “single 12-month period,” you may take up to 16 weeks of FMLA leave to care for a covered servicemember when combined with up to 10 weeks of FMLA/CFRA/NPLA leave to care for a newborn child.

An employee seeking military caregiver leave may be required to provide appropriate certification from the employee and/or covered servicemember and completed by an authorized health care provider within 15 days. Military caregiver leave is subject to the other provisions in our leave policy (requirements regarding employee eligibility, appropriate notice of the need for leave, use of accrued paid leave, etc.). Military caregiver leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

Qualifying Exigency Leave

Eligible employees may take unpaid “Qualifying Exigency Leave” to tend to certain “exigencies” arising out of the covered active duty or call to covered active duty status of a “military member” (i.e. the employee’s spouse, son, daughter, or parent). Up to 12 weeks of qualifying exigency leave is available in any 12-month period, as measured by the same method that governs measurement of other forms of leave under FMLA (with the exception of military caregiver leave, which is subject to a maximum of 26 weeks of leave in a “single 12 month period”). Although qualifying exigency leave may be combined with leave for other FMLA/CFRA/NPLA-qualifying reasons, under no circumstances may the combined total exceed 12 weeks in any 12-month period (with the exception of military caregiver leave as set forth above). The employee must meet all other eligibility standards as set forth within our leave policy.

Persons who can be ordered to active duty include active and retired members of the Regular Armed Forces, certain members of the retired Reserve, and various other Reserve members including the Ready Reserve, the Selected Reserve, the Individual Ready Reserve, the National Guard, state military, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

A call to active duty refers to a *federal* call to active duty, and *state* calls to active duty are not covered unless under order of the President of the United States pursuant to certain laws.

Qualifying exigency leave is available under the following circumstances:

- **Short-notice deployment.** To address any issue that arises out of short notice (within seven days or less) of an impending call or order to covered active duty.
- **Military events and related activities.** To attend any official military ceremony, program, or event related to covered active duty or call to covered active duty status or to attend certain family support or assistance programs and informational briefings.
- **Childcare and school activities.** To arrange for alternative childcare; to provide childcare on an urgent, immediate need basis; to enroll in or transfer to a new school or daycare facility; or to attend meetings with staff at a school or daycare facility.
- **Financial and legal arrangements.** To make or update various financial or legal arrangements; or to act as the covered military member's representative before a federal, state, or local agency in connection with service benefits.
- **Counseling.** To attend counseling (by someone other than a healthcare provider) for the employee, for the military member, or for a child or dependent when necessary as a result of duty under a call or order to covered active duty.
- **Temporary rest and recuperation.** To spend time with a military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to 15 calendar days of leave for each instance of rest and recuperation.
- **Post-deployment activities.** To attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of up to 90 days following termination of the military member's active duty status. This also encompasses leave to address issues that arise from the death of a military member while on active duty status.
- **Parental care.** To care for the military member's parent who is incapable of self-care. The parent must be the military member's biological, adoptive, step, or foster father or mother, or any other individual who stood in loco parentis to the military member when the member was under 18 years of age.
- **Mutually agreed leave.** Other events that arise from the military member's duty under a call or order to active duty, provided that Trusted Health and the employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

An employee seeking Qualifying Exigency Leave may be required to submit appropriate supporting documentation in the form of a copy of the military member's active duty or rest and recuperation orders or other military documentation indicating the appropriate military status and the dates of active duty status, along with a statement setting forth the nature and details of the specific exigency, the amount of leave needed and the employee's relationship to the military member, within 15 days. Qualifying Exigency Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

Military Leave of Absence

Employees who require time off from work to fulfill military duties will be treated in accordance with applicable requirements of state and federal laws. You are expected to notify your supervisor of upcoming military duty by providing your supervisor with a copy of your orders as soon as possible.

Definitions

A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement includes an incapacity of more than three full calendar days and two visits to a health care provider or one visit to a health care provider and a continuing regimen of care; an incapacity caused by pregnancy or prenatal visits, a chronic condition, or permanent or long-term conditions; or absences due to multiple treatments. Other situations may meet the definition of continuing treatment.

A "covered servicemember" is either: (1) a current servicemember of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness incurred in the line of duty for which the servicemember is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list; or (2) a "covered veteran" who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

A "covered veteran" is an individual who was discharged under conditions other than dishonorable during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. The period between October 28, 2009 and March 8, 2013 is excluded in determining this five-year period.

The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition." For current servicemembers, the term "serious injury or illness" means an injury or illness that was incurred by the member in the line of duty while on active duty in the Armed Forces or that existed before the beginning of active duty and was aggravated by such service, that may render them medically unfit to perform the duties of their office, grade, rank or rating.

For covered veterans, this term means a serious injury or illness that was incurred in the line of duty while on active duty in the Armed Forces or that existed before the beginning of active duty and was aggravated by such service and manifested itself before or after the individual assumed veteran status, and is: (1) a continuation of a serious injury or illness that was incurred or aggravated when they were a member of

the Armed Forces and rendered them unable to perform the duties of their office, grade, rank or rating; (2) a physical or mental condition for which the covered veteran has received a VA Service Related Disability Rating (VASRD) of 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; (3) a physical or mental condition that substantially impairs the veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would be so absent treatment; or (4) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

"Qualifying exigencies" include activities such as short-notice deployment, military events, arranging alternative childcare, making financial and legal arrangements related to the deployment, rest and recuperation, counseling, parental care, and post-deployment debriefings.

Limited Nature of This Policy

This Policy should not be construed to confer any express or implied contractual relationship or rights to any employee not expressly provided by FMLA/CFRA/NPLA. Trusted Health reserves the right to modify this or any other policy as necessary, in its sole discretion, to the extent permitted by law. State or local leave laws may also apply.



Onboarding and Next Steps

Employment Application and Orientation Process

Objectives in Our Application Process

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

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

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

Steps in Our Application Process

Proof of Citizenship or Ability to Work as Required by Law

Trusted Health verifies eligibility to work in the United States. The U.S. Immigration and Naturalization Service require that all 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 your employment.

Background Checks

Trusted Health may perform a criminal background check as part of your application, which may include a felony and misdemeanor search in the state in which you reside, and may also include states and counties in which you had resided or were employed within the previous 7 years when specified in the written agreement between Trusted Health and its partner facilities. Criminal background checks can also be conducted post-employment based upon a reasonable suspicion of criminal activity.

In addition, Trusted Health verifies as part of your application that you are not included in the Office of Inspector General's (OIG) or the Excluded Parties List System (EPLS) databases of excluded providers.

