

**Professional Respiratory
Care Services, Inc.**

EMPLOYEE

HANDBOOK

EMPLOYEE MANUAL

Revised February 10, 2012

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Subject to Disclaimer:

I understand that PRCS Employee Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at will.

Professional Respiratory Care Services, Inc.

EMPLOYEE INTRODUCTION

Dear Employee,

Welcome to *Professional Respiratory Care Services, Inc.*, herein referred throughout the remainder of this handbook as *PRCS*.

We are excited to have you as part of our progressive team. You were hired because we believe you can contribute to the achievement of our goals and to the bottom line of success, and share our commitment to our mission statement.

PRCS is committed to distinctive quality and unparalleled customer service in all aspects of our business. As part of the team, you will discover that the pursuit of excellence is truly a rewarding aspect of your career with [PRCS]. As a team member, you must "own" the results of your productivity. This employee handbook contains the key policies, goals, benefits, and expectations of [PRCS]; and other information you will need as part of our team.

Our mission statement:

At PRCS, we pledge to provide distinctive quality and unparalleled customer service as we strive to gain the respect and trust of our customers, suppliers and partner vendors.

The success of PRCS is determined by our success in operating as a unified team. We have to earn the trust and respect of our customers every day in order that the customer makes the decision to choose our services. We sell service and service is provided by people. There are no magic formulas.

Our success is guaranteed by creative, productive employees who are empowered to make suggestions while thinking "outside the box." Your job, every job, is essential to fulfilling our mission to "provide distinctive quality and unparalleled customer service" everyday to more people who "trust and respect" us. The primary goal at PRCS, and yours, is to live our mission statement and continue to be an industry leader. We achieve this through dedicated hard work and commitment from every employee. It is the desire of PRCS' management, from top to bottom, to have every employee succeed in their job, and assist in achieving our goals. You should use this handbook as a ready reference as you pursue your career with PRCS. Additionally, the handbook should assure good management and fair treatment of all employees. At PRCS, we strive to recognize the contributions of all employees. Welcome aboard. We look forward to your contribution.

Sincerely,

Jean Mathews
President

VALUES

OUR MISSION IS TO BE THE BEST.

By "the best", we mean a company that supplies quality products and outstanding service to our customers. In addition, we are committed to being an outstanding citizens and creating an environment for our employees that makes PRCS an exceptional place to work. We will conduct our business with the highest ethical standards and believe the following values are fundamental to our success.

PEOPLE MAKE THE DIFFERENCE

It is important that we:

Attract, motivate, and retain the most talented people in our industry; promote mutual trust and respect for each other; practice open and timely two-way communication with the expectation and confidence that well informed people will do the right thing; keep an open mind to new ideas and encourage innovation and risk-taking, with the knowledge that sometimes we fail; and provide opportunity for all employees to develop their potential and make the best use of their abilities.

QUALITY IS ESSENTIAL

This requires that we:

Deliver an excellent service that directly addresses our customers' needs; maintain an open dialogue with our customers and incorporate their suggestions and desires into our future service; remain on the cutting edge of technology and continue to provide new and innovative solutions to our customers' present and future needs; make product and service quality the responsibility of every employee, and take pride in all the products and services we provide.

EXCELLENCE MUST BE A WAY OF LIFE

This demands that we:

Maintain a dynamic, growth-oriented environment that promotes teamwork and encourages individual initiative; provide leadership and a compensation structure that rewards excellent performance; pursue functional excellence as an integral part of our total business performance; and set priorities and execute plans consistent with our strategic objectives.

WE BELIEVE THAT IF WE LIVE BY THESE VALUES, WE WILL ESTABLISH PRCS, INC. AS A PREMIER, RAPIDLY-GROWING COMPANY WHICH WILL PROVIDE A SUPERIOR SERVICE TO OUR CUSTOMERS.

Employee Handbook: Acknowledgement Form

Professional Respiratory Care Services, Inc.

EMPLOYEE HANDBOOK

This employee handbook has been prepared for your information and understanding of the policies, philosophies and practices and benefits of PRCS Corporation. PLEASE READ IT CAREFULLY. Upon completion of your review of this handbook, please sign the statement below, and return to your personnel representative by the due date. A reproduction of this acknowledgment appears at the back of this booklet for your records.

I, _____, have received and read a copy of the PRCS Employee Handbook which outlines the goals, Policies, benefits and expectations of PRCS, as well as my responsibilities as an employee.

I have familiarized myself, at least generally, with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in Employee Handbook provided to me by PRCS. I understand this handbook is not intended to cover every situation which may arise during my employment, but is simply a general guide to the goals, policies, practices, benefits and expectations of PRCS.

I understand that the PRCS Employee Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at will.

(Employee signature)

Please return by: _____
(put date here)

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SECTION 1

EMPLOYEE MANUAL INTRODUCTION

This handbook is designed to acquaint you with PRCS and provide you with information about working conditions, employee benefits, and some of the policies affecting your employment. You should read, understand and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed by PRCS to benefit its employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about policy. As PRCS continues to grow, the need may arise and PRCS reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion

Following the policies described in this Manual are considered a condition of continued employment. However, nothing in this Manual alters an employee's status. Employment with PRCS is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, PRCS may terminate the employment relationship at will at any time, with or without cause as long as there is no violation of applicable federal or state law.

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between PRCS and any of its employees. The provisions of the handbook have been developed at the discretion of management and, except for its policy of employment-at-will, may be amended or cancelled at any time, at PRCS' sole discretion.

The Manual is a summary of our policies, which are presented here only as a matter of information.

1.1 CHANGES IN POLICY

This Manual supersedes all previous employee manuals and memos that may have been issued from time to time on subjects covered in this Manual.

These provisions supersede all existing policies and practices and may not be amended or added to without the express written approval of the President, V.P. of Operations or the Chief Financial Officer of PRCS. No individual supervisor or manager has the authority to change policies at any time.

1.2 EMPLOYMENT APPLICATIONS

We rely upon the accuracy of information contained in the employment application and the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment with PRCS.

1.3 EMPLOYMENT RELATIONSHIP

Employment with PRCS is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, PRCS may terminate the employment relationship at will at any time, with or without cause as long as there is no violation of applicable federal or state law.

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between PRCS and any of its employees. Following the probationary period, employees are required to follow the Employment Termination Policy (See Section 3.13).

SECTION 2

DEFINITIONS OF EMPLOYEE STATUS

“EMPLOYEES” DEFINED

An “employee” of PRCS is a person who regularly or occasionally works for PRCS on a wage or salary basis. “Employees” may include exempt, non-exempt, regular full-time, regular part-time, and per diem persons, and others employed with PRCS who are subject to the control and direction of PRCS in the performance of their duties.

EXEMPT / NON-EXEMPT

It is the intent of PRCS to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility.

Each employee is designated as either NONEXEMPT or EXEMPT from federal and state wage and hour laws. NONEXEMPT employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT employees are excluded from specific provisions of federal and state wage and hour laws. An employee’s EXEMPT or NONEXEMPT classification may be changed only upon written notification by PRCS management.

REGULAR FULL-TIME

Regular full time employees are those who have completed a 90 day] probationary period and who are scheduled to work 40 or more hours per week. Generally, they are eligible for PRCS benefit package, subject to the terms, conditions, and limitations of each benefit program.

REGULAR PART-TIME

Regular part time employees are those who have completed a 90 day probationary period and who are scheduled to work less than 35 hours per week.

TEMPORARY (FULL-TIME or PART-TIME)

Employee’s whose performance is being evaluated to determine whether further employment with PRCS is appropriate or individuals who are hired as interim replacements are considered temporary. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain this status until they are notified of a change. They are not eligible for any benefit programs.

PER DIEM EMPLOYEES

Employees who are working in the clinical environment who are benefited or non- benefited and not subject to a specific schedule. These employees are self scheduled and are required to maintain only the amount of hours required by their benefit package, if any, in order for them to remain in place.

EMPLOYEE DIVISIONS

~PER DIEM

~ROTATOR

~TRAVEL

PROBATIONARY PERIOD FOR NEW EMPLOYEES

A new employee whose performance is being evaluated to determine whether further employment in a specific position or with PRCS is appropriate is considered to be on a probationary period. When an employee completes the probationary period, the employee will be notified of his/her new status with PRCS.

SECTION 3

EMPLOYMENT POLICIES

3.1 Equal Employment Opportunity

PRCS does not discriminate in employment opportunities or practices because of race, color, religion, sex, national origin, age or any other characteristic protected by law.

This policy governs all aspects of employment including selection: job assignment, compensation, discipline, termination and access to benefits training.

PRCS will make reasonable accommodations for qualified individuals with known disabilities. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Employees with questions or concerns about discrimination in the workplace are encouraged to bring these issues to the attention of their supervisor.

3.2 NON-DISCLOSURE/CONFIDENTIALITY

The protection of confidential business information and trade secrets is vital to the interests and success of PRCS. Such confidential information includes, but is not limited to, the following examples:

- Compensation data,
- Financial information about PRCS
- Business Plans / Marketing strategies,
- Proposals / Source Code / Trade Secrets,
- Proprietary production processes / Customer Lists,
- Personnel Pay or Payroll records,
- Conversations between any persons associated with PRCS.

All employees are required to sign this non-disclosure contained in this Manual as a condition of employment. Please initial here _____.

Employees who improperly use or disclose confidential information will be subject to disciplinary action, and legal action, even if they do not benefit from the disclosed information.

3.3 NEW EMPLOYEE

Orientation is a formal welcoming process that is designed to make the new employee feel informed about PRCS, and prepared for their new position. The new employee will be given an overview of benefits, tax, and legal issues, and complete any necessary paperwork.

Employees are presented with all codes, keys, and procedures needed to navigate within the workplace. The new employee's supervisor then introduces the new hire to staff throughout PRCS, reviews their job description and explains PRCS evaluation procedures, and helps the new employee get started.

3.4 PROBATIONARY PERIOD FOR NEW EMPLOYEES

The probationary period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. PRCS uses this period to evaluate employee capabilities, work habits, and overall performance.

All new employees work on an introductory basis for the first 90 calendar days after their date of hire. If PRCS determines that the designated introductory period does not allow sufficient time to

thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

Upon satisfactory completion of the probationary period, a [90-day] review will be given and benefits will begin as appropriate. All employees are expected to meet and maintain Company standards for behavior (See Section 4, Standards of Conduct).

3.5 OFFICE HOURS

PRCS' office is open for business from 8:30 a.m. to 4:30 p.m. Monday through Friday, except for Holidays (See Section 6.7, Holidays).

The standard workweek is 40-60 hours of per week (see Section 5.3, Overtime). The office employee workweek is considered to begin on Monday morning (12:01 a.m.) through Friday (ending at 5:00pm), unless a supervisor makes prior other arrangements with the employee.

