



# **VisionQwest Healthcare**

## **EMPLOYEE HANDBOOK**

**EQUAL OPPORTUNITY EMPLOYER**

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## TABLE OF CONTENTS

1.	<b>Mission Statement</b>	<b>Pg 6</b>
2.	<b>Code of Business Ethics</b>	<b>Pg 7 - 8</b>
3.	<b>Standards of Conduct</b>	<b>Pg 9 - 11</b>
4.	<b>Body Mechanics</b>	<b>Pg 12 – 13</b>
	Lifting	Pg 12
	Sitting	Pg 12
	Standing	Pg 12
	Back Care and Points for Prevention	Pg 12 - 13
5.	<b>Dress Code</b>	<b>Pg 14</b>
6.	<b>Telephone Courtesy</b>	<b>Pg 15</b>
7.	<b>Disciplinary Action</b>	<b>Pg 15 – 19</b>
8.	<b>Sleeping on Duty</b>	<b>Pg 19- 20</b>
9.	<b>Substance Abuse</b>	<b>Pg 20</b>
10.	<b>Sexual and Other Unlawful Harassment</b>	<b>Pg 21</b>
11.	<b>Resolution of Complaints (from Staff and Clients)</b>	<b>Pg 22 - 23</b>
12.	<b>Clinical Incidents &amp; Sentinel Events</b>	<b>Pg 24</b>
13.	<b>Work Related Injuries and/or Exposures</b>	<b>Pg 25</b>
14.	<b>Orientation</b>	<b>Pg 26</b>
15.	<b>Earthquake / Disaster Preparedness</b>	<b>Pg 27 - 28</b>
16.	<b>Life Safety (Fire) Management</b>	<b>Pg 29 - 33</b>
	General Rules	Pg 29
	Important Locations You Need To Know	Pg 29
	Important Facility Conditions To Maintain	Pg 29
	Fire Firsts	Pg 29 - 30
	Panic Control	Pg 30
	Evacuation	Pg 30 - 31
	Emergency Removal	Pg 31 - 32

	<b>Recognizing Fire Hazards</b>	<b>Pg 32 - 33</b>
<b>17.</b>	<b>Environmental Safety</b>	<b>Pg 34 - 35</b>
	<b>Personal Property</b>	<b>Pg 34</b>
	<b>Patient Property</b>	<b>Pg 34</b>
	<b>Institutional Property</b>	<b>Pg 34</b>
	<b>“Security-Sensitive” Areas</b>	<b>Pg 34 - 35</b>
<b>18.</b>	<b>Infection Control: Universal Precautions &amp; Blood borne Pathogens</b>	<b>Pg 36 - 40</b>
	<b>Noscomial Infections</b>	<b>Pg 36</b>
	<b>The Spread of Germs</b>	<b>Pg 36</b>
	<b>Germs Can Be Spread Through 4 Different Modes of Transmission</b>	<b>Pg 36</b>
	<b>General Prevention</b>	<b>Pg 37</b>
	<b>CDC Hand Hygiene Guidelines</b>	<b>Pg 37</b>
	<b>Standard Precautions</b>	<b>Pg 37 - 38</b>
	<b>Hand Protection</b>	<b>Pg 38</b>
	<b>Body Protection</b>	<b>Pg 38</b>
	<b>Post Exposure Evaluation and Follow Up Plan</b>	<b>Pg 38</b>
	<b>VisionQwest Healthcare’s Post-Exposure and Follow-up, Shall Include the Following:</b>	<b>Pg 39</b>
	<b>Hepatitis</b>	<b>Pg 39</b>
	<b>Human Immunodeficiency Virus (HIV)</b>	<b>Pg 39 - 40</b>
	<b>Turberculosis</b>	<b>Pg 40</b>
<b>19.</b>	<b>Cultural Sensitivity</b>	<b>Pg 40 - 46</b>
	<b>Techniques for Optimal Cross Cultural Communication as Healthcare Providers</b>	<b>Pg 41 - 42</b>
	<b>Strategies For Employees To Be Effective and Successful In a Culturally Diverse Work Force</b>	<b>Pg 42</b>
	<b>Manage Cultural Discomfort</b>	<b>Pg 43</b>
	<b>Deal With Fear</b>	<b>Pg 43</b>
	<b>Name Calling</b>	<b>Pg 43</b>
	<b>Use Humor</b>	<b>Pg 43</b>
	<b>Create Awareness of Discomfort</b>	<b>Pg 43</b>
	<b>Bridge Language Barriers</b>	<b>Pg 43 - 44</b>
	<b>How To Deal With Cross Cultural Situations</b>	<b>Pg 44</b>
	<b>Resist Primal Behavior</b>	<b>Pg 44</b>
	<b>Effective Interpretation Techniques</b>	<b>Pg 44 - 46</b>
	1. <b>Gestures</b>	<b>Pg 44 - 45</b>
	2. <b>Time</b>	<b>Pg 45</b>
	3. <b>Space</b>	<b>Pg 45</b>
	4. <b>Touching</b>	<b>Pg 45</b>
	5. <b>When you Communicate</b>	<b>Pg 45</b>
	<b>How Can You Learn More About Cultures?</b>	<b>Pg 46</b>
<b>20.</b>	<b>Patient’s Rights</b>	<b>Pg 47</b>
<b>21.</b>	<b>Suspected Abuse – Identification, Treatment and Reporting Abuse</b>	<b>Pg 48 - 50</b>
	<b>Neglect</b>	<b>Pg 48</b>

	<b>Exploitation</b>	<b>Pg 48 - 49</b>
	<b>Adult/Child Neglect and Abuse Reporting</b>	<b>Pg 49 - 50</b>
<b>22.</b>	<b>Restraints</b>	<b>Pg 51 - 52</b>
	<b>General Guidelines</b>	<b>Pg 51 - 52</b>
<b>23.</b>	<b>2009 National Patient Safety Goals</b>	<b>Pg 53 - 54</b>
<b>24.</b>	<b>Floating Policy</b>	<b>Pg 55</b>
<b>25.</b>	<b>Continuing Education</b>	<b>Pg 55</b>
<b>26.</b>	<b>Employee Performance Review</b>	<b>Pg 55 - 56</b>
<b>27.</b>	<b>Availability of VisionQwest Healthcare Office Staff</b>	<b>Pg 56</b>
<b>28.</b>	<b>On-Call Pay</b>	<b>Pg 56</b>
<b>29.</b>	<b>Holiday Pay</b>	<b>Pg 56</b>
<b>30.</b>	<b>Lunch Break Policy</b>	<b>Pg 56</b>
<b>31.</b>	<b>Orientation</b>	<b>Pg 56</b>
<b>32.</b>	<b>Equal Employment Policy</b>	<b>Pg 57</b>
<b>33.</b>	<b>Americans With Disability Act</b>	<b>Pg 57</b>
<b>34.</b>	<b>Employee Categories</b>	<b>Pg 57 – 58</b>
<b>35.</b>	<b>Definitions – Employee Categories</b>	<b>Pg 58</b>
<b>36.</b>	<b>Medical Screenings</b>	<b>Pg 58</b>
<b>37.</b>	<b>Licensure</b>	<b>Pg 59</b>
<b>38.</b>	<b>Introductory Period</b>	<b>Pg 59</b>
<b>39.</b>	<b>Identification Badges</b>	<b>Pg 59</b>
<b>40.</b>	<b>Security</b>	<b>Pg 59</b>
<b>41.</b>	<b>Work Schedules</b>	<b>Pg 59</b>
<b>42.</b>	<b>Payroll Period and Submission of Time Sheets</b>	<b>Pg 59</b>
<b>43.</b>	<b>Personal visits through Dental Insurance</b>	<b>Pg 60 - 62</b>



Welcome to the VisionQwest Healthcare team! We look forward to working with you and assisting you in achieving exciting and rewarding career opportunities with VisionQwest. This handbook will serve as your point of reference for any standards, policies and procedures that VisionQwest employees are expected to follow.

VisionQwest is dedicated to its healthcare staff. We are here to help you fulfill your responsibilities to our client facilities. We are also here to protect you with a risk management team that will assist you in any incident that may arise during the course of your service within one of our client facilities.

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

Your employment is at will and this handbook is in no way, shape or form a contract. You, the employee and VisionQwest have the right to terminate employment with or without notice or cause at any time.

If you have questions, please do not hesitate to contact the VisionQwest Healthcare office or senior member of the management team.

Michael L. Lodge  
President & CEO

*VisionQwest is an Equal Opportunity Employer*



## **VisionQwest Healthcare**

### **1. Our Mission Statement**

VisionQwest Healthcare provides top quality healthcare professionals and services to all our client facilities and community in a manner that ensures the delivery of safe, competent, efficient and effective patient care. All healthcare professionals perform duties in compliance with the responsibilities outlines in their professional job description.

## 2. Code of Business Ethics

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

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

- All employees are responsible for conducting their jobs in a manner reflecting standards of ethics that are consistent with accepted criteria for personal integrity.
- Preserving VisionQwest healthcare reputation for integrity and professionalism is an important objective. The manner in which employees carry out their responsibilities is as important as the results they achieve.
- All activities are to be conducted in compliance with both the letter of the law and spirit of the law, regulations, and judicial decrees.
- No employee should, at any time take any action on behalf of VisionQwest healthcare which is known or should be known to violate any law or regulation.
- Information about healthcare provider's medical condition and history is required during the hiring process. VisionQwest Healthcare recognizes this health information and electronic information must be held securely and in confidence. It is the policy of VisionQwest Healthcare that clinical staffs' specific information is not to be released to anyone outside of VisionQwest healthcare without a court order, subpoena or applicable statute.
- Marketing materials, regardless of medium, shall accurately describe the services, facilities and resources of VisionQwest Healthcare.
- To maintain high standards of performance, VisionQwest Healthcare employs only those individuals it believes are most qualified without regard to race, color, religion, sex, age, national origin, handicap or disability in compliance with all federal and state laws regarding discrimination.
- VisionQwest Healthcare is committed to maintaining a work place environment in which employees are free from sexual harassment.
- VisionQwest Healthcare will not tolerate violence or threats of violence in the workplace, including but not limited to abusive language, threats, intimidation, inappropriate gestures and/or physical fighting by any employee. These actions are strictly prohibited and may lead to severe disciplinary action up to and including termination.
- VisionQwest Healthcare recognizes that its employees and clinical staff are its most valuable assets and is committed to protecting their safety and welfare. Employees are required to report accidents and unsafe practices or conditions to their supervisors or other management staff. Timely action will be taken to correct unsafe conditions.