License/Certification/Education Verification

As an applicant, you may be required to provide valid, original professional licenses to practice your profession in the state of the assignment, Basic Cardiac Life Support (BCLS) certification, and any other professional certifications required for the practice of your specialty when specified in the written agreement between Trusted Health and its partner facilities. Trusted Health conducts primary source verification of professional licenses in all states where Trusted Health Inc. is employing or offering placement for its clinicians, using the appropriate licensing bodies to verify issue date, expiration date, and active status of license 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 Trusted Health and falsification of any documentation will render you completely ineligible for employment with Trusted Health.

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.)

While our team will do the best we can to keep you abreast of any upcoming deadlines for renewals, as a Trusted clinician, it is your responsibility to maintain a current valid license. Failure to do so will result from removal from duties and progressive discipline. You are required to immediately notify Trusted Health if a license/certification is suspended or revoked prior to education.

Reference Checking

Trusted Health verifies at least one reference from your previous employers or from clinical peers that may provide information related to your knowledge and applied job skill proficiency or confirm your dates of employment.

Pre-Employment Skills and Competency Assessment

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

Applicants must also complete a competency examination for every specialty to which they would like to be assigned and receive a passing score of at least 70%. Any applicant not receiving a passing score on their first time will be given one additional

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

Health Screening

As an applicant, you may need to go through a screening process when specified in the written agreement between Trusted Health and its partner facilities, to demonstrate that you are free from communicable disease and any health impairment that is of potential risk to yourself, your patients, and other employees, or that may interfere with the performance of your duties. All applicants may need to provide:

- Clearance for Work: If required in the written agreement between Trusted Health and its partner facilities, you must submit a written clearance for work conducted within the last twelve months prior to your hire date. The Clearance for Work shall include whatever specifications are in the written agreement between Trusted Health and its partner facilities, which may or may not include a medical history, physical examination, laboratory work as indicated, and a written report to indicate that you are physically and medically qualified to perform the duties to be assigned. In addition, annual physicals will be required thereafter.
- Tuberculosis Test: If required in the written agreement between Trusted Health and its partner facilities, a TB test will need to be conducted within the last twelve months prior to your hire date. The TB test may show a negative result. Should you test positive as a tuberculin reactor, you 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 following a positive skin test or documented history of positive skin test, repeat chest X rays thereafter are not required if you present positive skin results unless specified in the written agreement between Trusted Health and its partner facilities. Applicants with positive TB results must also complete a TB questionnaire upon hire and annually thereafter when specified in the written agreement between Trusted Health and its clients.
- Vaccinations: If required in the written agreement between Trusted Health and its partner facilities, you must submit proof of exposure to or immunization against Rubella, Rubeola, mumps, and Varicella zoster.
- Drug Test: If required in the written agreement between Trusted Health and its partner facilities, you must submit a drug screen that may screen any or all of the following: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, meperidine, methadone, opiates, phencyclidine, propoxphene.
- Hepatitis B: If required in the written agreement between Trusted Health and its partner facilities, you must provide proof of vaccination against Hepatitis B or sign a waiver/declination. The Hepatitis B vaccine and vaccination series shall be made

available at no cost to all employees. You shall not receive the vaccination if you have previously received the Hepatitis B vaccination series or have antibody resting which reveals that you are immune, or, if the vaccine is specifically contraindicated for medical reasons.

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

Interview and Education

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

Any applicants are also oriented to Trusted Health's general policies and procedures, as well as specific administrative policies on overtime and scheduling. As an applicant, you are also oriented and asked to acknowledge your 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 will require your signature. The form will be retained in your personnel record.

Maintaining Nursing Personnel Files

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

Orientations and Continued Learning

Orientation

Trusted Health will provide all new employees with an orientation to the company's policies and procedures. Each employee will receive an Employee Handbook. Trusted Health attempts to provide a comprehensive and thorough pre-employment orientation and in service training that reflects current compliance and promotes safe healthcare delivery. The program includes, but is not limited to the following:

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

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

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

Reporting to a Facility's Orientation

We recommend that you report approximately one (1) hour early for orientation (it may vary for each facility) and carry your photo ID for evidence of identity as well as your nursing license and certifications with you.

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

Once you have completed orientation and are reporting to your facility to work your shift, be sure to report to the appropriate supervisor; locate and comply with the facility policy and procedures manual, locate fire pulls, crash cart, med. room, linen cart, and appropriate exits before your shift starts; and always dress in proper attire when working at the facility.

Finally, please note that orientation is only paid when the time has been properly verified by facility staff.



Ethics and Conduct

Ethics

Code of Business Ethics

At the core of Trusted Health's Code of Business Ethics (below) is our belief in fulfilling our mission to deliver the care everyone deserves by placing the interests of the client facilities, and ultimately the patient, above our personal and individual interests. Our code is designed to reinforce our client facilities' existing policies and procedures.

- We must preserve our reputation for integrity and professionalism. The manner in which employees carry out their responsibilities (i.e. maintaining personal integrity) 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.
- We are committed to protecting the privacy, confidentiality and security of personal (education, employment, and health) information of its employees. Specific information from staff is not to be released to anyone outside of Trusted Health without a court order, subpoena of applicable statute. We strive to provide authorized third parties with information whenever requested while maintaining our responsibility to control the release of information to protect the privacy and confidentiality of the employee and/or corporate information.
- Marketing materials, regardless of medium, shall accurately describe our services, facilities and resources.
- To maintain high standards of performance, we employ only the individuals we believe 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.
- We are committed to maintaining a workplace environment in which employees are free from sexual harassment.
- We 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.
- We recognize that our employees and clinical staff are our most valuable assets, and we are committed to protecting their safety and welfare. Timely action will be taken to correct any reported unsafe conditions.
- We prohibit the use or possession of illegal drugs and alcohol abuse on Trusted Health property or while engaged in company activity.
- We are committed to providing education for all employees regarding their responsibilities to uphold our ethics and corporate compliance guidelines.
- We are committed to protecting our own trade secrets, proprietary information and other internal information, as well as those of our clients.

As an employee, if you become aware of any ethical issues or unethical practices, you must immediately report it to your supervisor. If your supervisor is unavailable or you

believe it would be inappropriate to contact that person, because of their involvement in the situation, then you should immediately contact Trusted Health HQ or any other member of management. Any employee can raise concerns and make reports without fear of reprisal or retaliation.

All reports and inquiries will be handled confidentially to the greatest extent possible under the circumstances. You may choose to remain anonymous, but please note that in some cases, your anonymity can make it more difficult to follow up and ensure resolution to the situation.