3.6 LUNCH PERIODS

Employees are allowed a 30 minute lunch break. Lunch breaks generally are taken between the hours of 11 a.m. and 2:00 p.m. on a staggered schedule so that your absence does not create a problem for co-workers or clients. It is generally an accepted practice here at PRCS to bring or have your lunch brought in to avoid a shortage of office personnel during the lunch hour or at any other given time.

3.7 BREAK PERIODS

Company does not provide for employees to break during production activities except for the above outlined lunch period.

If employees have unexpected personal business to take care of, they must notify their direct supervisor to discuss this time away from work and make provisions as necessary. Personal business should be conducted on the employee's own time.

Employees who do not adhere to the break policy will be subject to disciplinary action, including termination.

3.8 PERSONNEL FILES

Employee personnel files include the following: job application and all enclosed required documents, job description, résumé, records of participation in training events, salary history, records of disciplinary action and documents related to employee performance reviews, coaching, and mentoring.

Personnel files are the property of PRCS, and access to the information they contain is restricted. Generally, only supervisors and management personnel of PRCS who have a legitimate reason to review information in a file are allowed to do so.

Employees who wish to review their own file should contact their supervisor. With reasonable advance notice, the employee may review his/her personnel file in PRCS office and in the presence of their supervisor.

3.9a WORKPLACE SEARCHES

All PRCS' facilities, buildings, offices, furnishings, equipment and computers are property of PRCS, and are provided to employees for their use in the conduct of Company business. PRCS retains the right to search all buildings, offices, furnishings, equipment, computers and other items brought onto PRCS' premises at any time, with or without notice or employee consent, including personal property employees may bring to work such as purses, briefcases, lunch boxes, backpacks, bags, etc. Employees, who bring personal property onto company premises, or use company equipment or materials for personal purposes, do so at their own peril and should not expect privacy.

PRCS provides desks and work benches for the convenience and use of its employees at PRCS' expense. Although desks and work benches are made available for the convenience of employees while at work, employees should remember that all desks remain the sole property of PRCS. Moreover, PRCS reserves the right to inspect desks and work benches, as well as any contents, effects, or articles that are in the desks. Such an inspection can occur at any time, with or without advance notice or consent. An inspection may be conducted before, during or after working hours by any supervisor of PRCS.

In addition, a routine check of employees leaving PRCS' premises with packages or articles may be held periodically without prior announcement. Any supervisor or PRCS-designated person has the authority to inspect packages or other articles leaving PRCS' premises in the possession of any employee.

These investigative measures are not intended to be unreasonably intrusive to your privacy but may be necessary in limited situations where there is a need to protect information, property, company assets, or maintain a safe work environment.

PRCS also reserves the right to review records of telephone usage. If during an investigation or search, we discover information indicating the possible commission of a crime or other illegal

violations, we may disclose that information to law enforcement authorities or to other appropriate persons.

PRCS' employees refusing to cooperate in a work-related search or security investigation will be disciplined, with penalties up to and including termination of employment.

3.9b PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify their supervisor of any changes in personnel data such as:

- Mailing address,
- Home / Cell / Emergency Contact Number
- Name and number of dependents, and
- Individuals to be contacted in the event of an emergency.

An employee's personnel data should be current at all times.

3.10 SEVERE WEATHER / EMERGENCY CLOSINGS

At times, emergencies such as severe weather, fires, or power failures can disrupt company operations. The decision to close the office will be made by the President or Chief Financial Officer only.

When the decision is made to close the office, employees will receive official notification from their supervisors.

3.11 EMPLOYEE PERFORMANCE EVALUATION

Supervisors will conduct performance reviews and planning sessions with all regular full-time and regular part-time employees after six months of service. Supervisors may conduct informal performance reviews and planning sessions more often if they choose.

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Additional formal performance evaluations are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

Merit-based pay adjustments are awarded by PRCS in an effort to recognize truly *superior* employee performance.

PRCS directly links wage and salary increases and year end bonuses with individual and company performance. Your performance review and planning sessions will also have a direct effect on any changes in your compensation.

New employees will be reviewed at the end of their probationary periods (see Section 3.3, Probationary Period for New Employees). After the initial review, the employee will be reviewed according to the regular six month schedule.

3.12 OUTSIDE EMPLOYMENT / CONFLICT OF INTEREST

While employed by us you are expected to devote your energy to your job with PRCS. PRCS does not have a policy against second jobs but the following types of outside employment are strictly prohibited:

Employment that conflicts with your work schedule, duties or responsibilities;

Employment that creates a conflict of interest or is incompatible with your employment with us;

Employment that impairs or has a detrimental effect on your work performance with us;

Employment that directly or indirectly competes with the business or the interests of PRCS.

If you wish to engage in outside employment you must submit a written request to PRCS explaining the details of outside employment. If authorized, PRCS assumes no responsibility for the outside employment. PRCS will not provide workers' compensation coverage or any other benefit for injuries occurring from or arising out of outside employment. Authorization to engage in outside employment can be revoked at any time.

3.13 Discipline

PRCS holds each of its employees to certain work rules and standards of conduct (see Section 4). When an employee deviates from these rules and standards, PRCS expects the employee's supervisor to take corrective action.

Corrective action at PRCS is progressive. That is, the action taken in response to a rule infraction or violation of standards typically follows a pattern increasing in seriousness until the infraction or violation is corrected.

The usual sequence of corrective actions includes an oral warning, a written warning, probation, and finally termination of employment. In deciding which initial corrective action would be appropriate, a supervisor will consider the seriousness of the infraction, the circumstances surrounding the matter, and the employee's previous record.

Though committed to a progressive approach to corrective action, PRCS considers certain rule infractions and violations of standards as grounds for immediate termination of employment. These include but are not limited to: theft in any form, insubordinate behavior, vandalism or destruction of company property, being on company property unauthorized during non-business hours, the use of company equipment and/or company vehicles without prior authorization by management staff, untruthfulness about personal work history, skills, or training, divulging Company business practices, and misrepresentations of PRCS to a customer, a prospective customer, the general public, or an employee.

3.14 EMPLOYMENT TERMINATION

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are a few of the most common examples under which employment is terminated:

- **Resignation** – voluntary employment termination initiated by an employee.
- **Termination** – involuntary employment termination initiated by PRCS.
- **Layoff** – involuntary employment termination initiated by PRCS for non-disciplinary reasons.

When a non-exempt employee intends to terminate his/her employment with PRCS, he/she shall give PRCS at least two (2) weeks written notice. Management employees shall give at least four (4) weeks written notice.

Since employment with PRCS is based on mutual consent, both the employee and PRCS have the right to terminate employment at will, with or without cause.

Any employee who terminates employment with PRCS shall return all files, records, keys, and any other materials that are property of PRCS. No final settlement of an employee's pay will be made until all items are returned in appropriate condition. The cost of replacing non-returned items will be deducted from the employee's final paycheck. Furthermore, any outstanding financial obligations owed to PRCS will also be deducted from the employee's final check.

Employee's benefits will be affected by employment termination in the following manner. All accrued vested benefits that are due and payable at termination will be paid. Some benefits may be continued at the employee's expense (See Section 5, Benefits) if the employee elects to do so. The employee will be notified of the benefits that may be continued and of the terms, conditions, and limitations.

3.15 SAFETY

To assist in providing a safe and healthful work environment for employees, customers, and visitors, PRCS has established a workplace safety program. The Office Manager has responsibility for implementing, administering, monitoring, and evaluating the safety program. PRCS provides information to employees about workplace safety and health issues through regular internal communication channels such as:

- Training sessions
- Team meetings
- Email postings
- Memorandums
- Other written communications

Each employee is expected to obey safety rules and exercise caution and common sense in all work activities. Employees must immediately report any unsafe conditions to their supervisor. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action including termination of employment.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify the Office Manager or the appropriate Supervisor. Such reports are necessary to comply with laws and initiate insurance and worker's compensation benefits procedures.

3.16 HEALTH-RELATED ISSUES

Employees, who become aware of any health-related issue, should notify their supervisor. This policy has been instituted strictly to protect the employee.

A written "permission to work" from the employee's doctor is required at the beginning when an employee returns to work. The employee should bring a doctor's note and it should specify whether the employee is able to perform regular duties as outlined in his/her job description.

A leave of absence may be granted on a case-by-case basis. If the need arises for a leave of absence, employees should notify their supervisor

In keeping with PRCS' intent to provide a safe and healthful work environment, smoking in the workplace is prohibited. Smoking is permitted only in the designated area. In situations where the preferences of smokers and non-smokers are in direct conflict, the preferences of non-smokers will prevail.

3.17 EMPLOYEE REQUIRING MEDICAL ATTENTION

In the event an employee requires medical attention, whether injured or becoming ill while at work, the employee's personal physician must be notified immediately. If it is necessary for the employee to be seen by the doctor or go to the hospital, a family member will be called to transport the employee to the appropriate facility. If an emergency arises requiring Emergency Medical Services to evaluate the injury/illness of an employee on-site, the employee will be responsible for any transportation charges.

3.18 BUILDING SECURITY

All employees who are issued keys to the office are responsible for their safekeeping. These employees will sign a Building Key Disbursement form upon receiving the key. The last employee, or a designated employee, who leaves the office at the end of the business day assumes the responsibility to ensure that all doors are securely locked, the alarm system is armed, thermostats are set on appropriate evening and/or weekend setting, and all appliances and lights are turned off with exception of the lights normally left on for security purposes.

3.19 INSURANCE ON PERSONAL EFFECTS

All employees should be sure that their own personal insurance policies cover the loss of anything occasionally left at the office. PRCS assumes no risk for any loss or damage to personal property.

3.20 SUPPLIES; EXPENDITURES; OBLIGATING PRCS

Only authorized persons may purchase supplies in the name of PRCS. No employee whose regular duties do not include purchasing shall incur any expense on behalf of PRCS or bind PRCS by any promise or representation without written approval.

3.21 EXPENSE REIMBURSEMENT

Expenses incurred by an employee must have prior approval by a supervisor. Reimbursements will be issued when the appropriate expense reimbursement form is filled out and submitted. An example of such an expense would include supplies. If the amount is more than \$25.00, the reimbursement request will be processed like an invoice. All completed reimbursement request forms should be turned in to Accounts Payable/Payroll Department.

3.22 PARKING

Employees must park their cars in areas indicated and provided by PRCS. You may only park in the reserved parking places if you have received prior permission and authority to do so. Covered parking is all assigned and most often, already assigned to a designated individual.

3.23 VISITORS IN THE WORKPLACE

To provide for the safety and security of employees and the facilities at PRCS, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Because of safety and security reasons, family and friends of employees are discouraged from visiting during the hours of office operations. In cases of emergency, employees will be called to meet any visitor in the building lobby, outside their work area.

Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on PRCS' premises, employees should immediately notify their supervisor or, if necessary, direct the individual to main entrance. In the event you feel frightened or threatened by the presence of an unknown individual on the building premises, please call 911 immediately.

3.24 IMMIGRATION LAW COMPLIANCE

You must have a completed Employment Eligibility Verification Form I-9 on file for each employee, including U.S. citizens. The Form I-9 is available from the Department of Homeland Security, U. S. Immigration and Naturalization Service web site.

PRCS employs only United States citizens and those non-U.S. citizens authorized to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with PRCS within the past three years or if their previous I-9 is no longer retained or valid.

SECTION 4

STANDARDS OF CONDUCT

The work rules and standards of conduct for PRCS are important, and PRCS regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their own jobs and conducting PRCS business. Please note that any employee who deviates from these rules and standards will be subject to corrective action, up to and including termination of employment (see Section 3.12, Corrective Action).

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, including termination of employment.

- Theft or inappropriate removal or possession of property;
- Falsification of timekeeping records (See Section 5.2, Timekeeping);
- Working under the influence of alcohol or illegal drugs (See Section 4.6, Substance Abuse);
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace (See Section 4.6, Substance Abuse); and see enclosed Drug-Free Workplace Policy;
- Fighting or threatening violence in the workplace;
- Boisterous or disruptive activity in the workplace;
- Negligence or improper conduct leading to damage of company-owned or customer-owned property;
- Insubordination or other disrespectful conduct;
- Violation of safety or health rules;
- Smoking in the workplace;
- Sexual or other unlawful or unwelcome harassment (See Section 4.3, Harassment, Including Sexual Harassment);
- Excessive absenteeism or any absence without notice (See also, Section 4.1 Attendance/Punctuality and 4.2, Absence without Notice);
- Unauthorized use of telephones, or other company-owned equipment (See Section 4.4, Telephone Use);
- Using company equipment for purposes other than business (i.e. playing games on computers or personal Internet usage);
- Unauthorized disclosure of business “secrets” or confidential information;
- Violation of personnel policies; and
- Unsatisfactory performance or conduct.
- Falsification or failure to provide required information on application;
- Leaving work during working hours without proper permission;
- Careless workmanship;
- Unsatisfactory performance or demonstrated incompetence;
- Off-the-job illegal use or possession of drugs;
- Making false, malicious, or unfounded statements about other persons;
- Acts of misconduct which are unbecoming a representative of PRCS;

- Conviction of a Misdemeanor or felony or conduct involving moral turpitude;
- Failure to follow proper procedures;
- Contributing to unsanitary conditions;
- Disorderly conduct such as practical jokes, horseplay, etc.;
- Unauthorized use of Company time, materials or equipment for personal activities;
- Unsuitable or improper attire for the workplace;

4.1 ATTENDANCE/PUNCTUALITY

PRCS expects that every employee will be regular and punctual in attendance. This means being in the office, ready to work, at their starting time each day. Absenteeism and tardiness places a burden on other employees and on PRCS.

If you are unable to report for work for any reason, notify your supervisor before regular starting time. You are responsible for speaking directly with your supervisor about your absence. You have been provided a list of all supervisory personnel's cell phone and home phone numbers. It is not acceptable to leave a message on a supervisor's voice mail, except in extreme emergencies. Text messages are *never* acceptable communication for the purpose of notifying a supervisor. In the rare case of leaving a voice-mail message, a follow-up call must be made as soon as possible and not much later in the day. You must contact a supervisor and speak with them directly. PRCS phone number is 602.508.0100.

Should undue tardiness become apparent, disciplinary action may be required.

If there comes a time when you see that you will need to work some hours other than those that make up your usual work week, notify your supervisor at least three working days in advance. Each request for special work hours will be considered separately, in light of the employee's needs and the needs of PRCS. Such requests may or may not be granted.

CONSEQUENCES FOR EMPLOYEE WHO ARRIVES TARDY FOR HIS/HER SHIFT.

- 1ST INFRACTION: *Employee will receive a warning.*
- 2ND INFRACTION: *Employee will be suspended for 3 weekday shifts.*
- 3RD INFRACTION: ***Employee's pay rate will be lowered by .25c/hour.***
- 4TH INFRACTION: *Employee will be required to work 8 hours the following two Saturday & Sunday shifts without receiving any additional compensation.*
- 5TH INFRACTION: ***Employee's pay rate will be lowered by .25c/hour.***
- 6TH INFRACTION: *Employee will be scheduled only for 8-hour weekend shifts and does not qualify for any additional pay benefit.*

- 7TH INFRACTION: *Employee's pay rate will be lowered by .25c/hour.*
- 8TH INFRACTION: *Employee will be suspended for 2 full calendar weeks.*
- 9TH INFRACTION: *Employee's pay rate will be lowered by .25c/hour.*
- 10TH INFRACTION: *Employee's employment will be terminated.*

4.2 ABSENCE WITHOUT NOTICE

When you are unable to work owing to illness or an accident, always notify your supervisor. This will allow PRCS to arrange for temporary coverage of your duties, and helps other employees to continue work in your absence. If you do not report for work and PRCS is not notified of your status, it will be assumed after two consecutive days of absence that you have resigned, and you will be removed from the payroll.

If you become ill while at work or must leave the office for some other reason before the end of the workday, be sure to inform your supervisor of the situation. Makeup time at some other time to complete your tasks may be necessary without additional compensation.

CONSEQUENCES FOR EMPLOYEE WHO MISSES HIS/HER SHIFT WITHOUT A VALID AND VERIFIABLE EXCUSE.

- 1ST INFRACTION: *Employee will receive a warning.*
- 2ND INFRACTION: *Employee will be suspended for 3 weekday shifts.*
- 3RD INFRACTION: *Employee's pay rate will be lowered by .50c/hour.*
- 4TH INFRACTION: *Employee will be required to work 8 hours the following two Saturday & Sunday shifts without receiving the weekend bonus pay benefit.*
- 5TH INFRACTION: *Employee's pay rate will be lowered by .50c/hour.*
- 6TH INFRACTION: *Employee's employment will be terminated.*

4.3 SEXUAL HARASSMENT

PRCS is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated.

If you believe you have been the victim of harassment, or know of another employee who has, report it immediately. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor who becomes aware of possible harassment should promptly advise their supervisor who will handle the matter in a timely and confidential manner.

4.3. (a). See additional insert for complete PRCS policy on Sexual Harassment. September, 2005

4.4 TELEPHONE USE

PRCS' telephones are intended for the use of serving our customers and in conducting PRCS business.

Personal usage during business hours is discouraged except for extreme emergencies. All personal telephone calls should be kept brief to avoid congestion on the telephone line.

To respect the rights of all employees and avoid miscommunication in the office, employees must inform family members and friends to limit personal telephone calls during working hours. Also avoid using directory assistance unless authorized. All personal cell phone calls while on duty should be brief and kept to a minimum.

If an employee is found to be deviating from this policy, he/she will be subject to disciplinary action (See Section 3.12, Corrective Action).

Also to ensure effective communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller, and hang up only after the caller has done so.

4.5 PUBLIC IMAGE

A professional appearance is important anytime that you come in contact with customers or potential customers. Employees should be well groomed and dressed appropriately for our business and for their position in particular.

The following items are considered *inappropriate* working attire for PRCS:

- Floppy open-toed sandals or flip flops
- Spaghetti-strapped shirts
- Tank tops or revealing shirts
- Short mini skirts
- Sheer clothing
- T-shirts with inappropriate or offensive gestures or advertising
- Tattoos or piercing showing
- *Jeans or shorts or other inappropriate casual clothing as determined by PRCS.
- *Not applicable on casual day or office clean-up days.

When meeting with a client, the dress code is more business-oriented, including attire such as:

- Slacks and dress shirt or blouse
- Dress or skirt and blouse
- Business suit

*If management occasionally designates "casual days," appropriate guidelines will be provided to you. Consult your supervisor if you have any questions about appropriate business attire.

4.6 SUBSTANCE ABUSE

PRCS is committed to providing a safe and productive workplace for its employees. In keeping with this commitment, the following rules regarding alcohol and drugs of abuse have been established for all staff members, regardless of rank or position, including both regular and temporary employees. The rules apply during working hours to all employees of PRCS while they are on PRCS' premises or elsewhere on Company business.

The manufacture, distribution, possession, sale, or purchase of controlled substances of abuse on Company property is prohibited.

Being under the influence of illegal drugs, alcohol, or substances of abuse on Company property is prohibited.

Working while under the influence of prescription drugs that impair performance is prohibited.

So that there is no question about what these rules signify, please note the following definitions:

Company property: All Company owned or leased property used by employees.

Controlled substance of abuse: Any substance listed in Schedules I-V of Section 202 of the Controlled Substance Act, as amended.

Drug: Any chemical substance that produces physical, mental, emotional, or behavioral change in the user.

Drug paraphernalia: Equipment, a product, or material that is used or intended for use in concealing an illegal drug, or otherwise introducing into the human body an illegal drug or controlled substance.

Illegal drug:

- a. Any drug or derivative thereof whose use, possession, sale, transfer, attempted sale or transfer, manufacture, or storage is illegal or regulated under any federal, state, or local law or regulation.
- b. Any drug, including – but not limited to – a prescription drug, used for any reason other than that prescribed by a physician.
- c. Inhalants used illegally.

Under the influence: A state of not having the normal use of mental or physical faculties resulting from the voluntary introduction into the body of an alcoholic beverage, drug, or substance of abuse.

Consistent with the rules listed above, any of the following actions constitutes a violation of PRCS policy on drugs and may subject an employee to disciplinary action, up to and including immediate termination.

Using, selling, purchasing, transferring, manufacturing, or storing an illegal drug or drug paraphernalia, or attempting to or assisting another to do so, while in the course of employment.

Working or reporting to work, conducting Company business or being on Company property while under the influence of an illegal drug or alcohol, or in an impaired condition.

4.7 TOBACCO PRODUCTS

The use of tobacco products is not permitted anywhere on PRCS premises.

4.8 INTERNET USE

PRCS employees are allowed use of the Internet and e-mail when necessary to serve our customers and conduct PRCS business.

Employees may use the Internet when appropriate to access information needed to conduct business of PRCS. Employees may use e-mail when appropriate for Company business correspondence.

Use of the Internet must not disrupt operation of PRCS computer network. Use of the Internet must not interfere with an employee's productivity. Employees are responsible for using the Internet in a manner that is ethical and lawful.

Internet messages are public and not private. PRCS reserves the right to access and monitor all files and messages on its systems.

4.9 EMPLOYEE'S VOW TO EACH OTHER IN THE WORKPLACE

Respect

We support equal opportunity employment and all other employee's rights programs. We embrace the diversity of our co-workers and never discriminate or harass on the basis of race, ethnicity religion, gender, sexual orientation, national origin, age, disability veteran status or any other characteristic protected by law. If we need to access employee information as part of our jobs, we will do so only when necessary for our work.