- Employees that are licensed or certified in any profession shall follow all applicable rates and professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- VisionQwest Healthcare prohibits the use or possession of illegal drugs and alcohol abuse on VisionQwest Healthcare property, a client property, or while engaged in company activity.
- VisionQwest Healthcare is committed to providing initial and ongoing education for all employees regarding their responsibilities to uphold the code of business ethics and this set of VisionQwest Healthcare's Corporate Compliance guidelines.
- VisionQwest Healthcare prohibits field staff to discuss bill rates of hospitals or special rates of VisionQwest healthcare with other healthcare providers.
- VisionQwest Healthcare prohibits field staff to discuss personal or business affairs of any employee (field or office staff) with any individual not directly involved with the said personal or business affair.
- VisionQwest Healthcare is committed to protecting the privacy, confidentiality and security of personal (education, employment and health) information of its employees. This policy is designed to assure compliance with applicable state and federal laws and regulations.
- VisionQwest Healthcare is committed to protecting its own and its client's trade secrets, proprietary information and other internal information.
- It is the desire of VisionQwest Healthcare to provide authorized third parties with information whenever requested while committing to our responsibility to control the release of information to protect the privacy and confidentiality of the employee and/or corporate information.
- Employees are not authorized to issue any statement, written or oral, to any news media representative or grant any public interview pertaining to the company's operations or financial matters.
- Employees are not allowed to enter into business arrangements or agreements with clients or their employees. At all times employees must maintain an arm's length relationship. At all times there must be a working environment where employees are not engaged in a business relationship that is not a part of their working relationship with VisionQwest and an agreement would harm the relationship between client and employee of the company.

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

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

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

### 3. Standards of Conduct

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

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

- Patient care providers are to render care in a manner that enhances the personal dignity and rights of each patient. Any form of patient abuse and/or neglect will not be tolerated and patient care providers are to support VisionQwest Healthcare'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 VisionQwest Healthcare is always presented in the most favorable light.
- The practice of counseling of the patient regarding personal problems and/or participation of the VisionQwest healthcare patient care provider in conversations with patients about topics not relevant to the plan of care – is discouraged and unacceptable.
- Patients are to be dealt with equally and fairly and the selection of "favorites" is not acceptable.
- Appropriate language is to be used at all times when a VisionQwest Healthcare patient care staff member is at a VisionQwest Healthcare client facility, and in any patient care area private and/or public. Abusive, profane, threatening, demeaning, language resulting violation of HIPPA regulations or compromising patient confidentiality can result in immediate termination.
- Touching patients, except in the direct delivery of care or by a greeting, is prohibited.
- Socializing with patients and/or patient's significant others outside of the facility is unacceptable.
- Socializing with patient's and/or patients' significant others after discharge from the facility is prohibited. Staff are not to call, date, nor develop personal or social relationships with patients, former patients, or family/significant others of patients, including giving of personal information or residential phone numbers. Staff should discuss with their manager, any matter of concern regarding their contacts with current or former patient/family members of patient's significant others.
- All staff will uphold all rules and regulations related to patient confidentiality in all areas including patient care, public and non-patient care areas. These rules and regulations include but are not limited to the following:
  - a. 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.
  - b. Conversations regarding patients are not to be held in the presence of other patients of other patients or any other person not privileged to this communications.

- c. Problems of a patient are not to be discussed with another patient.
  - d. Patients are not to be named or discussed with anyone in or outside of the facility who does not have the legal right to receive information about the patient.
- Personal problems, concerns or personal life information of patient care providers are not to be discussed with any patient, patient group or family/significant others.
- Staff is not to discuss disagreements or criticize other patient care providers or physicians within the earshot of patients/families/significant others. A professional difference of opinion must be discussed in an appropriate private space.
- Behavior in patient areas and at the nurses' station shall be oriented toward patient care. Personal reading and conversations, including personal phone calls, are not to be conducted in these areas.
- Employees must avoid any situation, which involves a possible conflict between their personal interests and those of VisionQwest Healthcare. Staff shall not solicit, and are encouraged not to accept gifts or compensation of any kind from any individual or VisionQwest Healthcare outside of VisionQwest Healthcare as a consequence of their position at VisionQwest healthcare.
- Any inappropriate interactions between patients and staff, staff and staff, or staff and other within the facility will be met with investigation and quick response within the framework of VisionQwest Healthcare policy and procedure.
- Employees who are licensed or certified in any profession shall follow all applicable rules or professional codes of conduct pertaining to that profession, in addition to the rules stated herein.
- All VisionQwest Healthcare patient care staff will be expected to maintain English proficiency standards and use English exclusively during all paid working hours.
- VisionQwest Healthcare name badge must be worn at all times while on assignment, above the waist with employee's picture, name and title fully visible.
- While at the client facility, all employees must follow these basic rules:
  - a. Eating and drinking are only permitted in the cafeteria, designated employee lounges, unit conference rooms and in private offices, when not in use for patient care.
  - b. Sleeping is not permitted during paid working hours.
  - c. Personal phone calls on the unit during work time are prohibited, except in emergency situations.
  - d. Assigned duties must be carried out in a timely, efficient manner as directed or delegated.
- When entering a patient room and/or when greeting a patient, practice the following:
  - a. Knock before entering
  - b. Greet the patient by name.
  - c. If it is first contact of the day, introduce yourself by name and title.
  - d. Tell the patient why you are in the room.
- When exiting a patients room VisionQwest patient care staff is expected to:
  - a. Inform the Patient / Family that you are leaving.
  - b. State time you expect to return.

- c. Ask if there is anything the patient/family needs before you leave.

#### **4. Body Mechanics**

With the use of proper body mechanics and ergonomics (the undersigning of the work place to fit the worker), most injuries are preventable. The following prevention points, when adhered to, will promote safety.

##### **Lifting**

- Assess the situation and plan how to accomplish it before beginning.
- Use the muscles of the legs, hips and arms – the strongest in the body. Keep a neutral spine.
- Bend knees and hips, avoid bending at the waist, and lift with your legs, not your back.
- Keep feet at shoulder width to provide a broad base of support.
- Make sure the object is close to you, do not-over reach, and carry the load close to you.
- Avoid lifting higher than your waist.
- Push and don't pull.
- Ask for HELP.

##### **Sitting**

- Use chairs that provide support to the back, particularly the lower back.
- Both feet should be able to rest flat on the floor.
- Avoid slouching, walk around and stretch occasionally, or change position often to avoid strain.
- Avoid twisting and over-reaching.
- Position yourself directly in front of your work and make sure your work is at eye-level to avoid neck strain.

##### **Standing**

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

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

- Use good posture at all times and proper body mechanics
- Change position frequently.
- Exercise regularly and eat a well balanced diet to control your weight.
- Ensure enough rest at night.
- Practice stress reduction techniques, such as yoga and relaxation.
- Ask for HELP in lifting or moving heavy objects.
- Keep work area safe – clean up spills, wet floor signs; ensure no loose equipment, boxes 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 breaks 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.

## 5. Dress Code

Dress code policy must be followed at all times while on the facility premises. The VisionQwest healthcare 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:
  - a. Bare midriffs.
  - b. Low cut, tank or sleeveless tops
  - c. Transparent, provocative, excessively form fitting or revealing clothing.
  - e. Mini skirts.
  - f. Sweat (warm-up) shirts or pants.
  - g. 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. Polo sequins, glitter) shorts. Note: Exception business attire that is identified by small logo (e.g. Polo insignia).
  - h. Denim jeans (any color).
  - i. Spandex tights or leggings.
  - j. Fishnet stockings.
  - k. Hats (other than nursing caps).

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

Jewelry is to be kept at a minimum and be in keeping with the general safety and infection control practices for the employee and the patient. Long dangling earrings, large or excessive necklaces and/or bracelets and sharp rings are not acceptable.

Fingernails must be kept short, clean and natural; no artificial applications are to be worn.

Hair must be neat and well-groomed.

Shoes must be clean, in good repair, provide good support and protection and allow for quick and efficient movement as necessary in the performance of job duties, including emergencies.

Heels should not be more than two-and-a-half inches high. Open-toed and open-back shoes are not permitted. Socks or stocking must be worn at all times.

## 6. Telephone Courtesy

Telephone courtesy guidelines include but are not limited to:

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

## 7. Disciplinary Action

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

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

- Accepting an assignment and not reporting to work or not notifying us.
- Unauthorized possession, use, or removal of property belonging to VisionQwest Healthcare or any client of VisionQwest Healthcare.
- Failure to comply with all safety rules and regulations, including the failure to wear safety equipment when instructed.
- Reporting to work under the influence of alcohol, illegal drugs, or in possession of either item on company premises or work sites of client companies.
- Lewd, unacceptable behavior, possession of weapons or explosives and provoking, instigating or participating in a fight is prohibited at VisionQwest Healthcare and/or at its client facilities.
- Violation of the harassment policy.
- Insubordination of any kind is grounds for immediate termination. (For example, refusal to carry out your supervisor's reasonable works request).
- Leaving an assignment without notice i.e. patient or assignment abandonment.

- Falsifying records on client patient charting or work related materials at a client site, including but not limited to time records or claims pertaining to injuries occurring on company premises or work sites of client companies or personnel records.
- Disclosing confidential information without authorization.
- Disregard for established policies and procedures.
- Excessive cancellations or tardiness.
- Discourtesy to clients or fellow employees.