Conduct

General Standards

As a Trusted Health clinician, you are responsible for exercising appropriate judgment and conducting yourself in a manner that reflects the highest standards of professional and personal ethics and behavior.

Conduct while Assigned to Facility

As a Trusted Health clinician, you are required to abide by the following conduct guidelines:

- You must be duly licensed to practice your profession in any state where you are assigned and must maintain current professional standing at all times. You must also submit evidence of such licensing to Trusted Health prior to commencing your assignment. Finally, you must notify us immediately in the case of suspension or revocation of your 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.
- At least 10 days prior to the assignment date in your assignment detail, you must submit all requested documentation necessary to comply with the expectations of us, your assigned facility, and the Joint Commission.
- You must observe and comply with the applicable policies, procedures, rules and regulations established by your assigned facility.
- You must agree to work all scheduled shifts as directed by your assigned facility (including weekends and holidays).
- You must fully adhere to all quality assurance, peer review, risk management program or other programs that may be established by your assigned facility to promote appropriate professional standards of medical care. You must also accept both clinical and operational supervision from your immediate supervisor.
- Patient records and charts shall at all time remain the property of your assigned facility. You must agree 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 your assigned facility and all information related to this Agreement.
- You must immediately provide written notice to Trusted Health as to any legal proceeding instituted or threatened, or any claim or demand, made against you or us with respect to your rendering of services under this Agreement.
- You must notify your assigned facility of any unscheduled absence at least two (2) hours prior to beginning a shift and notify Trusted Health within twenty-four (24) hours to report the unscheduled absence.
- If you suffer any injury or illness, this must be reported to a Trusted Health 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 injury procedures at your assigned facility.

- You may not disclose any Trusted Health trade secrets or any confidential or proprietary information belonging to Trusted Health, our employees, the facilities we work with, or patients of those facilities. Furthermore, you may not compete either as a direct competitor or with a competing company at the facility to which you have been assigned.
- Trusted Health prohibits field staff to discuss bill rates of hospitals or special rates of Trusted Health with other healthcare providers.
- 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.

Conduct while Working at Hospitals

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

- Care should be rendered 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 Trusted Health's policies and procedures in this regard.
- Interactions with all hospital patients, visitors, employees, physicians, vendors, etc., must be conducted in a courteous and professional manner at all times ensuring that Trusted Health is always presented in the most favorable light.
- Counseling of the patient regarding personal problems and/or conversing with patients about topics not relevant to the plan of care is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly.
- Appropriate language is to be used at all times at your assigned facility and in any patient care area, whether private or public. Abusive, profane, threatening, demeaning, language resulting in violations of HIPAA 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 or after discharge from the assigned facility is prohibited. You 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. You should discuss with your manager any matter of concern regarding your contacts with current or former patient/family members or patients' significant others.
- Rules and regulations related to patient confidentiality in all areas, including patient care in public and non-patient care areas, must be upheld. 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.
- 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 is not to be discussed with any patient, patient group, or family/significant others.
- Criticism of or disagreement with other patient care providers or physicians may not be communicated 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.
- Situations that may pose conflicts between personal interests and Trusted Health or the facility are to be avoided. Accepting gifts or compensation of any kind as a consequence of your position at Trusted Health is discouraged, and these gifts or compensation may not be solicited.
- Inappropriate interactions with patients, staff, and others within the hospital are prohibited and will be met with investigation and quick response within the framework of Trusted Health's policies and procedures.
- All applicable rules or professional codes of conduct pertaining to your license and certification, in addition to the rules stated herein, are to be followed.
- All Trusted Health clinicians are expected maintain English proficiency standards and use English exclusively during all paid working hours.

Dress Code Policy

Dress code policy must be followed at all times while on the hospital premises. The Trusted Health 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)

Exceptions may be made with the written approval of the manager

- Jewelry is to be kept at a minimum and in line 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, sans artificial applications.
- 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.

Social Media Policy

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal website, social networking or affinity website, web bulletin board or a chat room, whether or not associated or affiliated with Trusted Health, as any other form of electronic communication. Use of social media presents certain risks and carries with it certain responsibilities. Our guidelines for appropriate uses of social media include but are not limited to the following:

- You are solely responsible for what you post online. Any of your conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects members, customers, suppliers, people who work on behalf of Trusted Health or Trusted Health's legitimate business interests may result in disciplinary action up to and including termination.
- Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.
- Should you decide to post complaints or criticism, avoid using statements, photographs, video, or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage customers, members, associates, or suppliers, or that might constitute harassment or bullying.
- You must strive to be honest and accurate when posting information or news about Trusted Health, and if you make a mistake, correct it quickly. Never post any information or rumors that you know to be false about Trusted Health, fellow co-workers, members, customers, suppliers, people working on behalf of Trusted Health, or competitors.

- Maintain the confidentiality of Trusted Health’s trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how, and technology. Do not post internal reports, policies, procedures, or other internal business-related confidential communications.
- Respect financial disclosure laws. It is illegal to communicate or give a “tip” on inside information to others so that they may buy or sell stocks or securities.
- Do not create a link from your blog, website, or other social networking site to a Company website without identifying yourself as an employee of Trusted Health.
- Express only your personal opinions. Never represent yourself as a spokesperson for Trusted Health. If Trusted Health is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of Trusted Health, fellow employees, members, customers, suppliers, or people working on behalf of Trusted Health.
- Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by your manager or consistent with Trusted Health’s policies. Do not use Trusted Health e-mail address to register on social networks, blogs, or other online tools used for personal use.
- Trusted Health clinicians may not speak to the media on Trusted Health’s behalf without contacting their supervisors.

Trusted Health prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. For more information or further guidance on social media policies, please contact your supervisor.

Policies Against Substance Abuse, Violence, Assault, and Harassment in the Workplace

Substance Abuse Policy

Trusted Health believes that maintaining a workplace that is free from the effects of drug and alcohol abuse is the responsibility of all parties involved in our business, including our clinicians and their assigned facilities.

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. Furthermore, 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. You 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.

Trusted Health 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 facility 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, upon reasonable suspicion of alcohol or drug use, or upon any other circumstances which warrant a test.

Anti-Harassment Policy

Trusted Health 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 race, religion, color, national origin, ancestry, physical and/or mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and/or veteran status, 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 Trusted Health HQ 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.

Anti-Assault/Violence Policy

Trusted Health 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.

Trusted Health 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.

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:

- 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.
- 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.

- Creating a hostile work environment: Any intentional non-physical 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 hospital or threatening environment.