What may seem funny to one person can be very hurtful to another. Degrading or humiliating jokes, or jokes with a punch line that picks on a specific group (race, religion, gender, etc.) can very easily touch a nerve, even when that is not the intent. Respecting each other means being sensitive about what we say and how we say it, and taking the feelings of others into consideration ahead of time.

Positive Work Environment

Each employee has the right to work in a positive environment. We do not tolerate conduct that disrupts our work environment, including behavior that is disrespectful, hostile, violent, intimidating, threatening or harassing. Sexual harassment can be particularly harmful to the work environment, and thus we have a special responsibility to report any instances of it that we may see or of which we become aware. Requests for sexual favors, sexual advances and other unwelcome verbal or physical conduct of a sexual nature are expressly prohibited. We should speak up if a coworker's conduct makes us feel uncomfortable.

Health and Safety

We follow the health and safety policies and regulations that apply to our work. This includes following procedures for handling hazardous materials and related situations. If we see an injury or accident, or a dangerous situation, we will immediately report it to our hospital supervisor, or the PRCS staff coordinator.

We access and handle prescription drugs, controlled substances and other medical supplies only as authorized, and administer them by physician order only. We may not use, possess or be under the influence of alcohol or illegal drugs on company property or during work time.

Legal Employment

We maintain all credentials, licenses and certifications that are necessary to perform our job. We do not hire or contract persons or entities excluded from participating in the Federal health care programs by the Department of Health and Human Services or the U.S. General Services Administration.

4.10 EMPLOYEE'S VOW TO OUR PATIENTS

Care and Compassion

Care is at the heart of what we do. We treat all our patients equally and with compassion, understanding and respect. We never distinguish among patients based on race, ethnicity, religion, gender, sexual orientation, national origin, age, disability or veteran status. We involve them in decisions affecting their care. We obtain their consent for treatment and we explain available options. We never conduct medical procedures unless doing so is in accordance with good medical practices.

Confidentiality

We also respect our patients by maintaining their confidentiality. When patients affiliated hospitals, they provide caregivers with sensitive personal information. This can include names, addresses, phone numbers, Social Security numbers, medical diagnoses, family illnesses, prescription histories and other personal information. In accordance with the federal patient privacy law known as HIPAA (Health Insurance Portability and Accountability Act, we protect this trusted information. We access and share it with co-workers only when authorized to do so and for the purpose of doing our jobs.

Patient Records

We make every effort to ensure that entries we make into patient records are clear, complete and reflect exactly the item or service that was provided to the patient. We strive to ensure that our records never include guesswork, exaggerations or miscoding. If we change a record, we note the change in the manner in which the hospitals internal polices require.

4.11 ETHICS IN HEALTHCARE

EMPLOYEE'S VOW TO OUR PATIENTS ETHICS IN HEALTH CARE

The nature of working with very ill people, and being a constructive member of the health care team, requires a high code of moral behavior. This is true whether you are working as temporary help or part of the regular hospital staff. While working through PRCS your actions will also determine the reputation of the company. With these considerations, the following words on ethics outline principles of conscientious service and working relationships.

In recent years legislation has also been passed mandating certain kinds of suspected or observed abuses be reported to the authorities, and information and guidelines are included to assist you in this difficult responsibility.

Remember you are going to the hospital to help the regular staff complete the shift workload and give good patient care. Please refrain from becoming involved in department politics, criticizing department procedures or the standards of patient care. If you become aware of clearly unsafe or unethical practices let the PRCS office know immediately and follow the guidelines of section 2.9.

ON WORKING WITH PATIENTS

Before entering a patient's room, you must always knock first and give the occupants a opportunity to have notice of your entrance.

Tell the patient what is being done and why. Let the patient know when to expect the next treatment.

Smile, maintain good eye contact, and use the patient's name to personalize your care and service. Avoid using words like "Honey," or "Darling, or Sweetie"; they are demeaning. Always call the person by name. Avoid unnecessary jargon and all inappropriate language; use language which can be easily understood.

Allow patients to defuse any anger or concerns when expressing their frustrations. Listen without interrupting or judging. Do not take such anger personally, but understand you are being used as a sounding board. Do what you can to be supportive and kind.

Have neat and clean dress. Introduce yourself to the patient at the beginning of your shift. Always wear your name badge so the patient knows who you are if they should need something.

Make sure that patients who are extremely short of breath receive their aerosol medication on time. These patients are anxious and look to their respiratory therapy for relief. Never make fun of, joke about, or mimic patients

Talk positively about other health care workers treating the patient.

Be careful to refer the patient to the physician, or nurse for medical questions which are not related to the therapy you are giving.

PATIENT CONFIDENTIALITY

Working in a hospital may often bring you in contact with medical records or within earshot when a patient's condition or case is being discussed. The state and federal laws regarding the completely confidential nature of patient information apply to everyone at Respiratory Care Services. The nature of the patient's illness and medical record is only discussed with other health care team members privately, for the purpose of improving patient care. The discussion, transmission, narration or copying of patient information for any reason other that which is

needed to perform your job is forbidden. Any violation of a patient's rights to confidentiality will result in disciplinary action, and may include termination. Remember also that medical records of friends, co-workers, or family members must be treated as confidential and not examined unless required for you to perform professional duties. This action may also get an RCP license revoked or jeopardized. Refer to HIPAA section for further information and regulations.

PATIENT BILL OF RIGHTS

Most all health care facilities acknowledge a basic bill of rights. These rights are listed for you in this section. Although they are general in nature, consider each in regard to your respiratory care practitioners' duties and responsibilities.

- ❖ Every patient is entitled to considerate and respectful care, regardless of race, religion, education, sex, ethnicity or financial status.
- ❖ Every patient has the right to know the name of their doctor who has primary responsibility for coordinating their care and the identity and functions of others who are involved in providing care.
- ❖ Every patient has the right to receive a description of the proposed treatment, the significant risks, the various alternative methods of treatment including the risks and advantages of each and the consequences of receiving non-treatment before they consent to any action. They may also refuse a recommended treatment, test or procedure if not required by law, and they may leave the hospital against the advice of a physician at their own risk.
- ❖ Each patient has the right to refuse to participate in any treatment which is considered experimental in nature. No patient will be involved in such a study without their understanding and permission.
- ❖ Every patient is entitled to privacy concerning their medical care, including examinations, consultations and discussions of their case. Facts and information about consultation, examination and treatment are considered confidential. Unless permitted by law, no information or records pertaining to patient care will be released without the patient's written permission.
- ❖ Each patient has the right to formulate Advance Directives and appoint a surrogate to make health care decisions on their behalf. Information about Advance Directives will be provided to all patients at the time of admission.
- ❖ Every patient has the right to register a complaint regarding service, care, or medical management, and to obtain resolution. Complaints regarding service can be directed to the Unit Supervisor, Assistant Director of Nursing, Assistant Administrator, or Health Plan/Hospital Administrator. Complaints concerning medical management can be directed to the physician involved, the Physician/Chief of the department, the Assistant Physician-in-Chief, or the Physician-in-Chief of the hospital. A complaint should never compromise the quality of care.
- ❖ Each patient has the right to know before discharge, about the continuing health care required after leaving the hospital, including the time, location of appointment, and name of the physician who will provide follow-up care.

ADVANCE DIRECTIVES

Under Arizona law patients have the right to issue Advance Directives to be used in the event extraordinary measures are required to maintain life. Advance directives are also known as a living will. An advance directive states:

“I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) If I am in an irreversible coma or persistent vegetative state; or (2) If I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) Under any other circumstances where the burdens of the treatment outweigh the expected benefits. On making decisions about life-sustaining treatment under provisions number 3 above, I want my agent to consider the relief of suffering and the quality of my life, as well as the extent of the possible prolongation of my life.”

In formulating an Advance Directive, the individuals given power of attorney to make health care decisions for the patient as allowed by the Arizona Code MAY NOT be employees of the patient’s health care provider. As a staffing service employee you are considered a joint employee of the hospital and PRCS and MAY NOT have the power of attorney in an Advance Directive for any patient in the hospital’s care, nor may you serve as a witness for any Advance Directive. The only expectations are if the patient is related to you by blood, marriage, or adoption. If you should be requested by a patient to participate in an Advance Directive, refer them to the unity charge nurse. Most hospitals have a patient ombudsman or social services department prepared to give assistance in this matter.

ON WORKING WITH HOSPITAL STAFF

Always familiarize yourself with the Policies and Procedures of each Department’s areas. This is the responsibility of the designated lead of the shift you are working.

- ❖ Convey a favorable image of the department and hospital to others.
- ❖ Do not use hostile or violent behavior, regardless of the situation.
- ❖ Use of vulgarity or profanity is strictly forbidden.
- ❖ As your schedule permits, offers to help co-workers finish their treatment loads.
- ❖ Ask for help if needed, rather than allowing work to stack up and delay patient care.
- ❖ As appropriate, restock any areas where respiratory care supplies are kept.
- ❖ Speak well of co-workers
- ❖ Make sure all charting and paperwork is complete before you leave.
- ❖ Give an accurate and complete report before you leave.
- ❖ Openly discuss problems and concerns with those persons who can bring about a good resolution.

ON WORKING WITH PRCS' CARE SERVICES OFFICE STAFF

Please speak well of PRCS and handle problems directly with the company. If there are problems, let's work together to find a solution. Speak courteously on the telephone.

Answer your message in a timely manner.

Follow through on your commitments. Do not place staff in the position of having to apologize to or inconvenience client hospitals.

Do not offer to do shifts already scheduled with the PRCS.

MOONLIGHTING

Due to the nature of a registry, many of our employees work elsewhere. PRCS does not object to an employee holding another job as long as he/she can effectively meet the performance standards of PRCS does not, however, encourage an employee to work for more than one registry. In the past this has led to scheduling errors, payroll and billing confusion, and situations of questionable ethical practices.

If you choose to work with another registry, please deal considerately with both companies. Furthermore, PRCS policy is to retain a high standard of business ethics in our relationship with competitors. Please take extra care not to involve PRCS in situations that unknowingly may compromise our adherence to this principle. In your communications with hospitals and PRCS office staff make clear which registry is representing you in your contract or scheduling arrangements.

UNSAFE OR UNETHICAL PROCEDURES

Clinical personnel working through PRCS are only authorized to give conventional respiratory therapy procedures as outlined in the job description. If you are asked to do something you think is unsafe, unethical, risky, or unfamiliar to you, please handle the situation with kindness and tact. First approach the shift charge person with the problem. If appropriate offer to pick up a procedure from a regular hospital staff member so they have time to follow up on the procedure that of which you are unsure. If the problem is not resolved through these methods, contact the PRCS office immediately and let the office personnel or contract coordinator know, via phone or email or in writing. Never do a procedure that you perceive to be unsafe or unethical, but please inform the office immediately if such an incident occurs. The job description is included in the handbook for your review (Section 1.3), and outlines the procedures PRCS authorize you to perform.