## 8. Procedure for Disciplinary Action

1. In administering disciplinary actions, the seriousness of the infraction should be considered. Some infractions are so serious that immediate discharge is appropriate. In other cases, the employee should be warned, through progressive discipline, that his/her conduct is inappropriate.
  2. Counseling of employees who commit infractions is an important facet of this program. Supervisors shall strive to increase the effectiveness of their use of these rules and regulations by prompt investigation of a reported infraction, preparation of the appropriate form, prompt coordination with Human Resources and the facility assigned, timely presentation of the form to the employee, and counseling the employee to prevent subsequent infractions.
  3. Generally, discipline steps apply to the particular offense listed. For example, an employee who has received a Written Reprimand for failure to comply with instructions and is subsequently excessively absent would usually receive a written warning rather than the second step-a suspension. This procedure may not be followed, however, where the employee has accumulated infractions in several areas. In such cases, when VisionQwest, in its judgment, considers the employee a behavior, it may consider the offenses in different categories cumulatively and apply a more severe penalty than warranted by the progression specified for a particular offense.
  4. An employee should not be unduly penalized for an earlier offense when a records free of disciplinary actions for subsequent offenses is maintained. For example, a Written Reprimand for a specific infraction which is more than one year old, will generally not be considered if an employee has maintained a clean record since, and a Disciplinary Action for a specific infraction which is more than two years old will generally not be considered if the employee has maintained a clean record since.
9. **INFRACTIONS** – The following infractions and the included disciplinary actions outline VisionQwest Philosophy of progressive discipline. It is impossible to anticipate all possible infractions or violations of policy. VisionQwest reserves the right to impose discipline for offenses not enumerated below and to alter the penalty specified for the offenses outlined below if, in its opinion, the circumstances warrant.

Violation of the following category of Work Rules is subject to immediate discharge:

Gross negligence of patient care.

Major improper administration, preparation and/or dispensing of medication and/or patient care.

Knowingly harboring a physical or mental disease that may constitute a hazard to patients, visitors, or co-workers.

Improper release of confidential or privileged information.

Unauthorized use, removal, theft or intentional damage to the property of a patient, visitor, staff member, co-worker, the organization or an independent contractor.

Accepting or soliciting tips or personal gifts from patients, visitors, family or vendors.

Refusal to perform assigned work.

Unauthorized absence from assigned work area.

Falsification of employment, application forms or other organization records.

Altering or falsifying the time record on one's own time sheet or altering or falsifying the time as registered on the time sheet of another employee.

Altering or falsifying the visit activity forms and/or clinical records.

Assault and battery with physical contact (includes unprivileged touching).

Unauthorized possession of firearms or other weapon on VisionQwest premises or client facility premises.

Disorderly or immoral conduct (including sexual harassment) while on VisionQwest Premises or business, an/or client facility, or which is in any way detrimental to the organization's operations or to the VisionQwest image in the healthcare community.

Sleeping on duty.

Gambling on VisionQwest or client facility premises.

Reporting for work under the influence of an intoxicant, narcotics, or other drugs that may affect performance; consumption, distribution, possession or use of intoxicants, narcotics, or other drugs that may affect performance on VisionQwest or client facility premises.

Absent for scheduled working assignments without notification; a failure to return from an authorized leave of absence, within three (3) days; failure to return to work within three (3) days after due.

Abandonment of assignment, position, responsibilities (i.e. leaving the VisionQwest client premises when adequate relief coverage is not available).

Other serious misconduct not specifically outlined above.

Violation of the following category of Work rules is subject to progressive discipline:

Assault by attempted, offered or threatened physical violence, profane or abusive language.

First offense:	Three (3) day suspension
Second Offense:	Suspension / Subject to discharge

Absence without call.

First offense:	Written reprimand
Second offense:	Suspension / Subject to discharge

Minor improper administration, preparation and/or dispensing of medication and/or patient care.

First offense:	Educational counseling with written documentation
Second Offense:	Suspension / Subject to discharge

Rudeness or discourtesy to patients, customers or visitors.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Rudeness or discourtesy to staff member or co-worker.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Failure to report accidents, injuries, or incidents involving patients or visitors:

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Failure to report a personal accident, injury or incident or report accidents, injuries or incidents involving co-workers.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Violating fire, emergency, health, parking safety, security or smoking regulations.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Interference with the work of another employee.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Entering an unauthorized area.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Unauthorized, soliciting, or selling goods or services on VisionQwest or client facility premises.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Failure to notify VisionQwest not less than one hour prior to scheduled reporting time when unable to report for duty or as required by departmental policy.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Excessive absenteeism (five or more occurrences per year).

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

Failure to comply with verbal or written instructions, published policies, or published procedures and standards.

First offense: Written reprimand  
Second offense: Suspension / Subject to discharge

#### **SLEEPING ON DUTY:**

Under normal working circumstances, no employee will be allowed to sleep on duty or while providing care for a patient in their home. Under unusual circumstances or occasions, and at the discretion of the facility Director or Nursing or Supervisor, an employee may be authorized to sleep, and will be given verbal permission to do so.

Employees found violating this policy will be subject to disciplinary action up to and including termination.

NOTE: Unusual circumstances or occasions for an employee sleeping while on duty may be: medical disaster, snow condition, medical crises demanding longer than 16-18 hours of work time without relief, or other situations determined on an emergency basis by the CEO. To provide the best medical care possible, VisionQwest employees must exhibit the highest degree of competence and attention to the performance of their job functions at all times.

## **10. Substance Abuse**

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

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

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

## 11. Sexual and other Unlawful Harassment

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

Sexual Harassment is defined as unwanted sexual advance, 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.

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

Upon experiencing or witnessing sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the VisionQwest Healthcare Corporate Office or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the greatest extent possible, the alleged victim's confidentiality, that of any witnesses, and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the alleged victim will be informed of the outcome of the investigation.

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

## 12. Resolution of Complaints (From Staff and customers)

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

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

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

VisionQwest Healthcare 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 a violation of his/her rights.
- An individual seeking to file a complaint needs to contact VisionQwest Healthcare 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:
  - a. Restoration of previously denied rights.
  - b. Compensation of any out-of-pocket losses incurred by person filing complaint.
  - c. Correction of other harm(s) resulting from the violation(s)
  - d. Modification of practices that adversely affect persons protected under law.
  - e. Other actions to eliminate the effects of violation of rights.

Our goal is to always provide you with a consistent level of service. If for any reason you are dissatisfied with our service or the service, we encourage you to contact the VisionQwest Healthcare Management to discuss the issue. VisionQwest Healthcare has processes in place to resolve complaints in an effective and efficient manner. If the resolution does not meet your expectation, we encourage you to call the VisionQwest Healthcare corporate office at (818) 547.0497. A corporate representative will work with you to resolve your concern.

### **13. Clinical Incidents & Sentinel Events**

Clinical staff must recognize the importance of following effective procedures and are encouraged to speak up if something has compromised or might compromise patient safety and quality.

A clinical incident is an event or series of events that resulted in or had the potential to result in an adverse patient outcome. Examples of a clinical incident includes but are not limited to (Omission of treatment, deviation from policy, medication errors, improper equipment usage, IV of Blood complications, patient fall, inaccurate clinical assessment, patient or physician complaint). Clinical staff should notify VisionQwest Healthcare of any clinical incidents that occur while on assignment, regardless of an adverse outcome.

A sentinel event is an unexpected occurrence involving serious physical or psychological injury or death or the risk thereof. These events must be reported to the Director of Nursing and Administrator within 24 hours of the occurrence. The facility will conduct a Root Cause Analysis for all sentinel events, to identify the causes of the error. The Director of Nursing and Administrator will work closely with any staff involved in an error, including supporting them through the difficult time, facilitate communication between the clinical staff and the customer about the event, and based on the root cause analysis, plan for improvement activities.

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. Each situation is reported according to the guidelines of the appropriate professional association by Director of Nursing.

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

It is our philosophy that if an employee is injured while at work, it is our intent to assist that employee to return to work as soon as possible. The employee is obligated to report a work related injury to VisionQwest Healthcare as soon as possible. An Injury Report Form needs to be completed by the employee as soon as possible after the injury.

Depending on the severity of the injury and when the injury was reported will determine where the employee will be seen by a physician.

1. If the injury is severe, needle stick, the employee was exposed to TB or the employee is a VisionQwest Healthcare Field Employee outside of the L.A. County, City area, they will follow hospital protocol and go to Employee Health or the Emergency Room.
2. If the injury is not severe and the employee's assignment is in L.A. County, City area, the employee will be referred to the nearest Contracted facility. If the employee must be seen right away so they can get back to work it is OK for them to be seen by the hospital's Employee Health or the Emergency Room.

## 15. Orientation

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

Some facilities require some form of orientation. The amount of time required by each facility varies. Some facilities require computer training classes and orientation prior to the first shift worked. The staffing coordinator 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 healthcare professional at VisionQwest Healthcare before the first shift is worked, and there is no pay for this required activity.

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

- Report approximately one (1) hour early for orientation (it may vary for each facility).
- Carry photo ID for evidence of identity when reporting for assignment.
- Take your nursing license and certifications with you.
- Report to the appropriate supervisor.
- It is expected that the healthcare practitioner located and comply with the facility policy and procedures manual, locate fire pulls, crash cart, med. Room, linen cart, and appropriate exits before your shift starts.
- Always dress in proper attire when working at the facility. Orientation is only paid when the time has been properly verified by facility staff.

Occasionally, a VisionQwest Healthcare 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.