As an employee of Trusted Health, you must conduct yourself in such a way to reduce the possibility of any conflicts or acts that would create a violent, abusive or unsafe workplace environment for yourself or others. You must notify management of workplace violence incidents, which have occurred on or off-site that has the potential of impacting the work environment. You must also remove yourself or make a serious attempt to retreat from a situation that may lead to workplace violence and report this situation to management.



Evaluations and Education

Performance Improvement and Education

General Overview

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

Assessments of Performance

Initial Assessment

Upon hire, Trusted Health will inform newly hired nurses of all the competencies that must be met. For the initial assessment, the required competency self-assessments will serve as your baseline assessment. Review and education for errors on any competency exams, pharmacology exams, and additional examinations will also serve as areas of improvement.

Quarterly Assessments

Trusted Health has attempted to implement a continuous, systematic, and coordinated approach to measure and assess hospital's feedback on all agency personnel being utilized.

Caregivers are assessed by the charge nurse, nurse manager or client designee once during their assignment or at least quarterly. This assessment focuses on professionalism, safety, patient care, compliance, assessment, planning and documentation. It is also utilized to ensure satisfactory clinical performance.

Any unsatisfactory scores will be reviewed and discussed with each nurse and methods for improvement recommended by Trusted Health's President or Clinical Liaison. For more information on Trusted Health's Progressive Discipline Program, please see the section labeled as such.

Periodic Assessments

Trusted Health's President or Clinical Liaison conducts annual assessments of all clinical staff. Quarterly performance evaluations are solicited via phone calls that review clinical performance based on feedback from facilities to which the nurse in question has been assigned. The President or Clinical Liaison and the facility will evaluate your job performance based on the functions and standards as outlined in the assignment's job description. You, along with the President or Clinical Liaison, will identify strengths, accomplishments and areas for improvement and development. All hospital reviews,

including initial and random assessments are also incorporated into the ninety-day and annual performance reviews. You must also update their competency self-assessments at this time.

If an improvement in your performance is required, written recommendations identifying the performance expected will be created and will be used to clarify and gain your commitment to perform to those expectations. The President or Clinical Liaison will provide written coaching, resources, and suggestions to assist you in working toward the performance expectations established in this phase. In the event that a Performance Plan is created, it is expected that the President or Clinical Liaison will conduct Progress Checks or informal reviews of performance to determine whether 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.

Performance Review

Every healthcare professional employed by Trusted Health, who is currently working and has worked in the last year, will have an annual performance evaluation carried out by the Trusted Health, during the month of December or at the anniversary of their date of hire. Traveling providers are eligible for annual evaluations if the provider has worked a minimum of one 13-week assignment during the preceding year and are active at during the current year in at the anniversary of their date of hire. Per Diem providers are eligible for annual evaluations if the provider has worked a minimum of 8 hours during the preceding year and are active during the current year at the anniversary of the date of hire.

Trusted Health will attempt to obtain feedback from facility representatives regarding clinical staff competence and the clinician's ongoing performance. Unfortunately, some facilities will not cooperate with us in this regard, so we may also solicit feedback via phone. Any feedback from facilities to which you have been assigned regarding your clinical and/or professional performance will be addressed with you immediately. Follow-up with said facilities will be completed within an appropriate time frame.

Annual skills checklists which apply to specialty area of work will be completed by every health professional employed by Trusted Health. When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.

Trusted Health will assess aspects of your competence at hire, at performance evaluation, and as needed or required by state licensing agencies, to ensure that you have the skills or can develop the skills to perform and continue to perform your duties. Ultimately, Trusted Health's President or Clinical Liaison is responsible for ensuring that any areas of development that are identified are addressed.

Ongoing/Continuing Education

As a Trusted Health clinician, you are responsible for pursuing ongoing continuing education to ensure that you have a current knowledge and practice base. We maintain information on available resources for BLS, ACLS, PALS, etc. The following online education programs are also available for continuing education; however, these are not an exhaustive list of available resources: www.nursetesting.com, www.nursingspectrum.com, and www.lww.com. Evidence of continuing education and annual required in-service education are part of the ongoing competency assessment program and will be maintained in your personnel file. Please be sure to provide Trusted Health HQ with copies of your continuing education certificates.

Disciplinary, Do-Not-Send, and Termination Policies

Disciplinary Action

Trusted Health has established workplace standards of performance and conduct as a means of maintaining a productive and cohesive working environment. Our system emphasizes correction of the offensive behavior; however, 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 us or your assigned facility
- Failure to comply with all safety rules and regulations, including wearing safety equipment when instructed
- Reporting to work under the influence of alcohol, illegal drugs, or in possession of either item on our premises or that of your assigned facility
- Lewd behavior, possession of weapons or explosives, or provoking, instigating or participating in a fight on our premises or that of your assigned facility
- Violation of the harassment policy
- Insubordination of any kind, i.e. refusal to carry out reasonable work requests from your supervisor (This action is grounds for immediate termination.)
- 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 the premises of Trusted Health, your assigned facility, or any other work sites
- Disclosing confidential information without authorization
- Disregard for established policies and procedures
- Excessive cancellations or tardiness
- Discourtesy to staff at assigned facility or fellow Trusted Health employees

Do-Not-Send Prevention

Unsatisfactory experiences may leave certain nurses designated as Do-Not-Send by certain facilities. Maintaining the high standards of conduct that we hold you to as a Trusted Nurse can help you make the most of your assignment, positively represent other flexible professionals like yourself, and open the door to other flexible clinical opportunities. Below is a non-exhaustive list of tips on how to put these standards into practice and truly be "Trusted":

- Be on time to all shifts
- Take detailed patient reports
- Show initiative; communicate early and often
- Avoid handling personal business during your shift
- Make every attempt to adjust to your facility's procedures and guidelines
- Be conscious of Joint Commission National Patient Safety Goals in your practice

Termination Policy

Trusted Health will use the point system outlined below to determine termination as a result of Do Not Sends and/or performance issues. Significant performance issues or ongoing performance issues can result in termination.