OBSERVATION OR REASONABLE SUSPICION OF CHILD ABUSE

As a health care practitioner, the law requires you to report a reasonable suspicion, observation, or knowledge of child abuse you encounter during the course of your professional duties. Child

abuse is an emotional and confusing issue to confront. The following table is designed to provide you with some guidelines of what should, by legal obligation, be reported.

What you must report	What to Watch for and/or Definition
Physical Abuse	Burns, heal injuries, bruises, bone fractures, whiplash, injuries not consistent with the age and development of the child, x-rays showing unusual chips or fractures.
Sexual Abuse Sexual Exploitation Sexual Assault	Photographing or dramatic presentation of children engaged in obscene or sexual acts. Rape, lewd or lascivious acts upon a child under age 14 (<u>any</u> kind of sexual conduct toward or with a child under age 14, including touching, contracting of venereal disease, or in need of an abortion or pregnancy counseling), incest, sodomy, oral copulation, penetration of a genital or anal opening b a foreign object, child molestation.
Neglect	Includes failure to provide food, clothing, shelter, medical care, or supervision.
Willful Cruelty or Unjustifiable Punishment	Includes failure to provide food, clothing, shelter, medical care or supervision.
Unlawful Corporal Punishment or Injury	Cruel or inhuman corporal punishment or injury resulting in a traumatic condition.
Abuse in Out-of Home Care	Includes licensed community or child day care facility.

Other observations you make may lead you to having to use discretion as to whether or not to report suspected child abuse, for example instances of mental or emotional suffering. However, health care practitioners cannot be held liable if a report is not substantiated after an investigation.

In order for you to report child abuse, you must take immediate action by making a telephone report to Child Protective Services, which is listed under the county section of the government pages found in the front part of the phone book. Follow up your call with a written report within thirty-six hours. The forms are supplied by the Arizona Department of Justice, and can usually be found in the hospital's emergency department.

SPOUSAL, ELDER, AND DEPENDANT ADULT ABUSE

A report must be filed by a health practitioner if physical abuse of a spouse, elder, or dependent adult is known or reasonably suspected. An elder adult is defined as anyone who is sixty- five years of age or older. A dependent adult is anyone eighteen to sixty-four years old with physical or mental limitations which restrict their ability to carry out normal activities, or to protect their rights. Spousal abuse, or domestic violence is reported for spouses 18 years old and above, as well as emancipated minors.

Reporting is mandatory for the following kinds of physical abuse:

- 1) Physical injury
- 2) Assault
- 3) Assault with a deadly weapon or force likely to produce great bodily injury.
- 4) Unreasonable physical constraint or prolonged or continual deprivation of food or water
- 5) Sexual assault including sexual battery, rape, incest.
- 6) Sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object done against the victim's free will, OR the victim is developmentally disabled, incompetent, or is prevented from resisting by intoxicating, anesthetic or controlled substance, or is otherwise incapable of giving legal consent.

Discretionary reporting may be necessary if any of the following are reasonably suspected:

- 1) Neglect, including failure to provide personal hygiene, food, clothing, medical care.
- 2) Failure to protect from hazards or malnutrition.
- 3) Abandonment.
- 4) Fiduciary abuse (taking, appropriating person's money or property).
- 5) Chemical restraints (over medicated by care givers).

You should file an initial report by telephone. If the incident occurs in a long term care facility call the county ombudsman services, or the police. For all other cases call the county Adult Protective Services department responsible for covering the area In which the patient resides. OR call the police. Then file a written report within two working days of getting the information. Use the State Department of Health Form Soc. 341. The report should be filed with the agency to which the phone report was made. The hospital ombudsman or social services department may also be helpful to you if you encounter this type of situation.

AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act was signed into law on July 26, 1990. The purpose of the Act is to:

- + Provide clear and comprehensive national mandate to end discrimination against

individuals with disabilities.

+ Provide enforceable standards addressing discrimination against individuals with disabilities.

+ Ensure that the federal government plays a central role in enforcing these standards on behalf of individuals with disabilities.

The term *disability* is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities, a record of such impairment, or being regarded as having such an impairment.

This is the same definition used in Sections 503 & 504 of Rehabilitation Act and the Fair Housing Amendments Act.

The American with Disabilities Act (ADA) gives people with disabilities civil rights protection which is like that provided to individuals on the basis of race, sex, national origin and religion. It guarantees equal opportunity for individuals with disabilities in:

- ❖ employment
- ❖ public accommodations
- ❖ transportation
- ❖ state and local government services
- ❖ telecommunications

Use of Mobility Devices:

- Wheelchairs
- Walkers
- Crutches
- Canes
- Special shoes
- Leg braces
- Artificial limbs

In relation to the ADA requirements, as a health care provider. I understand my role is to help facilitate patient care issues such as those with hearing, vision or any other impairment. All patients deserve recognition for any ADA related impairment.

An example:

I have a patient with who is deaf; I will ask the nurse for assistance in finding an interpreter or a person who knows sign language so my patient will understand the care being delivered.

EMPLOYEE CLASSIFICATIONS

SCOPE OF EMPLOYEE CLASSIFICATIONS

Employee classifications define your commitment to PRCS' eligibility for certain benefits (see also Chapter 7), and priority in scheduling.

INTRODUCTORY EMPLOYEES

After clinical personnel are hired, they begin an introductory period which lasts throughout the completion of twenty shifts of work, or for two months, whichever comes first. During this time interpersonal skills, the ability to maintain a personal schedule with accuracy, punctuality, and the hospitals' satisfaction with the Clinician's work will be observed. This introductory period may be extended once if unusual circumstances or complaints indicate a need for further evaluation of job performance. All classifications of employees begin with an introductory period, including previous employees who have been rehired. PRCS reserves the right to sever the employment relationship at any time during the introductory period, at the conclusion of the introductory period, or at any time during the employment relationship. Introductory employees are not eligible to participate in the health or dental plan. If you have any questions or concerns that arise as you begin working with PRCS, please call the office. Every effort will be made to make your first experiences with the company smooth and uneventful.

In the event an employee expresses a desire to further their orientation in a facility or general clinical setting, PRCS offers an opportunity to "shadow" veteran personnel for further clinical skill review.

ON CALL EMPLOYEES

Once completing the introductory period, the Clinician becomes an on call employee. On call employees accept work on a day-to-day basis, working the number of assignments they choose (up to forty hours per week at straight-time pay) and the days of the week convenient for them. They are encouraged to work an average of two days per month. With a commitment to work a minimum twenty four hours per week, they may participate in the health plan and/or the dental plan.

VARIABLE SHIFT CONTRACT EMPLOYEES

Variable shift contract employees have signed an agreement with PRCS to work under specified circumstances. Variable shift contracts are negotiated individually to help PRCS service several hospitals. These types of contracts are available on a very controlled basis, subject to total PRCS workload, and geographic demand. Variable shift contract employees receive priority in scheduling for day to day shift assignments. Health related benefits, if any, are specified in their contract.

CONTRACT EMPLOYEES

Contract employees have signed an agreement with PRCS to work at one hospital under specified circumstances. Contracts are negotiated individually to incorporate the needs of the client hospital, PRCS, and the Clinician. Accordingly, terms of each contract may vary. Health benefits, if any, are specified in the contract. Contract employees are scheduled by the hospital to work the hours specified in their contract.

SECTION 5

WAGE AND SALARY POLICIES

5.1 WAGE OR SALARY INCREASES

Each employee's hourly wage or annual salary will be reviewed at least once each year. The employee's review date will usually be conducted on or about the anniversary date of employment or the date of the previous compensation review. Such reviews may be conducted more frequently for a newly created position, or based on a recent promotion.

Increases will be determined on the basis of performance, adherence to company policies and procedures, and ability to meet or exceed duties per job description and achieve performance goals (See Section 3.10, Performance Review/Planning Sessions).

Although PRCS salary ranges and hourly wage schedules will be adjusted on an ongoing basis, PRCS does not grant "cost of living" increases. Performance is the key to wage increases in PRCS.

5.2 TIMEKEEPING

Accurately recording time worked is the responsibility of every non-exempt employee. Time worked is the time actually spent on a job(s) performing assigned duties. Employees are responsible for accurately documenting their time spent on individual jobs.

PRCS does not pay for extended breaks or time spent on personal matters.

Documentation of time is a legal instrument. Altering, falsifying, tampering with time records, or recording time on another team member's time record will result in disciplinary action, including termination of employment.

Authorized personnel will review time worked each week. Any changes to an employee's time worked must be approved by his/her supervisor. Questions regarding the timekeeping system or time cards should be directed to the appropriate person.

Time Cards – Temporary employees will be issued a time card on their first day of employment. The employee will be given thorough instructions on usage and instructions on what to do should a problem occur.

5.3 OVERTIME

The PRCS office is open for business 40 hours per week.

office employees that are salaried , overtime provisions do not apply. Hourly office employees incur overtime after 40 hours are worked in the workweek.

Time off on sick leave, vacation leave, or any leave of absence will not be considered hours worked.

Failure to work scheduled time, 40 hours per week, may result in disciplinary action, up to and including possible termination of employment.

5.4 PAYDAYS

All employees are paid weekly. The employee will be paid at PRCS, 3801 N. 24th Street, Phoenix, AZ. in the morning every Friday. Paychecks requested to be mailed are mailed out every Thursday morning. If a regular payday falls during an employee's vacation, the employee's paycheck will be available upon his/her return from vacation or via direct deposit.

Confidentiality of Pay Information

All salary information is regarded as strictly confidential. Employees should discuss their salary with their supervisors. Employees should not discuss their salary with other employees to do so will be a violation of personnel policies and will subject the employee to discipline.

If the employee is not at work when paychecks are distributed and does not receive the paycheck, the paycheck will be kept at the reception desk through the rest of the payday. If an employee is unable to pick up his or her check on payday, he or she will need to see PRCS payroll department for additional assistance.

Paychecks will not, under any circumstances, be given to any person other than the employee without written authorization. Paychecks may also be mailed to the employee's address or deposited directly into an employee's bank account upon request.

Federal and State Withholding Policy and Procedure

Policy

Employees are required to submit a Federal Withholding form, and a State Withholding form if the state has a withholding prior to the start of their employment. If an employee does not submit a Federal and/ or State Withholding form, the employee deductions will be submitted via payroll as follows:

Procedure

Federal entered as single and Zero, the maximum amount possible to withhold. State will be entered as the highest deduction amount allowable. These deductions will remain the same until the employee submits the required documentation. PRCS will attempt to retrieve the forms from the employee by mailing, emailing or faxing documents. If PRCS does not receive forms back, we will in turn place a copy of the email requesting documentation in the employee file.