VisionQwest Healthcare 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 include, 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 (Standard of conduct)
- 2009 National Patient Safety Goals
- Patient Restraints
- Patient Rights

## 16. Earthquake/Disaster Preparedness

1. Attempt to familiarize yourself with the facility/unit earthquake preparedness plan. You can reduce injuries to co-workers and patients and lessen the possibility of panic after the disaster has occurred by planning for all eventualities.
2. At least 2 persons in each unit or on each floor should assume leadership roles after the disaster has occurred; it is the facility's responsibility to be sure they are properly trained.
3. Understand how to protect yourself (and patients if possible) during an earthquake: Get under a desk or table or stand in a doorway away from the glass. Do not leave the building during the quake.
4. Attempt to locate and have available for immediate use, the telephone numbers and alternative means of communication with public safety agencies. When given the chance, participate in drills; take advantage of the opportunity to prepare for possible disasters.
5. In medication rooms, patient rooms, clean and dirty utility rooms be aware of high or top-heavy shelves, cabinets, machinery or any other equipment that could fall during a tremor. Heavy objects should not be on top shelves, but stored in lower places.
6. Be aware of possible necessity to shut off lights, gas and water.
7. Attempt to locate several alternate routes of evacuation in the various parts of the unit and or facility, should you need to leave your work area because it is unsafe.
8. Consider the possibility that you may not be able to leave the premises and attempt to locate supplies on hand that may be needed.
9. Provide assistance for physically compromised patients and co-workers who are unable to leave the building without the aide of another person.
10. Attempt to locate areas of the facility that may be suitable as shelter areas should employees and patients are required to stay there after the disaster.
11. Be sure the fire extinguishers are kept in good working order and that you know how to use them.
12. If your building is windowless, consider alternative means of ventilation and lighting if the power is off.
13. Attempt to locate contingency plans for continued operation of the facility based on total and/or partial shut downs due to building/utility/communication/transportation failures. Try to identify key personnel communication systems, utilities and other support needs for 24 hours, 72 hours, one week and one month, if available.
14. Organize Interdisciplinary Team and patients for whom they are responsible and determine what steps are to be taken in accordance with the hospital's earthquake plans.
15. Immediately check for injuries among fellow workers and render first aid as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Be sure your entire area is checked for injured.
16. In the event of fatalities, cover bodies and notify the coroner. They should not be moved.
17. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring.
18. See that these are turned off at main valves and switches if required. Check for building damage and move patients to safe areas.
19. Do not use elevators or run into the street.
20. Flashlights should be used if power is off, since sparks from a match or light switch could ignite leaking gas.
21. Immediately clean up dangerous materials that may have spilled.
22. Limit use "land line" and mobile telephones for outside calls except in genuine emergencies. Use battery-powered radios for damage reports and information from public safety agencies.

23. Check closets and storage areas very carefully, watching for falling objects.
24. After a major earthquake prepare for aftershocks which will be occurring and may cause more damage.
25. Check that all telephones are correctly "on hook" so the system does not indicate "busy" to incoming or internal calls.

## 17. Life Safety (Fire) Management

### General Rules

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

### Important locations you need to know:

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

### Important facility conditions to maintain:

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

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

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

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

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

## 15.4 Fire Firsts

### ***Keep calm – Do not shout “fire”***

1. Remove endangered persons from immediate area. Shut off oxygen in room or area (Do not turn off main oxygen valve unless directed by the fire department).
2. Turn on alarm at nearest alarm box. Dial telephone to switchboard, giving exact location of fire or smoke. Tell what is burning, if known. Do not hang out.

3. Close all doors and windows in fire room. Shut off fan and air conditioning in immediate area.
4. Evacuate patients, visitors and employees to safe area, as necessary.
5. Fight fire with proper equipment.
6. Do not use elevators.
7. Leave lights on.
8. Close and latch doors to trash chutes.

## 15.5 Panic Control

We are concerned with panic as it affects the emotional habits of congregated people. To most untrained civilians, fire is a very frightening thing. When involved in it people will do irrational things such as jumping from several stories up when the fire is not anywhere near them. Sometimes they will hide under a bed or a closet where they will be overcome by smoke. Of the many causes of panic, fire is probably the most frequent. Records show many examples of panic resulting from fire.

Prevention is very important. In order to prevent panic, it is necessary to understand the basic causes. Panic results from a sudden overpowering fight or terror usually inspired from some trifling cause or misapprehension of danger, and if it is allowed to continue, it will be followed by unreasoning or frantic efforts to secure safety and drag others with them into danger. The best prevention against panic is education of the people against it. Security of mind is necessary if persons would act rationally in times of emergency. Training and drilling under strict discipline will do most to develop this.

## 15.6 Evacuation

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

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

1. **Partial Evacuation:** This is removing one or more patients from a dangerous room or ward. When the patients are removed, an attempt must be made to subdue the fire with the extinguisher and hose line. If this is impossible the door must be closed and the threshold sealed with a wet towel or blanket. If the fire continues to grow, then the next step is to proceed with the horizontal or vertical evacuation.
2. **Horizontal Evaluation:** This type of evacuation takes place when fire or heavy smoke from a single room or ward threatens to spread to the adjoining area. All patients should be moved laterally by bed, cart, wheelchair, gurney, blanket or other conveyance to the nearest and safest protected area. Patients in immediate danger should be moved first, including those who might be separated from safety if the fire enters the corridor. Next to move (and contrary to some opinion) should be the ambulatory patient. Panic is never caused by helpless people. Those who are ambulatory should be pre-instructed to line up outside their rooms, form a chain by holding hands and follow a lead person into the safe area. The rooms should be checked for stragglers and all windows and doors closed. When horizontal evacuation is ordered, the personnel in the receiving area should assist in the removal of the patients if needed.

3. **Vertical Evaluation:** This is the downward movement of patients to a safe area. This may be one of two floors below, or it may be down and out of the building. If the movement is out of the building, it should be an area far enough from the building to be safe and also to be out of the way of the fire department. In most cases, this movement will be preceded by a horizontal movement to a safe stairwell. The priority for movement is the same for a horizontal movement.
4. **Total Evacuation:** This means vacating all floors to a place of safety. Cause would be possible conflagration or any enemy air attack warning, or dense smoke and fumes. A place of safety might mean the basement, or even leaving the building, or even leaving the city. It would be necessary to use all stairways and safe elevators. It would require the help of everyone available. This action must be undertaken floor by floor with enough trained help above and below to keep traffic moving quickly and properly by stair and elevator.

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

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

## 15.7 Emergency Removal

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

Three considerations may be dominant factors in emergency patient handling:

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

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

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

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

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

## 15.8 Recognizing Fire Hazards

Hazards that employees should recognize and correct or cause to be corrected or prevent from existing are as follows:

1. **Careless Smoking:** Be careful to observe all “no Smoking” regulations. If you do smoke, use an ash tray that will not permit a cigarette to fall out as it burns down. Never smoke in bed. Never discard a cigarette without first making sure that it is completely extinguished.
2. **Exit Ways:** Do not permit the obstruction of aisles, doorway ramps, fire escapes, or allow their use as a storage area. Prompt and orderly exit from any building is of prime importance in the event of most emergencies. Sufficient light may be provided in every hall way and stairway to enable all persons to readily find, distinguish and safely use them.
3. **Combustible Waste:** Improper storage until safe disposal of combustible materials causes many fires. Combustible waste should be placed in metal containers with tight covers so that any fire occurring within is kept within the container. When materials capable of spontaneous ignition are stored, keep them in separate containers until safely disposed.
4. **Fire Door and Protection Facilities:** The proper operation of fire doors and windows is necessary to protect or isolate one section of the building from another, thus providing protection to other areas and persons within the building. Keep all fire doors except those equipped to close automatically, properly closed. Fire doors wedged or otherwise propped open are of no value in preventing fire spread.
5. **Flammable Liquids (such as acetone, alcohol, benzene and other):** Limit the amount on hand to a minimum working supply. When at all possible, keep in metal container. Where safety cabinets or storage is closed positions. No smoking, open flame or sparking device should be allowed around flammable liquids or compressed gases. Oxygen and nitrous oxide should not be stored with flammable gases such as cyclopropane and thylene or with flammable liquids.
  - **Electrical Hazards:** Some of these are to be treaded as flows: Fuses are the safety valves in electrical wiring and except for special conditions should not be over 15 amperes in size. Be sure to report promptly any frayed, broken, or overheated extension cord or any otherwise defective electrical equipment. Wire guards are installed on all sidewall lights switches or connect contact with metal fixtures or in water. Specialty built equipment is in use in surgeries to eliminate electric sparks and to control static electricity.
  - **Acids:** All concentrated or corrosive acids must be handled with extreme care. Avoid storing these materials on high shelves or in locations where they are likely to be spilled or the containers broken. Organic acids and inorganic acids should not be stored

together. Any spillage should be immediately diluted or neutralized and cleaned up.

- **Electric Heaters:** Particularly the portable type must be watched very closely to prevent close contact with combustible materials, such as beds, upholstered furniture, clothing etc.

## 18. Environmental Safety

To provide nursing staff with a basic education on security procedures for protecting personal and institutional property and maintaining a safe environment. In every facility, it is important to follow security procedures. By taking simple security precautions, you can help to:

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

### Personal Property

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

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

### Patient Property

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

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

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

### Institutional Property

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

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

### “Security-sensitive” Areas

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

Security-sensitive areas may include the following:

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

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

1. Wearing your ID badge
2. Keeping doors locked
3. reporting missing or damaged equipment

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

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

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

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

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

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

## 19. Infection Control: Universal Precautions and Blood borne Pathogens

### Nosocomial Infections:

Nosocomial infections are infections which are a result of treatment in a medical facility or a healthcare service unit, but secondary to the patient's original condition. Infections are considered Nosocomial if they first appear 48 hours or more after 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 21<sup>st</sup> century as antibiotic resistance spreads. Reasons why Nosocomial infections are so common include:

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

### The Spread of Germs

#### Germs can be spread through 4 different modes of transmission

1. **Airborne transmission:** Occurs by dissemination of either airborne droplet nuclei (small-particle residue of evaporated droplets containing microorganism that remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis* and the Rubeola and Varicella viruses.
2. **Droplet Transmission:** Contact of the mucous membrane of the nose, mouth, or eye with infectious articles can be produced by coughing, sneezing, talking or procedures such as bronchoscopy or suctioning. Droplet transmission requires close contact between the source and the susceptible person because particles remain airborne briefly and can travel. Microorganisms transmitted by droplet transmission include the common cold and flue.
3. **Blood borne transmission:** Germs can live in the bloodstream and in other body fluids that contain blood components. A person's skin prevents germs from entering into the body, but if the skin is broken because of a cut, it is possible for infected blood of another individual to enter. Mucous membranes, found in the mouth, vagina, or rectum may also allow germs to spread through contact with blood and/or secretions containing blood. Unprotected sexual contact can lead to this method of transmission.
4. **Direct Contact Method:** Infectious agents can spread directly or indirectly from one infected person to another, often on contaminated hands. The best protection is proper hand washing (Please see Centers for Disease Control and Prevention Hand Hygiene Guideline for more information on proper hand washing).