1 Point	Attitude / lack of professionalism or customer service
2 Points	<p>Clinical incompetence</p> <p>Poor time management</p> <p>Medication error</p> <p>Documentation deficiencies</p> <p>Lack of compassion</p>
3 Points	<p>Danger to patient</p> <p>No call / no show</p> <p>Departing facility before end of shift due to dissatisfaction with assignment</p> <p>Receiving (or having received) a Do Not Send from any Travel Assignment, regardless of origin</p>
5 Points	<p>Illegal Behavior, i.e. false identity; falsified documentation, use of or distribution of controlled substances etc.*</p> <p><i>*any nurse involved in illegal activity will be terminated immediately</i></p> <p>Patient abandonment**</p> <p><i>**when a nurse is under investigation for this behavior, they will be considered terminated until exonerated from all accusations</i></p> <p>Error resulting in patient's death or permanent physical or mental damage</p>

	Self-terminating travel assignment without proper notice to Trusted Health or their assigned facility
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A nurse who receives a total of at least 5 points will be considered for termination.

Should you have any questions regarding our termination policy, please feel free to contact Trusted Health HQ for clarification.



Giving Feedback

Complaint Resolution

Complaint Resolution Policy

Purpose of Complaint Resolution Policy

This policy applies to any complaint and/or concern from a facility to which a Trusted Nurse is assigned regarding a situation or incident that results in the facility's dissatisfaction with that nurse or our company. The purpose of our complaint policy is:

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

Guidelines on Filing Complaints

All Trusted Health patient care providers and internal office staff are entitled to full and equal accommodations, advantages, facilities, privileges and services provided by the company. Trusted Health accepts complaints from persons who believe that they have experienced a violation of their rights. The following guidelines shall be followed in resolving complaints.

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

- If the complaint is substantiated, a reconciliation conference to settle the complaint will be scheduled. Settlement terms may require:
 - Restoration of previously denied rights.
 - Compensation of any out-of-pocket losses incurred by person filing complaint
 - Correction of other harm(s) resulting from the violation(s).
 - Modification of practices that adversely affect persons protected under law
 - Other actions to eliminate the effects of violation of rights.

Our goal is to always provide both our nurses and the facilities and/or patients to which they are assigned with a consistent level of service and support. We encourage members of either party to contact Trusted Health HQ to discuss any sources of dissatisfaction, and we have processes in place to resolve complaints in an effective and efficient manner.

For Any Cases Requiring Further Complaint Resolution

Any individual that has a concern about the quality and safety of patient care delivered by Trusted Health's clinical professionals, whose concern has not been addressed by Trusted Health HQ, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at 630.792.5636. Trusted Health will take no retaliatory or disciplinary action against employees for reporting safety or quality of care concerns to the Joint Commission.

Reporting Issues

Guidelines for Filing Reports

Issues may arise while you are on assignment as a Trusted Nurse. It is important that you maintain professionalism and integrity throughout the conflict resolution process and that, above all, patient safety is the priority.

Common issues that may arise are:

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

In the event of any of the above events:

- Contact the nursing supervisor for assistance
- If escalation is required, contact Trusted Health for mediation
- Complete an incident report at the facility (if required)
- Complete an incident report at Trusted Health (if required)



Nursing Essentials

Restraints

Behavior Modification Restraints

Overview of Behavior Modification Restraints

Behavior modification restraints are physical or mechanical devices that 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 restraints:

- safety restraints
- side rails or, for infants, a safety net to keep patients from falling out of bed
- handcuffs applied by peace officers
- 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 (hereafter referred to as "psychiatric restraint"). A psychiatric restraint is used for patient signs of acute mental illness who appear to be a danger to themselves or others. A medical restraint is used for patients whose primary diagnosis is medical and for whom psychiatric hospitalization is not indicated.

During behavior modification restraint of a patient, attention should be given to the patient's needs including hydration, elimination, and nutrition. A report of the clinical assessment must be recorded in the medical record. All restraints must be released at least every two hours.

Medical Restraint with Permission of Patient/Family

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

- A physician's order is required.
- 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.
- 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 rules below should be followed:

- 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.
- 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.
- 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.
- Devices to be used may include soft ties, Posey vests, mittens, etc. Hard leather restraints shall not be used for medical restraint.
- 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.
- 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.

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).

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.)

The rules below should be followed in regards to safety restraints:

- A physician's order is required. PRN orders may be used.

- In addition to usual nursing evaluation and care, the patient's needs, including hygiene, elimination and nutrition, shall be assessed at least two hours.
- 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

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

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

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:

- type of restraint
- the starting and ending times
- indications for use
- level/frequency of evaluation

Verbal orders must be signed within 24 hours of implication. Furthermore, documentation in the medical record shall include:

- Time and type of restraint applied, noting skin condition and color
- Reason for application of restraints
- Time restraint are released/removed
- Needs of the patient are addressed: ADLs hygiene, fluids, and elimination
- Prior alternatives considered and lack of effectiveness

- Functional assessment

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.

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. The 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 assess circulation.

End of Life Care and Emergency Codes

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

The Emergency Code Key

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

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

Your Role in Disasters and Emergencies

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

Should they be required, backup communication systems may include: use of pay phones, use of FAX machines, distribution of 2-way radios to patient care areas; and

use of runners. Backup supplies and equipment for disasters will be provided by your facility; consult with your facility or direct supervisor for further information.

EMTALA and HIPAA

Emergency Treatment of Patients (EMTALA)

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

Trusted Health 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 the ER, please make sure you receive and complete Trusted Health's education module on EMTALA.

HIPAA Rules and Regulations

HIPAA Privacy Rules

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

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

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

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| • 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 (Trusted Health) 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.

"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.

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. Types of information that are protected under this classification include:

- Paper records
- Computerized information
- Oral communication

Furthermore, examples of PHI include:

- 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)

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.

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

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.

Verbally Discussing PHI 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:

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| • 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.

Handling PHI for Minors

If a patient is a minor (under 18 years of age), the patient's parents or guardian may receive or direct 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.

Any unemancipated minors (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

Prevention Points

With the use of proper body mechanics and ergonomics (the undersigning of the workplace to fit the worker), most injuries are preventable.

Lifting

The following prevention points on lifting, when adhered to, will promote safety.

- 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 overreach, and carry the load close to you.
- Avoid lifting higher than your waist.
- Push and don't pull.
- Ask for help.

Sitting

The following prevention points on sitting, when adhered to, will promote safety.

- 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 overreaching
- Position yourself directly in front of your work and make sure your work is at eye-level to avoid neck strain.

Standing

The following prevention points on standing, when adhered to, will promote safety.

- 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

The following prevention points on back care, when adhered to, will promote safety.

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

Cultural Diversity and Communication

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.

Minimizing Culturally-Based Misunderstandings and/or Conflict

Below are suggested approaches to minimize conflict in a cultural setting:

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

Cross-Cultural Communication 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 is 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.

Verbal Behavior

Below are ways to increase the chances to accurately understanding people who speak a different language through verbal behavior.