INFORMATION REGARDING CURRENT AND FORMER EMPLOYEES

PRCS is extremely concerned about the accuracy of information provided to individuals outside PRCS regarding current or former employees. Consequently, no non-management employee may provide information about current or former employees to any non-employee. This means (either on or off the record) any information regarding current or former employee's including references. The management or executive staff should be promptly notified of any formal or informal requests for information about current or former employees and the forms filled out only by said staff.

SECTION 6

BENEFITS AND SERVICES

PRCS offers a benefits program for its full-time and contracted employees. However, the existence of these programs does not signify that an employee will necessarily be employed for the required time necessary to qualify for the benefits included in and administered through these programs.

6.1 GROUP INSURANCE

PRCS offers the following health and life insurance programs for FULL-TIME employees (as determined by the carrier of the policies).

HEALTH INSURANCE

- Coverage begins after 30 days of full time employment (36 hours a week) or
- At the end of your probationary period.
- A percentage of the premium the employee pays
- A percentage of the premium PRCS pays.
- All employee premiums will be deducted from the employee's paycheck as a payroll deduction.

LIFE INSURANCE

Not offered at this time.

SICK DAYS

Eligible employees will accrue sick days at the rate of 6 per year after the first year. Unused sick day benefits will not be paid to employees while they are employed or upon termination of employment.

This Manual does not contain the complete terms and/or conditions of any of PRCS' current insurance benefit plans. It is intended only to provide general explanations. If there is ever any conflict between the Manual and any documents issued by one of PRCS insurance carriers, the carrier's guideline regulations will be regarded as authoritative.

6.2 COBRA BENEFITS

(COBRA is the legislation that provides employees and their covered dependents the right to continue their group health insurance coverage.)

[The Federal Consolidated Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under the PRCS' health plan when a "qualifying event" would normally result in the loss of eligibility.]

Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or leave of absence, divorce or legal separation and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at PRCS' group rates plus an administration fee. PRCS provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under PRCS' health insurance plan. The notice contains important information about the employee's rights and obligations.

Family and Medical Leave

The Family Medical Leave Act (FMLA) provides 12 weeks of unpaid leave to qualifying employees who need time off from work to care for their own or an immediate family member's serious health condition. This allows for continued medical benefits and restoration of their original position upon return. An employee is eligible when they:

- Have worked for the same employer for the previous 12 months
- Have worked at least 1,250 hours in the previous 12 months
- Are employed by a "covered" employer, which is:
 - All federal, state, and local governments and agencies
 - Private employers with 50 or more employees for 20 weeks in the calendar year and engaged in interstate commerce

An injury or illness qualifies as a "**serious health condition**" if it either requires an overnight stay in a medical facility or constitutes "**continuing treatment**" by a health-care provider. Continuing treatment requires either the employee's incapacity for more than three calendar days and at least two subsequent treatments, or treatment by a health-care provider that results in continuing supervised treatment.

6.3 SOCIAL SECURITY/MEDICARE

PRCS withholds income tax from all employees' earnings and participates in FICA (Social Security) and Medicare withholding and matching programs as required by law.

6.4 Retirement

Upon qualifying for such a benefit, you will be asked to attend an information sharing meeting to familiarize yourself with PRCS' Profit Sharing Plan. Please ask for the literature in advance if you would like to have information regarding this plan after employment with PRCS.

6.5 VACATION

Vacation time off with pay is available to eligible employees. Employees regular full time employees are eligible to earn and use vacation time as described in this policy:

The amount of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule.

VACATION EARNING SCHEDULE

YEARS OF ELIGIBLE SERVICE

Vacation days each year:

Upon initial eligibility

After 1 year	5 days	5 days
After 2 years	10 days	10 day
After 3 years	10 days	10 day
After 4 years	10 days	10 day

The length of eligible service is calculated on the basis of a “benefit year.” This is the 12-month period that begins when the employee starts to earn vacation time.

However, before vacation time can be used, a waiting period of 365 calendar days must be completed. After that time, employees can request use of earned vacation time including that accrued during the waiting period.

Paid Vacation time can be used in minimum increments of one day. To take vacation, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

Vacation time off is paid at the employee’s base rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

NOTES:

The vacation policy applies to all regular full-time office employees.

Earned vacation leave cannot be taken before it is accrued and approved.

Upon termination, unused earned vacation will be paid in a lump sum in the employee’s final paycheck.

A maximum of 2 days of paid vacation may be carried over from one calendar year to the next. However, no more than one week of vacation may be taken at one time, except under extraordinary circumstances. Requests vacation should be made in writing at least ninety 90 days prior to the beginning of the requested vacation period.

PRCS will offer employees the option of taking the dollar equivalent of their earned vacation hours at their regular hourly rate. Arrangements to take earned vacation pay should be made at least (1) one payroll period in advance.]

6.6 RECORD KEEPING

The payroll department] maintains vacation days accrued and used. Each employee is responsible for verifying his/her pay stub to make sure the correct amount of hours appear.

6.7 HOLIDAYS

PRCS observes the following paid holidays per year for all office employees:

Note: Temporary office or hourly office employees are not eligible for holiday pay.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

PRCS travel, rotator and per diem employees are all eligible for holiday pay anytime hours are worked in an institution where the holiday is recognized and hours worked are those observed and designated as holiday hours.

6.8 JURY DUTY/MILITARY LEAVE

Employees will be granted time off to serve on jury or military leave without pay. However, all regular employees both full-time and part-time will be kept on the active payroll until their duties have been completed. A copy of the jury duty summons is required.

6.9 EDUCATIONAL ASSISTANCE

PRCS recognizes that the skills and knowledge of its employees are critical to the success of PRCS. PRCS offers educational assistance programs to encourage personal development improve job-related skills and enhance an employee's ability to compete for reasonably attainable jobs in PRCS. Request must be submitted in writing and approved by management staff.

6.10 TRAINING AND PROFESSIONAL DEVELOPMENT

PRCS recognizes the value of professional development and personal growth for employees. Therefore, PRCS encourages its employees who are interested in continuing education and job specific training to research these further and get approval before signing up for the seminars or courses.]

SECTION 7

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Subject to Disclaimer:

I understand that PRCS Employee Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at will.

EMPLOYEE COMMUNICATIONS

7.1 STAFF MEETINGS

Staff meetings will be held monthly. These informative meetings allow employees to be informed on recent company activities, changes in the workplace and employee recognition.

7.2 BULLETIN BOARDS

Bulletin boards placed in several offices to provide employees access to important posted information and announcements. The employee is responsible for reading necessary information posted on the bulletin boards.

7.3 SUGGESTION BOX

PRCS encourages employees who have suggestions that they do not want to offer orally or in person to write them down and leave them in the suggestion box located in the kitchen area. A member of management checks the box on a regular basis.

7.4 PROCEDURE FOR HANDLING COMPLAINTS

Under normal working conditions, employees who have a job-related problem, question or complaint should first discuss it with their immediate supervisor. At this level, employees usually reach the simplest, quickest, and most satisfactory solution. If the employee and supervisor do not solve the problem, PRCS encourages employees to contact a higher management representative.

7.6 RESIGNATION

Resignation is a voluntary act initiated by the employee to terminate employment with PRCS, and PRCS requests at least two weeks written notice of resignation. If employee does not provide advance notice as requested the employee will be considered ineligible for rehire and shouldn't use PRCS as a reference.

7.7 USE OF VEHICLES

Vehicles must be kept clean and washed at least once a week. The improper, careless, negligent, destructive, or unsafe use of vehicles, as well as traffic and parking violations, can result in disciplinary action, and deductions from pay. Also only PRCS employees are to be in a vehicle at any time. No non PRCS persons are allowed in vehicles at any time.

SEXUAL HARASSMENT IN THE WORKPLACE

4.3 (a).

Date: SEPTEMBER 4, 2005
From: PRCS, INC
Subject: SEXUAL HARASSMENT
To: ALL EMPLOYEES

Sexual Harassment includes deliberate unsolicited verbal comments, gestures, or physical contact of a sexual nature which are unwelcome. Sexual harassment is unacceptable conduct and is expressly prohibited. In addition, supervisors and managers are prohibited from taking or promising to take a personnel action in exchange for sexual favors, or failing to take an action because an employee or applicant for employment refuses to engage in sexual contact.

FROM THE EQUAL EMPLOYMENT OPPORTUNITY

Yes, in 1980, The Equal Employment Opportunities Commission (EEOC) issued guidelines declaring sexual harassment a violation of Section 703 of Title VII, establishing criteria for determining when unwelcome conduct of a sexual nature constitutes sexual harassment, defining the circumstances under which an employer may be held liable, and suggesting affirmative steps an employer should take to prevent sexual harassment.

Title VII does not proscribe all conduct of a sexual nature in the workplace. Thus it is crucial to clearly define sexual harassment: only unwelcome sexual conduct that is a term or condition of employment constitutes a violation. 29 CFR 1604.11(a). The EEOC's Guidelines define two types of sexual harassment: "quid pro quo" and "hostile environment". The Guidelines provide that "unwelcome" sexual conduct constitutes sexual harassment when "submission to such

conduct is made either explicitly or implicitly a term or condition of an individual's employment," 29 CFR 1604.1 1(a)

(1). "Quid pro quo harassment" occurs when "submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual" 29 CFR 1604.1 1(a)

(2). & 29 CFR 1604.1 1(a)

(3). To determine whether a work environment is "hostile", it must be "sufficiently severe or pervasive 'to alter the conditions of the victim's employment and create an abusive working environment". Although "quid pro quo" and "hostile environment" harassment are theoretically distinct claims, the line between the two is not always clear and the two forms of harassment often occur together.

TITLE: *SEXUAL HARASSMENT PREVENTION IN THE WORKPLACE*

Effective Date: SEPTEMBER 2005

JCAHO Reference

I. Purpose

To define sexual harassment and to provide instructions on what to do about sexual harassment and where to go for help.

II. Definition

Sexual Harassment — unwelcome, repeated sexual advances, request for sexual favors, nonverbal gestures, and/or verbal or physical conduct of a sexual nature (as defined by the Equal Employment Opportunity Commission — EEOC). The courts have determined that sexual harassment constitutes sex discrimination, prohibited under Title VII, Section 703 Civil Rights Act, 1964, as amended.

III. Policy

A. Professional Respiratory Care Services, Inc. (PRCS) will not tolerate sexual harassment in the workplace under any circumstances.

B. Depending on the degree of offense, the harasser may be subject to disciplinary actions such as admonishment, reprimand, suspension, reassignment, or dismissal.