## General Prevention

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

- Following the Infection Control policies of your facility
- Identifying the people, patients, and staff, who are more at risk
- Washing your hands
- Staying healthy by getting plenty of rest, eating properly, and exercising
- Getting vaccinated against flue and hepatitis B
- Washing 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 on 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.

**Do not wear artificial fingernails or extenders when having direct contact with.**

**Nails should be kept natural and less than ¼ inch long.**

## Standard Precautions

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

Personal Protective equipment is to be utilized when there is a break in the skin or when working around mucus membranes. All employees shall follow Standard Precautions in order to minimize and/or eliminate exposure to blood borne pathogens and communicable diseases. All body substances shall be treated as a potential source of

infection and all facilities shall provide an adequate supply of Personal Protective Equipment in appropriate sizes to ensure all personnel have access when required.

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

### **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

### **1732.6 Body Protection**

Wear gown, gloves, mask, cap 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).

#### **1. General Protection**

- Dispose of all materials containing blood in the proper waste containers.
- Use a barrier device instead of performing direct mouth-to-mouth ventilations during CPR.
- Avoid contact with blood from needles by using safety devices provided by your facility.
- Never recap a needle (if you miss, you could jab your finger).
- Dispose of all sharps (needles, blades, IV catheters) in the proper disposal box.
- Wash your hands after removing gloves.
- Do not eat, drink, and apply make-up or contact lenses in areas where exposure to body fluids is possible.

### **Post Exposures Evaluation and Follow up Plan**

An exposure incident to blood borne pathogens involves specific eye, mouth, mucous membrane, or parenteral contact with 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, VisionQwest Healthcare 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.
- Make available at a reasonable time and place.

**VisionQwest Healthcare'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.

**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 Immune Deficiency 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. Airborne bacteria spread through coughing, sneezing, talking, laughing, and breathing cause TB.

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

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

Special Precautions for the treatment of TB patients:

- Place TB patients in private rooms.
- Ventilate rooms directly to the outside if possible, to prevent the circulation of TB germs to other areas of the facility.
- Wear a special "fit-tested" mask (and receive training on 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.

## 20. Cultural Sensitivity

VisionQwest Healthcare encourages our healthcare professionals to provide Culturally Sensitive Care to create an environment, where the highest-quality care is being provided to every patient regardless of race, ethnicity, culture, or language proficiency.

### **Techniques for Optimal Cross Cultural Communication as Healthcare Providers**

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.

Listed below are ways to increase the chances of accurately interpreting the feelings of people who speak different languages.

#### ***Practice Good Verbal Dynamics***

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

#### ***Examine and use Non-Verbal Communication Techniques***

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

#### ***Key Concepts to Consider***

- ***Silence:*** During the periods of silence, maintain patience. Do not jump to fill in the silence. The other person is probably thinking. Provide adequate time for the other person to gather and articulate thoughts.
- ***Intelligence:*** Do not equate poor grammar and mispronunciation with lack of intelligence. Show appreciation for the other party's use of a second language.
- ***Differences:*** If unsure, anticipate and respect differences rather than assume similarities.

#### ***Comprehension***

- ***Understanding:*** Do not assume that they understand. Assume that they do not
- ***Check:*** Have the people repeat their understanding

- **Breaks:** Take more breaks, second language comprehension is exhausting.

## **Strategies for Employees to be Effective and Successful in a Culturally Diverse Work Force**

Miscommunication is a frequent problem in healthcare organizations. The most obvious case is when the patient and the medical facility personnel do not speak the same language. Also, patients and staff may operate with different beliefs, values and interpretations of the importance of timeliness, potentially causing confusion and resentment between parties.

### **1. Know Yourself**

Know yourself, assess your differences from others in terms of gender, family, age, race, ethnicity, nation, geography, organization, status, belief, occupation, social class, sexual preferences, physical or psychological limitation.

Usually we think of other people as different from us when we in turn are also different from them.

### **2. Why Do People Answer Questions Differently?**

Culture lives in how we spontaneously talk to ourselves both consciously and unconsciously. Culture determines whether our communication has more emphasis on words, pictures, sounds, feelings. It is always with us.

### **3. Influences**

Know who influences you. What influenced you? What you would like to change. Once you understand this you will be able to understand others and work better with them.

### **4. Examine Your Biases**

Develop an awareness of your existing cultural biases and assess situations on an individual basis. For example, if you believe that people from a certain ethnic background are always late, focus on the person and not on the ethnic group that the person comes from.

### **5. Let Go of Pre-Judgments**

Learn how you mind prejudices others. Know that we make facts of our opinions, feelings and preferences. Turn subjective into objective. Instead of saying that, "You put the radio too loud", say, "I am having problems hearing with the radio at this level". Prejudice is a normal mental function. Our prejudice, however, can be a source of devastating conflict. If we allow prejudice to run our lives and tear down the lives of others, we are the losers. Our life can become narrow and lack the enrichment of new ideas and fresh ways of looking at things. When rejecting or despising others we are usually rejecting or despising part of ourselves that we have been afraid to acknowledge. People often put others down because they think so little of themselves that they try to make others look smaller so that they can feel superior. Prejudging prevents growth and development.

## **Manage Cultural Discomfort**

Knowing how to manage discomfort is a prerequisite for individuals and groups to maintain effective communication in the presence of cultural differences. Develop an awareness of your inner dialogue, and determine if your thoughts and feelings about yourself and others are positive and promote comfortable effective communication. Examine how you communicate with people who are: physically challenged, of a different race, different gender, speak a different language or speak with an accent. Become aware of and focus on what makes you feel comfortable. Determine what existing behaviors would benefit you and others for you to change.

## **Deal with Fear**

Turn fear into curiosity. Since curiosity is fed on the same energy as fear, you can move from one emotion to the other more easily than you think. The best way is to picture "what if?" What if we could get beyond our differences? What are some of our fears?

## **Name Calling**

Some of the names that people give to cultural groups are disrespectful. What are some of the names given to cultural groups to which you belong? Which of these feel uncomfortable for you? People sometimes use inappropriate names for other groups out of ignorance. They either don't know the proper name or don't understand how sensitive others are to certain names. Some people dean others because they think so little of themselves. Putting others down makes them feel better or more important. Individuals have a right to say how they want to be called. It is up to you to find out and use words to describe people acceptable to them.

## **Use Humor**

Use humor appropriately. Humor is human's greatest asset. It helps us withdraw from tense situations and come back to resolve them with a relaxed and fresh point of view. Humor in the form of satire, irony, ridicule, stereotyping is also one of the most socially destructive weapons available. The secret to good humor is whether we are laughing at them or with them. Do not tell ethnic jokes or stories that make fun of other people's cultures. Almost all jokes are built on making people feel inferior. Ethnic jokes may create hard feelings. Telling ethnic or sexual jokes is the name-calling. It may make us feel good at the time but it reinforces stereotypes and our negative views of others.

## **Create Awareness of Discomfort**

Maintain awareness of each other's sensibilities or sore spots. It is a vital importance to openly discuss and report any incident in which we witness or personally experience someone saying or doing something that offends us or makes us feel uncomfortable.

## **Bridge Language Barriers**

Can you bridge the language barrier? Remember, that is almost always easier for us to speak our mother tongue than someone else's language. When people are speaking different languages in the same place, it can cause misunderstandings and hard feelings.

How people speak, their accents, the words they choose, their rhythm and pace, if different from ours, may automatically bring a positive or negative judgment from our minds. Individuals within any individual or specific culture can communicate many things that are easily understood with a minimal amount of speaking. People know the time for dinner, breakfast, etc. However, when people from different cultures mix, common

understanding is weekend. We can no longer assume that everybody has the same unspoken mental language.

### **How to Deal with Cross Cultural Situations**

What about cross cultural situations? Cross cultural situations are hard to manage because they seem to put us in a “no win” situation. In many cultures, saying “no” is taboo. The people who do not agree usually send other signals to indicate something is wrong. In some cultures, saying “no” is never said to authority. Yet, “no” in other cultures is simply a signal to renegotiate. What is your strategy to deal with “no”?

In some other cultures people do not complain even if they do not understand something. To do so would cause them to lose face. Problems are communicated indirectly. Most direct cultures such as the American culture may find this underhanded, cowardly or a waste of time. Direct cultures like to lay their cards on the table. People from indirect cultures may find this uncivilized, disrespectful, or deliberately insulting. Openly sharing feelings may look like insincerity. Learn about other people’s culture. What do people talk about? What do they hold back? Find someone who knows about both cultures and have them explain to you.

### **Resist Primal Behavior**

In times of stress or pressure people tend to revert to earlier behavior. They act in ways that are more typical of their culture and deal with others in primitive stereotypes. They tend to polarize into opposing groups and exert power and pressure against each other. They deal with issues on a political rather than a personal level. They blame people that are different from themselves, for everything that is going wrong. Generalized blaming of a particular cultural group leads to name calling, and conflict may occur.