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

Non-Verbal Behavior

Below are ways to increase the chances to accurately understanding people who speak a different language through verbal behavior.

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

Additional Tips on Comprehension and Motivation

In addition, the following tips will increase your ability to accurately understand and communicate with people who may speak a different language.

- When there is silence, wait. Do not jump to fill in the silence. The other person is probably thinking.
- Do not equate poor grammar and mispronunciation with lack of intelligence. It is a sign of second language use.
- If unsure, assume differences rather than similarities.
- Do not assume that they understand. Assume that they do not
- Have the people repeat their understanding
- Take more breaks, second language comprehension is exhausting.
- Verbally and non-verbally encourage and reinforce.
- Do not embarrass speakers.

Strategies to Communicate Effectively

Strategies to overcome our natural parochial tendencies do exist. With care, the default option can be avoided. We can learn to understand and control our own cultural conditioning. In facing foreign cultures, we can emphasize description rather than

interpretation or evaluation and thus minimize self-fulfilling stereotypes and premature closure. We can recognize and use our stereotypes as guides rather than rejecting them as simplification. Effective cross-cultural communication pre-supposes the interplay or alternative realities. It rejects the actual or potential domination of one reality over another.

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

Additional Cross-Cultural Differences

Time

People of different cultural backgrounds will have different perceptions of time and timeliness. Below are tips for handling these as they arise.

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to the conclusion that anyone is irresponsible, stupid, or insensitive if their perception of time is different from yours.
- If you cannot adapt to the other person's sense of time, negotiate something that will work for both of you.

Remember that culture runs deep. It is one thing to make an agreement and another to create a habit. Changes here will take patience, persistence with others and yourself.

Space

How large of a space you deem necessary for yourself depends on your background and culture. Getting too close may make others think you are intrusive, aggressive, or pushy. Staying too far may give them the impression that you are cold, impersonal, afraid or disinterested. Below are tips for handling differences in perceptions of space.

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

Touch

It's important to understand that when people touch physically it means different things. These include, but are not limited to:

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

Communication

With the above points in mind, remember to be aware of the following when you communicate with patients:

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

Discharge Planning

General Information

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

Definition of Hospital Discharge Planning

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

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

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

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

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

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

Patient's Rights and Responsibilities

The Patient's Bill of Rights

Rights and Responsibilities Outlined in 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 Healthcare 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, an injury, or sudden illness that convinces them that they are in serious danger, they 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 be considerate, respectful care from doctors, health plan representatives, and other health care providers without discrimination.
6. *Confidentiality of Health Information*: Patients have the right to talk privately with health care providers and to have their health care information protected. Patients also have the right to read and copy their own medical record. Patients have the right to ask that a doctor change their record if it is not accurate, relevant, or complete.
7. *Complaints and Appeals*: Patients have the right to a fair, fast, and objective review of any complaint they have against their health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

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

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

1. *Autonomy*: Independence, self-direction, and freedom of choice. When patients choose a healthcare provider, a healthcare facility, or make decisions about treatment, they are exercising autonomy. The Patients' Bill of Rights supports autonomy by supporting patients' rights 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, Living Wills, and Durable State of Attorneys

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.

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.

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

Guidelines

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

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

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

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

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

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

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

Utility and Medical Equipment Management

Utility Management

Types of Utilities

Utilities are basic building services. They include:

- Electricity
- Water
- Sewer
- Natural gas
- Piped Medical gases (i.e. oxygen, nitrogen, nitrous oxide and carbon dioxide)
- Heating, Ventilation and Air Conditioning Systems (HVAC)
- Fire Protection System
- Pneumatic tube systems
- Telephones
- Computers

Code White: Utility Failure

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

Medical Equipment Management

Safe Medical Devices Act

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:

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

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

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

Radiation Safety

To protect yourself from 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 in use. Routine testing and evaluation of equipment, procedures, personnel monitoring and continuing education are critical. Those involved with radiation must attend an annual refresher course on Radiation Safety. Furthermore:

- 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 countertops labeled "Caution: Radioactive Materials." These may be radioactive and require special clean-up procedures.

Patient Education, Pain Management, and Fall Prevention

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.

Implementation of Patient/Family Education

Patient teaching is based on assessed learning needs; this assessment should include consideration of cultural and religious practices. Once any barriers to learning are identified and age-appropriate teaching is matched with the patient's (and/or guardian's) developmental stage, education should be 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 should be medically current, instructionally correct, cost effective and developmentally coordinated through the Patient Education Committee.

The Nurse's Role in Patient Education

Nurses play an important part in patient education. They assess and re-assess qualities that may affect best teaching practices with a given patient, including cultural and religious beliefs. They can also identify learning barriers and learning needs, and

provide in-room orientation. Nurses collaborate with the patient/family and involves the interdisciplinary team to teach their patients. In addition, a nurse often:

- 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 appointments with physicians, danger signals and symptoms to report, medications to take, and food-drug interactions to look out for
- Provides patient with education materials on self-care, activity, assistive devices, access to resources, pain management, and return-to-work/driving

Pain Management

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

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

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

Pain control measures fall into two categories:

1. Pharmacological interventions
2. Non-pharmacological interventions

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

- Opiates, such as morphine and codeine
- Non-opiates, such as acetaminophen

- Adjuvants, a variety of drug types that are usually used to supplement opiates or non-opiates

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

- Relaxation and distraction techniques
- Physical interventions

Relaxation and Distraction Techniques

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

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

Physical Interventions

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

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

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

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

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

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

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

- Gastric irritation
- Prolonged bleeding time.

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

Pure Agonists

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

- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine

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

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

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

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

Other opiates

Other types of opiates, nalbuphine (Nubain) and butorphanol (Stadol), provide less analgesia, but also fewer side effects. There is also a limit to their effectiveness. After a

point, higher doses do not increase analgesia. These drugs are sometimes used to reverse analgesia and side-effects caused by pure agonists.

Administration of Opiates

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

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

Adjuvants

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

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants

These drugs are used to:

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

Fall Prevention

Most facilities have developed a Fall Prevention Program to identify those patients who are at highest risk to fall, with the intent of reducing injuries. A patient fall may also result in:

- Longer hospital stays
- Permanent injury
- Disability
- Death

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

- Orient patients to their surroundings.
- Show them how to use the call light and explain how and when to get assistance
- Ensure good lighting in rooms and bathrooms

- Keep beds at a low height
- Make sure path to bathroom is clear

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

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

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

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

At-Risk 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.

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.