C. Every supervisor will uphold this policy, promote and maintain a work environment conducive to productivity, and eliminate any undue harassment that can disrupt the workplace or create a hostile environment

Issuing disciplinary action under the applicable due process on substantiated violation of the Standard of Conducts, Section 4, 4.3.

Employees are expected to show positive commitment to uphold the policy by being:

- ~1. Knowledgeable that sexual harassment in the workplace also constitutes violation of the Standards of Conduct as well as a breach of the Law.
- ~2. Cognizant of the conduct of any employee who may condone or exhibit objectionable behavior that may be perceived as a form of sexual harassment. The employee will alert the supervisor of such conduct or occurrence (or next line official if the supervisor is part of the problem).
- ~3. Knowledgeable of resource people (supervisor, or a friend) for advice on what to do.
- ~4. Being cognizant that the dispute resolution process and management intervention precedes the EEOC process in all sexual harassment complaints.
- ~5. Knowledgeable of the EEOC complaint procedures and the statute of limitations (45 days) for using the EEOC process.

IV. PROCEDURES

A. Employee

Any employee who believes that he/she is being subjected to sexual harassment is advised to follow the course of actions listed below.

- ~1. Keep a written record. This may include dates, times and a description of the harassment occurrences.
- ~2. Confront the harasser to tell him/her to stop the unwelcome conduct or ask to refrain from making jokes, comments, or gestures of sexual nature.
- ~3. Provide final written notice under certified mail to advise the harasser before taking a definitive action of reporting to his/her supervisor or initiating EEOC processes. (See sample letter, Attachment A).
- ~4. Contact your supervisor or next line authority (if supervisor is part of the problem) about continued situation of harassment if confrontation or written warning does not bring relief.
- ~5. Report the occurrence to the HRD even if the victims are able to resolve the issue on their own effort or with help of their supervisor to 1) document involvement with a protected activity and 2) to protect from reprisal.

B. Sexual Harassment in the Workplace

- ~1. Having a separate discussion with the supervisor and victim on the ramification/implication of intervention process, rights of the victim and what should be done during the 30-day time frame.
- ~2. Providing the standard report of this to be completed and instructing the supervisor and victim to return the forms to the Area EEOC Office.
- ~3. Providing assistance in resolving the issue and the follow-up final report.
- ~4. Ensuring the report forms properly completed.

V. BURDEN OF PROOF

The affected persons bear the burden of proof to show a case on the allegation of sexual harassment. Victims must show that:

- A. They were subjected to unwelcome sexual conduct.
- B. The unwelcome conduct was based on gender.
- C. The unwelcome sexual conduct was sufficiently pervasive or severe to alter the terms or conditions of the victims' employment and created an abusive or hostile work environment.
- D. Management knew or should have known of the harassment, and failed to take prompt remedial action.

References: 1).Title VII of the Civil Rights Act of 1964

Attachments: Sample Letter - Attachment A

Professional Respiratory Care Services, Inc
3801 N. 24th Street
Phoenix, Arizona 85016

CONFIDENTIAL REPORT OF SEXUAL HARASSMENT OCCURRENCE

- ~1. Occurrence (What happened and when did it occur?)
- ~2. Harasser (Name, position title, race, gender)
- ~3. Action taken (Confrontation, certified letter, report to supervisor?)
- ~4. Result of action taken (What was the harasser's response? Was it resolved?)
- ~5. Name/Department Date

Sexual Harassment in the Workplace

All sexual harassment material is comprehensive and is designed to define the sexual harassment manifestation sufficiently for understanding by any PRCS employee.

However, there are a few items that need to be emphasized for our purpose in this agency:

1. PRCS has a policy of zero tolerance of sexual harassment in the workplace. As such, it is required that all occurrences of sexual harassment be reported, whether or not it is resolved by the parties on their own. This policy places the burden on employees to report to their supervisor any observation of conduct manifestation that may be viewed as sexual harassment.

2. Sexual harassment is a conduct violation of the DHHS's Standards of Conduct. Management, including the supervisor is responsible to stop the harassment occurrence as fast as they become aware of the situation. If the harassment is not resolved, it may become sex discrimination, which is prohibited under the Civil Rights Act, Title VII.

3. Sexual harassment is a power play. It is not about love. Whether intended or not, it often becomes a condition of employment or creates a hostile work environment for someone.

4. Perception of sexual harassment is in the eye of the beholder. One person may not view a situation as sexual harassment while another person may view the same situation as sexual harassment. Therefore, the harassment issue is assessed under the Reasonable Person or Reasonable Woman theory.

5. Sexual harassment may be pervasive or severe, not both. A severe case may involve bodily harm such as assaults, rape or unwelcome repeated invasion of privacy. Many repeated occurrences constitute pervasiveness. In either case, harassment creates a hostile environment for the victim, and a bad situation for management.

There are three theories of sexual harassment:

- A. Quid Pro Quo, bargaining sexual favors for employment benefits or suffering the effects of rejection, this often involves officials such as supervisors;
- B. Hostile Environment often evolves out of harassment situation;
- C. Third party harassment or sexual favors: this situation involves consenting parties and one consenting subordinate employee is perceived to get all special treatment and creates hostile or intimidating environment for other employees under the supervision of the official involved in granting favors.

WHAT TO DO

1. Confront the perpetrator (harassing person) to stop the unwelcome conduct;
2. Keep notes on incidents (time, date occurred, number of times occurred and etc);
3. If continued harassment, give notice to stop, mail under certified mail; and
4. Call supervisor.

WHERE TO GO FOR HELP:

A. See your Supervisor or next line official if Supervisor is part of the problem; or call Jean Mathews @ 602) 508-0100.

Either party is responsible for initiating expeditious management intervention. Please review our Prevention of Sexual Harassment Policy.

Contact your office supervisor if management does not initiate the required intervention. The Supervisor must be contacted within 45 calendar days of the alleged occurrence of harassment.

a. The office supervisor has 30 calendar days to conduct fact finding and additional 30 days under PRCS guidelines to attempt to settle the complaint.

b. If the informal process is not successful, the victim may file a formal complaint of sex discrimination within 15 calendar days of the final closeout session with the EEOC.

B. Supervisor

Once management becomes aware of a situation of sexual harassment in the workplace, the supervisor is required to initiate the 30-day management intervention action and stop the harassment. The supervisor is responsible for:

1. Alerting the Staff coordinator or Supervisor of the incident, obtaining information on the options of approaches to handling the harassment issue and completing standard report forms used in the inquiry and resolution.
2. Obtaining information from and counseling the victim while ensuring confidentiality of any discussion and if needed, referring the victim for further professional counseling.
3. Obtaining information from and counseling the alleged perpetrator, documenting the discussion on the charge and where indicated, advising on a cease and desist of the unacceptable conduct.
4. Handling the harassment issue like any conduct violation that is subject to regulatory procedures of the Standards of Conduct while ensuring the due process for the perpetrator.
5. Completing the standard and official report forms and submitting them to the office by day 26 with the following items:
 - statement of the allegation of harassment
 - record of interview and counseling of the victim and any information submitted by the employee
 - record of interview and counseling of the perpetrator any disciplinary action
 - relevant document(s) used to resolve the issue
 - record of final action taken, including any support documents
 - record of the victim's perception on resolution

Responsibilities

All employees, regardless of their position, are responsible for upholding the requirements of the PSU policy of prevention of sexual harassment in the workplace.

A. The Human Resource Director is responsible for technical advisory service for all employees, coordinating an in-service education on the subject of sexual harassment in the work place and processing harassment complaints.

1. The PRCS staff coordinator or Supervisor will serve as the mediator who conducts fact-finding inquiries on complaints of sexual harassment charges and attempts informal resolution of complaint.

2. The PRCS staff coordinator or Supervisor provides monitoring and technical assistance to department managers in their efforts to initiate an intervention process on a claim of sexual harassment occurrence.

B. Managers and Supervisors are responsible for proactive commitment to prevent sexual harassment by:

1. Ensuring a work environment free from any form of sexual harassment.
2. Attending a standardized in-service education on sexual harassment. Training will be provided every two years.
3. Educating subordinate staff on the ramifications of sexual harassment in the workplace, application of reasonable woman's theory and means of prevention.
4. Taking prompt and timely action, alerting the PRCS Staff coordinators and Supervisors and initiating the management intervention process to handle sexual harassment issues involving a subordinate employee.
5. Conducting the informal inquiry by obtaining information from the victim, reminding the employee on confidentiality of the process, and making referral for further professional counseling where indicated.
6. Obtaining information from the alleged perpetrator regarding the nature of the complaint and charge of sexual harassment. Issuing a document of counseling and, where indicated, advising on a cease and desist of the unacceptable conduct.
7. Conducting the informal inquiry by obtaining information from the victim, reminding the employee on confidentiality of the process, and making referral for further professional counseling where indicated.
8. Obtaining information from the alleged perpetrator regarding the nature of the complaint and charge of sexual harassment. Issuing a document of counseling and, where indicated, advising on a cease and desist of the unacceptable conduct.

Attachment A

SAMPLE LETTER

This letter or one of your own with a similar message may be sent by certified mail.
(Keep a copy for your record.)

Date:

To: (harasser)
(address)

This letter provides a written notice of my final request of you to stop your unwelcome conduct. I have previously asked you to stop, yet on _____ (date) at _____ (time), you continued to (conduct).

I believe your behavior constitutes unlawful sexual harassment, and sex discrimination prohibited by law and Standards of Conduct.

This letter documents the _____ (number) of times I asked you to stop your harassing behavior. This has created an unpleasant work environment for me. Further, this documents my attempts to stop the unwanted conduct.

If you continue with this unlawful conduct or show any retaliation, I will report this or initiate the EEOC Counseling process.

Sincerely,

(victim)

cc: file

SECTION 8

SAFETY IN THE WORKPLACE

8.1 UNIVERSAL PRECAUTIONS & PERSONAL PROTECTIVE EQUIPMENT

Universal Precautions is a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens". **Universal precautions apply to:**

- blood
- bodily fluids containing visible blood
- semen
- vaginal fluid
- cerebrospinal
- synovial, pleural, peritoneal, pericardial, and amniotic fluids
- needles, scalpels and other sharp instruments

Universal precautions are achieved by using protective barriers that include:

- gloves
- gowns
- protective eyewear

The most common hazard faced by medical professionals is the threat of communicable disease. Healthcare professionals should follow standard practices and use personal protective equipment (PPE) when providing medical care. These practices are commonly referred to as *universal precautions* or *body substance isolation*.