- Do not take sides.
- In a culturally diverse situation, strive to work at the level of personal communication and education where people can learn to understand and value differences.
- If polarization has occurred, create a safe from where people can air their differences without fear of reprisal. If face saving is important, it may be important to talk more abstractly about how people should behave.
- Dominant cultures are usually blind to the difficulties of non-dominant groups. It tends to only notice crisis. When people become emotional, it is very hard to create enough trust to work on issues at the personal level.

### **Effective Interpretation Techniques**

#### **1. Gestures**

Often we use gestures to communicate with others. Movement of hands, arms, and head help us to say what we mean. Gestures are usually readily understood within one culture but may be misinterpreted by outsiders. No gestures are universal. Other movements we make less consciously tell others we are comfortable or uncomfortable with them. Those gestures may make us seem rude, threatening, appalling, or even destructive even when we do not want to be.

- Pay attention to how others make their gestures and movements. If they are culturally different from you, expect that their gestures may

mean something slightly or even radically different from what you interpret.

- Ask questions about gestures if they seem puzzling.
- Apologize if you misinterpret another's gesture.

## **2. Time**

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

- Make allowances for the fact that differences about time can be legitimate cultural differences. Do not jump to conclusions that others are irresponsible. Do not assume that you are stupid or insensitive because you don't manage time the way they do.
- If you have an issue with time and being timely, issue the concern directly with the individual. Work out a solution of understanding.

## **3. Space**

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

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

## **4. Touching**

When people touch physically it means different things.

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

## **6. When you communicate, be aware of:**

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

## **How Can You Learn More About Cultures?**

You can learn about cultures from books, films, etc. Still, what you learn in books or films can only hint at what other people might be experiencing. You need to get to know them, not about them. You can travel or live abroad or spend time in other people's homes or neighborhood. This brings you closer to other cultures. The best information comes from people themselves. Try to use friendly curiosity as long as you are respectful and non-judgmental.

- What does it mean?
- What do you say about it?
- What is it like for you?
- How do you picture it?
- Tell me what is important to you?
- Show me how you would do it?
- Remember to understand your own culture.
- When you encounter something in another culture that is unacceptable to you, it is important not to reject or blame the person though you need to deal with things that frustrate you. By blaming, you risk creating hostility, prejudice and social injustice.

## 21. Patient's Rights

1. The patient has the right to considerate and respectful care.
2. The patient has the right to know, y name, the physician responsible for coordinating his or her care at the Clinical Center.
3. The patient has the right to obtain from his or her physician complete current information about diagnosis, treatment, and prognosis in easily understandable terms. If it is medically inadvisable to give such information to the patients, it will be given to a legally authorized representative.
4. The patient has the right to receive from his or her physician information necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies this will include, but not necessarily be limited to, a description of the specific procedure or treatment, any risks involved, and the probable duration of any incapacitation. When there are alternatives to therapeutically designed research protocols, the patient has the right to know about them. The patient also has the right to know the name of the person responsible for directing the procedures or treatment.
5. The patient has the right to refuse to participate in research, to refuse treatment to the extent permitted by law, and has the right to be informed of the medical consequences of these actions including possible dismissal or discharge from the medical facility. If discharge would jeopardize the patient's health, he or she has the right to remain under Clinical Center care until discharge or transfer is medically advisable.
6. The patient has the right to be transferred to another facility when his or her participation in the medical facility is terminated, providing the transfer is medically permissible, the patient has been informed of the needs for and alternative to such a transfer, and the facility has agreed to accept the patient.
7. The patient has the right to privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly. The patient has the right to expect that all communications and records pertaining to care will be treated as confidential to the extent permitted by law.
8. The patient has the right to routine services whenever hospitalized at the medical facility in connection with the action protocol for which he or she is eligible; these services will generally include diagnostic procedures and medical treatment deemed necessary and advisable by the professional staff. Complicating chronic conditions will be noted, reported to the patient, and treated as necessary without the assumption of long-term responsibility for their management. The patient may be returned for long-term or definitive care of these conditions to the referring physician or to other appropriate medical resources.
9. The patient has the right to expect that medical information about him or her discovered at the Clinical Center, as well as an account of his or her medical program here, will be communicated to the referring physician.
10. The patient has the right at any time during the medical program, to designate additional physicians or organizations to receive medical updates. The patient should inform the Outpatient Department staff of these additions.
11. The patient has the right to know in advance what appointment times and physicians are available and where to go for continuity of care provided by the Medical Facility when such care is required under the study of which the patient was admitted.

### **Suspected Abuse – Identification, Treatment and Reporting Abuse:**

With an elderly person (65 years of age or older) or disabled adult (18 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.

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

1. Mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results an observable and material impairment.
3. Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child.
4. Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child.
5. Sexual contact, sexual intercourse, or sexual conduct.
6. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, or sexual conduct.

#### **Neglect**

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

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

#### **Exploitation**

The illegal or improper act or process or a caretaker using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain.

- The treatment team may identify possible history of abuse, neglect, or exploitation.
- Any staff member suspecting child and or adult abuse and/or neglect is required to report suspicious according to local law and the rules and regulations of the state's Department of Human Services (DHS) or appropriate agency. If clarification is necessary concerning.
- The criteria for reporting in Adult Protective Supervisor will occur without disclosing the identity of the patient and/or family.
- The report to DHS may be made orally or in writing. It shall include:
- - a) The name, age, and address of the person
  - b) The name address of the person responsible for care
  - c) The nature and extent of the person's condition
  - d) The basis of the reporter's knowledge
  - e) Any other relevant information
  - f) Documentation shall occur in the appropriate section of the patient record

- If circumstances allow, the reporting procedure will be discussed with the patient and/or family involved, preferable prior to the report being made. Consent will be obtained if deemed appropriately by the treatment team.
- Outside agency personnel requesting information about the family should be referred to the patient's physician or other appropriate staff.
- Any act of omission is reportable. A reportable suspicion includes a child victims or abuse shall be documented in the appropriate action of the medical record.
- Symptoms resulting from abuse will be addressed by the patient's treatment team.
- Documentation of physical marking should include photographic documentation (with appropriate patient identification) and include 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 position of the patient's medical record.
- Adult patients shall be given information regarding legal counsel.
- Physical injuries requiring medical attention will be treated as deemed necessary by the patient's physician.

**Responsibility:**

All clinical staff is responsible for reporting suspected abuse, either to their supervisor or to a regulatory agency.

**Adult / Child Neglect and Abuse Reporting**

- All company personnel shall report all suspected cases of abuse and/or neglect of vulnerable adult/child patients in compliance with relevant state statutes.
- Definitions
  - 1) **Vulnerable Adult:** Anyone 18 years or older who receives services from the company and is unable or unlike to report abuse or neglect without assistance because of mental, physical or emotional impairment.
  - 2) **Vulnerable Child:** Anyone 18 years and younger who receives services from the company and is unable or unlikely to report abuse or neglect without assistance because of mental, physical or emotion al impairment.
  - 3) **Abuse:** The international and non-therapeutic infliction of pain or mental or emotional distress.
  - 4) **Neglect:** The failure, absence, or likelihood of a caretaker to provide the necessary food clothing, shelter, health care or supervision for a vulnerable adult/child.
  - 5) **Caretaker:** An individual responsible for the care of a vulnerable adult/child as a result of a family relationship, such as a

relative or spouse; or home health agency personnel responsible for all or some of the care voluntarily or by contract or agreement.

- 6) **Report:** A verbal and/or written statement of abuse and/or neglect that states:
- a. A description of the incident
  - b. To whom the incident happened
  - c. When the incident occurred
  - d. Where the incident occurred
  - e. Who was responsible for the neglect/abuse

- Individuals mandated to report – a professional or para-professional who is engaged in the care of vulnerable adults/children, who has knowledge or reasonable cause to believe that a vulnerable adult/child is being or has been abused, neglected, or has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker(s) of the vulnerable adult/child.
- All reports, reviews and investigations of suspected adult/child abuse and/or neglect are maintained in strict confidence.
- Cooperate fully with those assigned to investigate suspected adult/child abuse and/or neglect.
- Maintain patient confidentiality and rights during the reporting and investigation of suspected adult/child abuse and/or neglect, as appropriate.
- Members may not implement retaliatory action against any individuals who reports suspected adult/child abuse and/or neglect.
- Any individual who is legally mandated to report suspected adult/child abuse and/or neglect may be guilty of a misdemeanor and liable for damages caused by the failure.
- Any individual who is legally mandated to report suspected adult/child abuse and/or neglect and who intentionally fails to report such abuse and/or neglect may be guilty of a misdemeanor and liable for damages caused by the failure.
- Any individual who willingly makes a false adult/child abuse and/or neglect report may be liable for civil action for any damages suffered by individuals who were reported as suspects in such abuse and/or neglect.

#### **Procedure**

- A. Report suspected adult/child abuse and/or neglect to direct Facility Manager, Director of Nurses, Branch General Manager and Clinical Director.
- B. The General Manager or Clinical Director
  - Conducts an immediate initial investigation into the suspected abuse and/or neglect.
  - Case conference as appropriate with client facility and all involved individuals.
- C. Reports suspected cases of adult/child abuse and/or neglect immediately.
- D. File information gathered relating to adult/child abuse and/or neglect in Company Variance Report.

## 21 Restraints

### General Guidelines

#### 1. Restraints shall not be ordered on a PRN basis.

Restraints shall be only employed on the written order of a physician after personal evaluation of the patient's physical and mental status. If a physician is not immediately available, to assist the patient and make a determination regarding his/her need to be restrained, the determination can be made by a registered nurse (RN), after careful assessment of the patient.. All registered nurses shall be authorized to initiate or terminate the use of restraints as permitted by individual facility policy.

#### 2. Evaluation of the Patient

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.

#### 3. Responsibilities of the Physician

The physician shall assess the patient to ascertain the restraint is justified. After consideration of the alternatives to restraint, an order for restraints must be written on the order sheet and should include: a) type of restraint; b) the starting and ending times; c) indications for use; and d) level/frequency of evaluation. Verbal orders must be signed within 24 hours of implication.