Additional Injuries

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

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

- Identify and correct safety hazards. (i.e. cleaning up liquids, such as water, on the floor; removing trips or obstacles; properly disposing of sharp objects, such as needles or glassware)
- Take care in using equipment.
- Follow the standard of care when doing procedures and treatments.



Safety Management

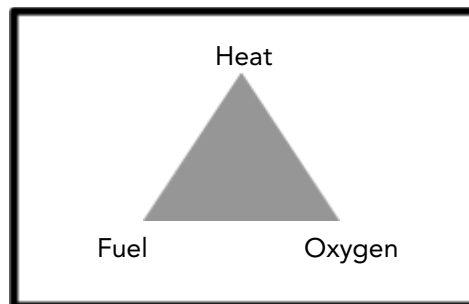
Life Safety and Fire Management

General Knowledge

Life safety and fire management training can educate employees on taking correct steps during the first few minutes of a fire-based emergency, allowing them to avert danger and catastrophe as much as possible.

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, there will be no fire.

Fire Management Action Plan

We have included a plan to direct you on steps that you can take to prepare yourself for fire-based emergencies.

Below is a list of important locations that 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)

In addition, the following guidelines should be followed:

- 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.

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- Use extinguisher to fight fire without endangering yourself

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

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

Emergency Removal

In a hospital fire, the first duty of the personnel is to remove the patient(s) who are in immediate danger. This may require moving one person or many.

Three considerations may be dominant factors in emergency patient handling:

- The nature of the emergency
- The weight and condition of the patient
- 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.

Personnel working in orthopedics should carry a small sharp pocket knife. 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.

If you encounter a patient whose body has caught on fire, then you should shut off the oxygen source in the room and get the patient on the floor to smother the fire.

Environmental Safety

General Knowledge

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.

Property Security

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:

- Securing patient valuables
- 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:

- Keep restricted areas locked
- 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:

- Wearing your ID badge
- Keeping doors locked
- 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.

Personal Safety

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

- Do not walk alone to your car at night.
- Park in well-lit areas.
- Do not keep valuables in your car.
- Report any potential security hazards.
- 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.
- 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.

Emergency Preparedness and Disaster Safety

Internal vs. External Emergencies

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

Internal Emergencies

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.

External Emergencies

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.

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

Evacuation

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

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

- **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.

- 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.
- 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.
- 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 should report to the manpower pool under the direction of personnel. Carrying teams should be available at your facility to get the patients downstairs and fire escapes.

Earthquake Preparedness

Please follow these guidelines to educate and prepare yourself in the event of an earthquake or other natural disaster:

- 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.
- 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.

- 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.
- 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.
- 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.
- Be aware of possible necessity to shut off lights, gas and water.
- 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.
- Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
- Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aid of another person.
- 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.
- Be sure the fire extinguishers are kept in good working order and that you know how to use them.
- If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
- Attempt to locate contingency plans for continued operation of the hospital based on total and/or partial shutdowns due to building, utility, communication, and/or 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.
- Organize interdisciplinary teams and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
- 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 injured.
- In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
- Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
- See that these are turned off at main valves and switches if required. Check for building damage and move patients to safe areas.
- Do not use elevators or to run into the street.
- Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas.
- Immediately clean up dangerous materials that may have spilled.

- Limit use “landline” and mobile telephones for outside calls except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies.
- Check closets and storage areas very carefully, watching for falling objects.
- After a major earthquake prepare for aftershocks which will be occurring and may cause more damage.
- Check that all telephones are correctly “on hook” so the system does not indicate “busy” to incoming or internal calls.

Electrical and Chemical Safety

Electrical Safety

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

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

Chemical Safety and Hazardous Communications

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

Understanding the Material Safety Data Sheet (MSDS)

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

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

You’ll find the following information within the MSDS:

- Identification of product: You will find the product name, manufacturer’s name, address, telephone and emergency number.
- Hazardous ingredients: Lists of all the ingredients in the product.
- Physical data: Provides information on how to work with the chemical and describes the physical characteristics.
- Fire and Explosion Hazard data: Specifies if the material may present a fire or explosive hazard and under what conditions the hazard exists.
- Health hazard data: Identifies the symptoms related to overexposure (nausea, vomiting, and dizziness).
- Reactivity Data: Describes what materials will react with the chemical you’re using.

- Spill/leak procedures: Addresses how to respond to an accident spill or leak.
- Control measures and special precautions: Specifies the type of PPE that you should wear when handling the product.
- Handling and storage precautions: Describes how to safely store and handle materials.

Physical Hazards

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

- Compressed gas: such as high-pressure oxygen and nitrous oxide cylinders.
- Explosive: substance that can explode under certain conditions of release.
- Flammable or combustible: substance that burns easily such as alcohol.
- Organic peroxide: derivative of hydrogen peroxide.
- Pyrophoric: ignites spontaneously in air under certain conditions.
- Unstable: reactive substance.
- 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:

- Carcinogens: these cause cancer, reproductive toxicity in males or females, reproductive toxins can result in fetus damage.
- Toxic: a substance that acts as a poison.
- Irritants: these may cause irritation to any body part.
- Corrosives: these can cause damage to body tissue.
- Sensitive: these can cause allergic reaction.
- Hepatoxin: this is a liver poison.
- Nephrotoxin: this is a kidney poison.
- Neurotoxin: this is a nerve poison.
- Hematopoietic System: Act on the system resulting in blood poisoning.
- 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

Harmful chemicals may enter the body through the following:

- Through inhalation (painting, stripping floors, anesthesia gas waste).
- Through absorption (handling formaldehyde and glutaraldehyde).

- 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).
- Injection (accidental needle sticks).

Handling Hazardous Materials

Below are a list of your responsibilities when handling hazardous materials:

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

Furthermore, please adhere to the following guidelines.

- 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 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.

Handling Harm from Chemical Substances

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 parts of the body that come 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 include:

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

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

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

Appropriate PPE to prevent swallowing may include:

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

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



Joint Commission

Joint Commission Education

General Information

This chapter contains additional information required as per regulation by the Joint Commission. The Joint Commission emphasizes prevention - identifying problems and correcting them before anything happens. The following sections introduce terms that you are required to know, as well as their associated definitions.

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.

Clinical Incident

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 Trusted Health of any clinical incidents that occur while on assignment, regardless of an adverse outcome. Examples of clinical incidents include:

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

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. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response. Examples of sentinel events include:

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

Certain types of events must be reported to the Joint Commission under their Sentinel Event policy, whether they actually or potentially resulted in death or serious injury:

- 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.