#### 4. Responsibilities of Nursing

Documentation in the medical record shall include:

1. Time and type of restraint applied, noting skin condition and color
2. Reason for application of restraints
3. Time restraint are released / removed
4. Needs of the patient are addressed: ADL's hygiene, fluids, and elimination
5. Prior alternatives considered and lack of effectiveness
6. Functional assessment

#### 5. Monitoring of Patients in Restraints

All patients in restraints of any kind shall be closely monitored, with the maximum time between observations being two hours. Monitoring shall include condition of skin, observations that support adequate circulation, and observation for bruises, abrasions, and lacerations.

#### 6. Application of Restraints

Restraints must be carefully selected to be of appropriate size for the patient. Restraints are to be secured to the bed frame, if the patient is in bed; never to the side rails. Use restraints will be discontinued as soon as feasible.

When using wrist and ankle restraints, a finger's width of space must be maintained between the skin of the wrist/ankle and the restraining device.

Vest Restraints are to be applied with the crossing ties in the back, as per manufacturer's directions. The patient must be able to maximally expand their chest wall without hindrance.

Soft leather restraints shall be used only for severely combative individuals.

Mittens are placed on the hand with the palm on the smooth side of the mitt. Mittens shall be removed every two hours to prevent contracture and the assess circulation.

## 2009 National Patient Safety Goals

Beginning in 2003, JCQHO annually has released a number of National Patient Safety Goals, and mandated that all accredited healthcare organizations implement these goals. However, these efforts are more than just goals. They are mandatory practice changes modeled after best-practices throughout the world and supported by the Centers for Medicare and Medicaid Services. The goals, updated once a year, focus on a variety of safety challenges that hospitals face on a daily basis and range from very simple to very complex.

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

### 1. Improve the accuracy of patient identification

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

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

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

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

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

### 4. Prevent infection

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

**5. Check patient medicines**

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

**6. Prevent patients from falling**

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

**7. Help patients to be involved in their care**

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

**8. Identify patient safety risks**

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

**9. Watch patients closely for changes in their health and respond quickly if they need help**

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

**10. Prevent errors in surgery**

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

## 23 Floating Policy

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

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

- The healthcare provider will immediately notify VisionQwest Healthcare
- The nurse is obligated to inform the hospital of his/her professional limitations based upon the Nurse Practice Act standards and up VisionQwest Healthcare client contract specifications as they relate to the assignment.
- The Director of Nursing at VisionQwest Healthcare will work within the bounds of the Nurse Practice Act and the hospital contract to resolve the issue.
- VisionQwest Healthcare will pay nurse for hours worked up until the end of his/her shift.

## 24 Continuing Education

Ongoing continuing education is the responsibility of VisionQwest Healthcare employees to ensure that all clinical staff has a current knowledge and practice base. VisionQwest Healthcare maintains information on available resources for BLS, ACLS, PALS, etc. The following online education programs are also available for continuing education; however this is not an inclusive list of available resources: [www.nursetesting.com](http://www.nursetesting.com), [www.nursingspectrum.com](http://www.nursingspectrum.com) and [www.lww.com](http://www.lww.com)

Evidence of continuing education and annual required in-service education are part of the ongoing competency assessment program and will be maintained in your personnel file. Please provide VisionQwest Healthcare with copies of your continuing education certificates.

## 25 Employee Performance Review

- Every healthcare professional employed by VisionQwest Healthcare, who has worked in the last year, will have an annual performance evaluation carried out by VisionQwest healthcare, on or around your anniversary date.
- VisionQwest Healthcare will attempt to obtain feedback from client representatives regarding clinical staff competence and ongoing performance of professional employees. Unfortunately, some clients will not cooperate with VisionQwest Healthcare in this regard, so VisionQwest Healthcare follows a competence by exception philosophy. In the absence of client feedback, unless there is evidence of a performance issue, we assume that our employees are meeting performance expectations.
- Feedback from our clients regarding clinical and/or professional performance is addressed with our employee immediately. Follow-up with our clients is 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 VisionQwest Healthcare.
- When training needs are identified, an opportunity to complete the training will be provided at the earliest possible occasion.
- The company assesses aspects of employee's competence at hire, at performance evaluation and as needed.

**26 Availability of VisionQwest Healthcare Office Staff**

VisionQwest Healthcare office staff is on-duty 24/7. Each of the office administrative staff take day, night and weekend duties to cover the needs. All field employees may call the office and the line will be picked up. However, it is not picked up with a live voice you must leave a voice mail. Your voice mail is transcribed by the phone system and sent to the individual on-duty. It also records your voice mail and send it to our on-duty cell phone so we can read it or hear it. We will return your call. The duty phone number is: 818.547.0497 Ext 2 You may also go to: [www.vqstaff.com](http://www.vqstaff.com)

**27 On-Call Pay**

In the event VisionQwest Healthcare field employee is requested to be on-call, VisionQwest Healthcare will pay for all on-call hours at the rate outlined in the Assignment Detail less any hours paid for Call-Back.

**28 Holiday Pay**

Holiday hours worked will be paid at the rate of one and one-half (1 ½) times the base hourly wage. Holiday pay is based on the days and hours observed by the facility at which the VisionQwest Healthcare field employee is working. To be paid for the holiday the VisionQwest Healthcare field employee must work the day of the observed holiday. A missed day of work due to the holiday is not included as "guaranteed hours".

**29 Lunch Break Policy**

VisionQwest Healthcare field employee agrees to clock in and out for a minimum of thirty (30) minutes and up to a maximum of one (1) hour for meal periods, unless otherwise specified by facility policy. If the facility requests VisionQwest Healthcare field employee to work their lunch period due to patient care and safety, VisionQwest Healthcare field employee agrees to obtain a supervisor signatures from a Client Manager for each applicable shift.

**30 Orientation**

Medical Facility orientation information or requirements will be provided to VisionQwest healthcare field employee prior to assignment start by a representative of VisionQwest Healthcare.

**31 VisionQwest Field Employee Responsibilities**

VisionQwest Healthcare Field Employee is an shall be duly licensed to practice his/her profession in any State where VisionQwest Healthcare Field Employee is assigned and shall maintain current professional standing at all times. Evidence of such licensing shall be submitted to VisionQwest Healthcare prior to commencing the Assignment. VisionQwest Healthcare Field Employee agrees to give immediate notice to VisionQwest Healthcare in the case of suspension or revocation of his/her license, initiation of any

proceeding that could result in suspension or revocation of such licensing, or upon the receipt of any notice or any other matter which may challenge or threaten such licensing.

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

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

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

32. **Equal Employment Policy**

VisionQwest Healthcare serves in, and practices, the principles of equal employment opportunity. It is our policy to recruit, hire, train, and promote individuals, as well as administer all employment decisions, conditions of employment, and personnel actions, without regard to race, color, religion, age, sex, national origin or ancestry, marital status, status as a disabled or Vietnam veteran, or status as a qualified person with a disability, or other protected status, in accordance with applicable laws. In this regard, we will take continuing action to ensure the knowledge, skill, and potential of all employees are fully utilized throughout the organization to the greatest extent possible. Any incident or situation that you believe involves illegal discrimination should be brought to the immediate attention of your supervisor, President, or Human Resources Department of VisionQwest Healthcare.

33. **Americans With Disability Act**

VisionQwest strongly supports the policies of the Americans with Disabilities Act and is completely committed to treating all applicants and employees with disabilities in accordance with the requirements of that act. The company judges individuals by their abilities, not their disabilities, and seeks to give full and equal employment opportunities to all persons capable of performing successfully in the company's positions. The company will provide reasonable accommodations to any persons with disabilities who require them, who advise the company of their particular needs. Information concerning individuals' disabilities and their need for accommodation will of course be handled with the utmost discretion.

44. **Employee Categories**

Throughout this Handbook,, you will see references to several employee categories with which you should become familiar. They are as follows:

***Exempt / Non-Exempt***

Positions are determined to be Exempt or Non-exempt based upon job responsibility, and in accordance with the Fair Labor Standards Act.

***Exempt:*** Those employees excluded from the overtime provisions of the Fair Labor Standards Act. The professional office and administrative staff is considered exempt. The introductory period for exempt employees is 90 days.

**Non-Exempt:** Those positions eligible for overtime pay if more than 40 hours are worked in a workweek. The introductory period for non-exempt employees is 90 days.

#### 45. Definitions – Employee Categories

**Probationary:** All persons newly hired (or rehired) are considered probationary employees until the completion of ninety (90) calendar days of employment.

**Regular – Full Time:** A regular scheduled full time employee is one who is employed on a regular basis on a schedule of 30-40 hours a week. Regular full-time employees are fully eligible for all benefits as described in the Employee Handbook.

**Regular – Part Time:** Employees scheduled for twenty (20) or more hours a week are eligible for employee benefits on a prorated basis. (exception is tuition reimbursements), in relation to their scheduled hours worked up to forty (40).

**Non-Benefit Eligible Part-Time:** Employees scheduled to work less than 20 hours may be terminated without notice or cause.

**Temporary Full-Time:** A temporary full-time employee is one who is employed on a schedule for forty (40) hours a week for a defined and limited period of time and is so informed at the time of hire.

**Temporary Part-Time:** A temporary part-time employee is one who is employed on a schedule of less than thirty (30) hours a week for a definite limited period of time and is so informed at the time of hire.

**Per Visit Employees:** Per visit employees are hired to work on a per diem basis for an undetermined time period. A per visit employee is scheduled to work 0-19 hours per week. There is no guarantee of scheduled hours for persons employed in these categories. Per Visit Employees can be terminated without notice or cause.

**NOTE:** Employees who are scheduled to work only as needed or classified as per-diem by VisionQwest Healthcare are not eligible for employee benefits, except for holiday pay when the holiday has been worked. Schedules for these employees depend on the staffing needs of the client facilities contracted with VisionQwest Healthcare for per diem employees.

#### 46. Medical Screenings

As part of the VisionQwest employment procedures, an applicant is required to undergo a post-offer, pre-employment medical screening. Any offer of employment that an applicant receives from VisionQwest is contingent upon, among other things, satisfactory completion of this and screening and a determination of VisionQwest and Employee Health that the applicant is capable of performing the essential functions of the position that has been offered, with or without reasonable accommodations.

As a condition of continued employment, employees may also be required to undergo periodic medical examinations, and/or alcohol and drug screening, at times specified by VisionQwest Healthcare. In connection with these examinations, employees are required to provide VisionQwest with access to their medical records, if requested. Further, it should be understood that VisionQwest receives a full medical report from its examining physicians regarding the applicant's or employee's state of health. All company required pre-employment screening are paid in full by the employee.

**47. Licensure**

Persons being considered for employment whose occupations are regulated by a State licensing board must present proof of licensure if applicable, before beginning work. Employees are responsible for renewing their licenses when necessary and ensuring that the license is kept current. An employee who fails to present or maintain a valid license as requested will not be allowed to work.

**48. Introductory Period**

All new employees, rehired and current employees promoted or transferred to a new position shall be on a 90-day new hire period starting on their first day worked. This period may be extended if additional time is required in order to completely assess an employee’s performance. This period gives both VisionQwest and the employee time to assess their new relationship and performance. During this period, an employee may not be eligible for all benefits.

**49. Identification Badges**

As a vital part of our security program, a VisionQwest Healthcare identification badge with your name, and photo will be issued to you as you begin employment. If your identification badge is lost or stolen, you must pay for a replacement. You are required to wear your identification badge, in clear view, at all times while on duty.

Upon termination of employment, you must return your identification badge to a Human Resources representative.

**50. Security**

All vehicles, lockers, desks, offices or containers that are VisionQwest property, as well as briefcases, backpacks, parcels and other personal belongings of employees, are subject to inspection and search by VisionQwest or their designated agents.

**51. Work Schedules**

The normal work-weeks consists of 30-40 hours for full-time employees, not including meal periods. Consistent with staffing requirements and providing high-quality patient care, some employees rotate among day, evening, and weekend duties. If a change in your work schedule is necessary to meet operational requirements, your supervisor may make such changes at his/her sole discretion. Per diem healthcare staff are not subject or guaranteed 30-40 hours and are required to be available for any shift that they are called to work. Please inform VisionQwest Healthcare what days and shifts you are available to work. Go to [www.vqstaff.com](http://www.vqstaff.com)

**52. Payroll Period and Submission of Time Sheets**

Payroll cut offs and pay dates is as follows:

1 <sup>st</sup> Payroll Cut off:	15 <sup>th</sup>	Pay on:	25 <sup>th</sup>
2 <sup>nd</sup> Payroll Cut off:	last day of month	Paid on:	10th

You are provided with a VisionQwest time sheet to fill out. All time sheets are due into VisionQwest Healthcare 24 hours after end of your shift on the cut off period. Your time sheet must be signed by your facility supervisor and faxed to: 310.861.5558

**Remember – time sheets that are delayed slows the process of payroll for that facility that you are assigned to. If your time sheet is late then expect your payroll to be late in payment to you.**

To download a time sheet go to [www.vqstaff.com](http://www.vqstaff.com)

### **53. Personal Visitors**

VisionQwest employees are not permitted to have visitors while at work. With the exception of emergency situations, no one may enter the work area unless working or conducting business with VisionQwest or the facility or job assignment.

### **54. Personnel Records**

If there is any change in your name, address, telephone number, marital status, number of dependents, education and training, and/or person to notify in case of an emergency, please contact the VisionQwest office to complete the appropriate forms.

All employee information is confidential and will not be released without your permission. Only the Human Resources Department or the President is authorized to provide employee information to a client facility and employment verification. You are permitted to review your personnel record, and you are able to obtain a copy of that record.

### **55. Employees' Children**

Employees of VisionQwest may not bring their children to work while on duty. This is to avoid possible accidents or healthcare issues to the child and to allow the employee and fellow employees to perform their jobs without the interruptions and distractions of the child.

Should your child need emergency treatment or have a medical appointment, you should make arrangements for time off with your supervisor.

### **56. Personal Days**

Full-time employees in addition to observed holidays, receive three (3) Personal Days during the calendar year and part-time regular employees will receive Personal Days on a pro-rate basis.

During the first year of employment, employees will be eligible for personal days as follows:

<u>Those Hired</u>	<u>Eligible for</u>
January 1 – May 31	3 Personal days
June 1 0 September 3	1 personal day

Employees hired after September 30<sup>th</sup> will not be eligible for Personal Days in that calendar year. Personal Days are observed on the days of your choice, subject to advance approval by the supervisor. In emergency situations and at the discretion of your Staffing Coordinator Personal Days may be used without advance approval. Personal Days do not accumulate; they should be used each year.

Per diem assigned employees are not eligible for personal days.

## 57. Vacation

VisionQwest provides paid vacations to eligible employees and encourages those employees to take vacations on a regular and timely basis. Vacations, however, may be scheduled by VisionQwest to assure optimum patient care and efficient operation of the Company and our client facilities.

New employees must have successfully completed their new hire period before they become eligible to utilize vacation. Regular full-time employees scheduled to work 40 hours per week are eligible for full vacation allotments.

30 hours or more of full time employment are eligible for:

1 – 3 years of service	One (1) week of paid holiday (does not roll over – no buy out)
3 – 6 years of service	Two (2) weeks of paid holiday (does not roll over – no buy out)
6 – on-ward	Three (3) weeks of paid holiday (not not roll over – no buy out)

Part time and per diem employees are not eligible for paid vacations.

## 58. Sick Time

VisionQwest provides limited paid sick time to eligible employees for those days when they are unable to work because of illness.

1. Eligible employees: are those employees who are regularly scheduled to work 20 hours, or more, a week, and who have been employed at VisionQwest for at least 90 calendar days.
2. Regular full-time employees: Regular full-time employees accrue sick time at the rate of 5 day per year for each month of employment.
3. Regular part-time: no sick time
4. Per Diem: no sick time

In order to receive sick time, an employee must notify his/her supervisor each day of the absence at least 1 hour to the beginning of the shift (or in compliance with departmental procedures), unless the employee has a valid excuse for the failure to call.

Your supervisor may require a doctor's certificate prior to approving sick leave for any related absence. If you have been absent due to a contagious illness, you must be cleared by your doctor before returning to work.

## 59. Family Medical Leave

Under federal law, an eligible employee is entitled to unpaid leave for up to 12 work weeks in a 12-month period for the following reasons: (1) the birth or adoption of a child, or the foster-care placement of a child; (2) to care for a family member of the employee if that individual has a serious health condition; or (3) a serious health condition of the employee that renders the employee unable to perform his or her job.

Full-time and part-time eligible employees must have completed at least one full year of service with VisionQwest and have worked a minimum of 1,250 hours in a twelve month period preceding the leave to be eligible for such leave.

### PLEASE NOTE:

1. You will be required to provide certification from a health care provider to support your request for leave to care for your seriously ill spouse, son, daughter or parent; or

due to your own serious health condition. If certification is not given in a timely manner, or is incomplete and the deficiency is not corrected, you may be denied use of family or medical leave (and the job protection provided) for the absence.

2. You will be required to use all accrued, unused vacation, sick and personal time during the leave period. Once such benefits are exhausted, the balance of the leave will be without pay unless other benefits are available.
3. During family, medical or emergency leave, in the even VisionQwest maintains employee healthcare, will maintain your coverage of health, dental, and vision insurance benefits provided that you continue to pay your portion of any insurance premiums that normally are deducted from your paycheck. You shall pay such amounts on a monthly basis by tendering a check made payable to VisionQwest. VisionQwest life and disability benefits will be continued at the employee's expense.

It is the responsibility of the employee to report to work in accordance with instructions from his or her supervisor at the end of the unpaid leave of absence. An employee who fails to return to work at the expiration date of the leave, unless extenuating circumstances support his or her inability to do so, shall be terminated as having abandoned the position. The date of termination will be the last day worked.

4. If you are returning to work from a leave taken for your own serious health condition, you must be cleared by your doctor, or proven medical certification of fitness for return to duty. This certification should be provided preferably one week prior to your expected date of return, but no later than the last regular business day of your leave.
5. If you take family medical or emergency leave under this policy you will be returned to your same position or to an equivalent position, at the election of VisionQwest, unless your employment would have been terminated in the absence of any leave (such as through reduction-in-force or termination of a temporary or per diem job).

## **60. Health Insurance**

VisionQwest at this time does not provide healthcare insurance to their employees. In compliance with California insurance rules and regulations all employees mean senior executive, administrative staff, and healthcare employees. VisionQwest will review every 90 days on the performance of the company to be able to provide health insurance benefits to their employees.

## **61. Dental Plans**

VisionQwest at this time does not provide Dental insurance to their employees. In compliance with California insurance rules and regulations all employees mean senior executive, administrative staff, and healthcare employees. VisionQwest will review every 90 days on the performance of the company to be able to provide dental insurance benefits to their employees.



## VisionQwest Healthcare

### 32 Employee Handbook Acknowledgement Form

By signing this form I acknowledge and attest that I have received a copy of VisionQwest Healthcare Employee Handbook. I have read and understand VisionQwest Healthcare's policies, pre employment requirements, expectations and my responsibilities as a VisionQwest Healthcare employee. I have received and comprehend information regarding the following topics.

- Disaster Preparedness
- Age Specific
- Cultural Diversity
- Environmental Safety
- Hazardous Chemicals
- HIPAA
- Infection Control / Blood Borne Pathogens
- Abuse
- Domestic Violence
- Ethics for Healthcare (Standard of Conduct)
- 2009 National Patient Safety Goals
- Patient Restraints
- Patient Rights
- Sexual Harassment

I acknowledge that I am expected to review all current and or revised versions of this Employee Handbook and sign a new acknowledgement form annually.

I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the VisionQwest Healthcare office to discuss.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