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

Hazardous Condition

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

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

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

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

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. Trusted Health's President or Clinical Liaison reports each situation according to the guidelines of the appropriate professional association.

Annual National Patient Safety Goals

General Information

The National Patient Safety Goals are derived primarily (but not solely) from informal recommendations made in the Joint Commission's safety newsletter, Sentinel Event Alert, and its database, which contains de-identified aggregate information on sentinel events reported to the Joint Commission. Below are the safety goals and actions to be taken to uphold them.

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.

Improve the effectiveness of communication among caregivers

First, 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. Second, standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. Third, 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. Finally, implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Improve the safety of using medications

First, have on hand a small supply of the medicines that are used in the hospital. Second, 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. Third, 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. Finally, take extra care with patients who take medicines to thin their blood.

Prevent infection

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

Check patient medicines

First, 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. Second, give a list of the

patient's medicines to the patient's next caregiver. Give this same list to the patient before they leave the hospital.

Prevent patients from falling

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

Help patients to be involved in their care

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

Identify patient safety risks

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

Watch patients closely for health changes and respond quickly if they need help

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

Prevent errors in surgery

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

Do-Not-Use List

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

Do Not Use	Why	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) 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

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

Nosocomial Infections

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

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

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

The Spread of Germs

Germs can be spread through 4 different modes of transmission:

- *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.
- *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.

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

General Prevention

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

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

CDC Hand Hygiene Guidelines

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

The Centers for Disease Control (CDC) has released the following guidelines to improve adherence to hand hygiene in health care settings. The six steps in routine hand washing are:

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

The four steps to round alcohol hand rubs are:

1. Pour the alcohol hand rub in the palm of one hand

2. Rub both hands together
3. Rub all parts of the wrist, hand, and fingers
4. Rub until completely dry

Standard Precautions

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

Personal Protective equipment is to be utilized when there is a break in the skin or when working around mucus membranes. All employees shall follow Standard Precautions in order to minimize and/or eliminate exposure to bloodborne 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.

Forms of Protective Practices

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

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.

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).

General protection. Follow the following guidelines in addition to those outlined in the earlier *Hand protection* and *Body protection* sections.

- 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.

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. Below are our recommended Special Precautions for the treatment of TB patients:

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

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, Trusted Health 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.

Trusted Health'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.

Medication Safety and Documentation

Medication Errors

Medication Errors: Definition and Causes

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. Common sources of these errors are:

- Lack of knowledge about drugs
- Lack of key knowledge 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, including non-standard abbreviations, illegible handwriting, and verbal miscues/mispronunciations
- Confusion due to storage and stocking of similarly packaged drugs
- Variations in and poor maintenance of equipment used to administer drugs
- Inadequate adaptation and utilization of patient identification systems
- Distractions in the facility

Prevention of Medical Errors

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

Administering Medication

Trusted Nurses should adhere to the following guidelines when administering medication to patients:

- Medication should be administered by a licensed nurse upon a written order by a staff physician
- Pour medications immediately before administration.
- 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.

Narcotics

Trusted Nurses should adhere to the following guidelines regarding 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) Therapy

Trusted Nurses should adhere to the following guidelines regarding IV therapy:

- 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

Charting

Below is a list of basic charting tips that Trusted Nurses should follow:

- Use a pen, black in 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

Documenting Medication

Trusted Nurses should adhere to the following guidelines regarding documentation:

- Document the time the medication was given on the Medication Administration Record (MAR)
- Include injection site for all injectables
- Chart on the Nurses' Notes and MAR all PRN medications and the results
- When the patient is discharged, place all unused medications in a labeled bag and return to the pharmacy.
- Document the medication at the time it is administered

In addition to the aforementioned guidelines, consult the list below for good documentation habits that Trusted Nurses should follow:

- Use language patient understands for discharge instructions and patient education material
- Document actions taken, as well as conversations with the patient, family members, and physicians
- Document of safety precautions reviewed with the patient and/or family
- Document description of unusual incidents
- Documentation should be contemporaneous and chronological, free from editorialization, criticism (of other people or departments) and hearsay
- 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

Below is a list of guidelines regarding alteration of records that Trusted Nurses should follow:

- Medical records should never be 'edited' after the fact
- Never document in anticipation of an event
- Never chart for someone else
- You may be personally assessed for penalties related to falsification of documentation
- Alterations in a record can make the case indefensible

Below is a list of guidelines regarding late entries that Trusted Nurses should follow:

- 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 of 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.

In addition to the guidelines above, Trusted Nurses should review their hospitals policy on corrections. We recommend drawing a single line through incorrect entries, initialing, then writing the correct information before signing and dating the entry.

Clinical documentation is important because it aids in communication, quality of care issues, and compliance (including reimbursement verification). It also fulfills federal, state, regulatory, and accreditation requirements and supports requirements for meeting the Standard of Care. Documentation will also aid in defense in the case that lawsuits are filed against the provider or facility, and may be used for the purposes of teaching future nurses and other medical professionals.

Suspected Abuse and Neglect: Identification, Treatment, and Reporting

Elder/Adult Abuse

Elder/Adult Abuse: Definition and Causes

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.

Symptoms of Elder/Adult Abuse

Signs and symptoms of elder/adult abuse include:

- 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

Child Abuse: Definition and Causes

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

- Mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
- 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.
- Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child
- Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
- Sexual contact, sexual intercourse, or sexual conduct;
- Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct.

Symptoms of Child Abuse

Signs and symptoms of child abuse include:

- 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

Neglect: Definition and Causes

With an adult, neglect means failure to provide the goods or services 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 and/or failing to seek or follow through with medical care, failure to provide food, clothing, or shelter.

Symptoms of Elder/Adult Neglect, Including Self-Neglect

Signs and symptoms of elder/adult neglect include:

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

Symptoms of Child Neglect

Signs and symptoms of child neglect include:

- 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: Definition and Causes

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.

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

Exploitation: Definition and Causes

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.

Identifying and Reporting Exploitation

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, it shall occur without disclosing the identity of the patient and/or family. The report to DHS may be made orally or in writing. It shall include:

- The name, age, and address of the person
- The name address of the person responsible for care
- The nature and extent of the person's condition
- The basis of the reporter's knowledge
- Any other relevant information
- Documentation shall occur in the appropriate section of the patient record.

If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved, prior to the report being made. Consent will be obtained if deemed appropriately by the treatment team. Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.

Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician. 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.

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. Adult patients shall be given information regarding legal counsel.

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:

- Description of incident
- To whom incident happened
- Timing of incident
- Location of incident
- Parties responsible for the neglect/abuse