Universal Precautions

1. wash hands before and after each medical procedure (may use a waterless hand cleaner)
2. wear gloves whenever there is a possibility of coming in contact with blood or other potentially infectious materials (body fluids and tissues)
3. wear full-body gowns whenever there is a possibility of blood splashing onto the rescuer
4. wear face masks and eye protection whenever there is a possibility of blood splashing into the rescuer's face
5. dispose of all contaminated sharp objects in an appropriate puncture-proof container
6. dispose of all contaminated personal protective equipment in an appropriate container marked for bio-hazardous waste

To adequately follow universal precautions, a healthcare provider must have appropriate personal protective equipment available. Make sure first aid kits contain - at a minimum - gloves, a CPR barrier, and eye protection.

8.2 TB FACTS FOR HEALTHCARE WORKERS

Respiratory Protection in Health-Care Settings

Introduction

All health-care settings need an infection-control program designed to ensure prompt

- detection,
- airborne precautions, and
- treatment

of persons who have suspected or confirmed tuberculosis (TB) disease. There are three levels of TB infection control in health-care settings. The first level of the infection-control hierarchy, administrative controls, should minimize the number of areas where exposure to *Mycobacterium tuberculosis* may occur.

The second level, environmental controls, should reduce the concentration of airborne *M. tuberculosis*. These administrative and environmental controls should also reduce, although they do not eliminate, the risk in the few areas where exposures can still occur (e.g., airborne infection isolation [AII] rooms and rooms where cough-inducing or aerosol-generating procedures are performed).

Because persons entering these areas may be exposed to airborne *M. tuberculosis*, the third level of the hierarchy is the use of respiratory protective equipment in situations that pose a high risk for exposure.

Considerations for Selection of Respirators

The overall effectiveness of respiratory protection is affected by 1) the level of respiratory protection selected (e.g., the assigned protection factor), 2) the fit characteristics of the respirator model, 3) the care in using the respirator, and 4) the adequacy of the training and fit-testing program.

Particulate filter respirators certified by the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) that can be used for protection against airborne *M. tuberculosis* include

- Nonpowered respirators with N95, N99, N100, R95, R99, R100, P95, P99, and P100 filters (including disposable respirators); and
- Powered air-purifying respirators (PAPRs) with high-efficiency filters.

The most essential attribute of a respirator is the ability to fit the varying facial sizes and characteristics of health-care workers (HCWs). Assistance with selection of respirators can be done by referring to peer-reviewed research and through consultation with respirator fit-testing experts, CDC, occupational health and infection-control professional organizations, respirator manufacturers, and from participation in advanced respirator training courses

8.3 HIV INFORMATION

If precautions are not followed healthcare workers may be at risk of HIV infection as a result of their work. The main cause of infection in occupational settings is exposure to HIV-infected blood via a percutaneous injury (i.e. from needles, instruments, bites which break the skin, etc.). The average risk for HIV transmission after such exposure to infected blood is low - about 3 per 1,000 injuries. Nevertheless, this is still understandably an area of considerable concern for many health care workers.¹³⁰

Certain specific factors may mean a percutaneous injury carries a higher risk, for example:

- A deep injury
- A high viral load in the patient (which means they will be more infectious)
- Visible blood on the device that caused the injury
- Injury with a needle that had been placed in a source patient's artery or vein

If percutaneous exposure occurs then the site of exposure should be washed liberally with soap and water but without scrubbing. Bleeding should be encouraged by pressing gently around the site of the injury (but taking care not to press immediately on the injury site). It is best to do this under a running water tap.

"If intact skin is exposed to HIV infected blood then there is no risk of HIV transmission"

There are a small number of instances where HIV has been acquired through contact with non-intact skin or mucous membranes (i.e. splashes of infected blood in the eye). Research suggests that the risk of HIV infection after mucous membrane exposure is less than 1 in 1000.¹³¹ If mucocutaneous exposure occurs then the affected area should be washed thoroughly with soap and water. If the eye is affected, it should be irrigated thoroughly.

If intact skin is exposed to HIV infected blood then there is no risk of HIV transmission

8.4 HEPATITIS B INFORMATION & VACCINATION

Hepatitis B is caused by infection with the Hepatitis B virus (HBV). The incubation period from the time of exposure to onset of symptoms is 6 weeks to 6 months. HBV is found in highest concentrations in blood and in lower concentrations in other body fluids (e.g., semen, vaginal secretions, and wound exudates). HBV infection can be self-limited or chronic.

In adults, only approximately half of newly acquired HBV infections are symptomatic, and approximately 1% of reported cases result in acute liver failure and death. Risk for chronic infection is inversely related to age at infection: approximately 90% of infected infants and 30% of infected children aged <5 years become chronically infected, compared with 2%–6% of adults. Among persons with chronic HBV infection, the risk for premature death from cirrhosis or hepatocellular carcinoma is 15%–25%. HBV is efficiently transmitted by percutaneous or mucous membrane exposure to infectious blood or body fluids that contain blood. The primary risk factors that have been associated with infection are unprotected sex with an infected partner, birth to an infected mother, unprotected sex with more than one partner, men who have sex with other men (MSM), history of other STDs, and illegal injection drug use.

CDC's national strategy to eliminate transmission of HBV infection includes

- Prevention of perinatal infection through routine screening of all pregnant women for HBsAg and immunoprophylaxis of infants born to HBsAg-positive mothers and infants born to mothers with unknown HBsAg status
- Routine infant vaccination
- Vaccination of previously unvaccinated children and adolescents through age 18 years
- Vaccination of previously unvaccinated adults at increased risk for infection

High vaccination coverage rates, with subsequent declines in acute Hepatitis B incidence, have been achieved among infants and adolescents. In contrast, vaccination coverage among the majority of high-risk adult groups (e.g., persons with more than one sex partner in the previous 6 months, MSM, and injection drug users) have remained low, and the majority of new infections occur in these high-risk groups. STD clinics and other settings that provide services targeted to high-risk adults are ideal sites in which to provide Hepatitis B vaccination to adults at risk for HBV infection. All unvaccinated adults seeking services in these settings should be assumed to be at risk for Hepatitis B and should receive Hepatitis B vaccination.

8.5 HANDLING SHARPS

Needlesticks and other sharps-related injuries which expose workers to bloodborne pathogens continue to be a significant hazard for hospital employees. OSHA estimates that 5.6 million workers in the healthcare industry and related occupations are at risk of occupational exposure to bloodborne pathogens. **Bloodborne pathogens** are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and others.

Any worker handling sharp devices or equipment such as scalpels, sutures, hypodermic needles, blood collection devices, or phlebotomy devices is at risk. Nursing staff are most frequently injured. Exposure data shows that needle stick injuries occur most frequently in the operating room and in patient rooms.

8.6 EXPOSURE INCIDENTS

OSHA's bloodborne pathogens standard employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

Reporting an exposure incident

Exposure incidents should be reported immediately to PRCS since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow-up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

Medical evaluation and follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be: made available at no cost to the worker and at a reasonable time and place;

performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV and HCV, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Service. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

8.7 AVOIDING INFECTIONS

Health Care Workers: Avoiding Infections at Work

How can I keep myself from getting an infection at work?

As a health care worker, you may be exposed to many different sources of infection. Infections may be transmitted by blood, body fluids, air, respiratory secretions or by direct contact with other infectious materials. You can protect yourself from infection by following the infection control guidelines in your workplace, by using personal protective equipment (such as gloves and masks) and by treating all blood and body fluids as though they are infectious. This handout discusses some of the infections that may be transmitted in your workplace and ways you can avoid getting them.

What are blood-borne pathogens, and how can I protect myself from getting infected?

Many infections can be spread by blood or body fluids. Human immunodeficiency virus (HIV) and the hepatitis B virus are common examples. However, infections caused by other viruses and bacteria (such as syphilis and hepatitis C) can also be spread by blood or body fluids. The following guidelines can help you protect yourself:

- Consider every patient to be infected and avoid contact with his or her blood or body fluids.

- Avoid risky behavior when using needles and other sharp instruments (including scissors, scalpels, blades and knives). For example, do not attempt to recap needles. Carefully dispose of sharp instruments in appropriate containers.
- Wear protective equipment (including gloves and face shields) to avoid getting blood on your skin or in your eyes when you are performing procedures that may cause splashes or spills.
- Be certain you are immunized against hepatitis B. This vaccine should be offered to you in your workplace.

Do all body fluids carry blood-borne pathogens?

Body fluids such as tears, sweat, saliva, urine and vomit are not thought to carry blood-borne pathogens unless they are visibly contaminated with blood. (However, urine or fecal material may contain bacteria or infectious agents that are not considered blood-borne pathogens.) Most other body fluids can transmit blood-borne pathogens. This includes semen, vaginal secretions, pericardial fluid (fluid around the heart), peritoneal fluid (fluid in the lining of the abdomen and pelvis), joint fluid, amniotic fluid (fluid around an unborn baby during pregnancy), pleural fluid (fluid in the lungs) and cerebrospinal fluid (fluid in the brain and spinal cord).

What should I do if I'm exposed to blood by a cut, a needle-stick or a splash?

If an incident occurs, tell your employer or the employee health service right away. If your skin is broken (by a needle-stick), or if fluid has splashed into your eyes, your mouth or onto broken skin, both you and the source patient will be tested. The source patient's current and past infections will also be checked.

If the source patient is infected with hepatitis B and, despite immunization, you never developed immunity to hepatitis B, you will be given hepatitis B immune globulin. If the source patient has syphilis, you will be treated with antibiotics. If the source patient has HIV infection, you may need to take preventive medicines for 4 weeks. These medicines should be started within hours of the accident. Depending on the risks posed by the source patient, you should have repeat blood tests for 6 to 9 months so that if any infection develops, it will be found as soon as possible.

What about a splash of blood on my skin?

If your skin has no breaks, cracks or rashes, you have virtually no risk of getting a blood-borne infection from a splash of blood. If your skin is splashed, immediately wash the affected area thoroughly.

How can I protect myself from tuberculosis infection?

It's important to know which patients might have tuberculosis. You could catch this disease by breathing in droplets that get into the air when infected people cough. Infected patients may have symptoms such as a chronic cough (lasting for weeks and bringing up mucus or blood), weight loss, fever or night sweats. If you work around any infected patients, wear a protective mask.

Have patients wear a mask and isolate them from other patients. For example, remove them from the waiting room in an office setting, or put them in isolation in the hospital setting.

If I haven't had chickenpox, should I get the varicella vaccine?

Even if you don't have a history of chickenpox (varicella) infection, you should have a blood test to check for immunity. Most adults are immune to varicella, even if they have no history of the disease. If the test shows that you aren't immune to varicella, you should have the 2-shot varicella vaccine series. If you aren't vaccinated, you're at risk of getting chickenpox and spreading it to patients.

I have had chickenpox. Can I get infected again?

A history of chickenpox infection usually means that you are immune. However, in rare cases people do get chickenpox a second time. This can happen even if a blood test shows that you're immune to varicella. There is no 100% certain way to avoid this. Chickenpox infection is usually milder the second time. If you have a second round of chickenpox infection, tell your supervisor as soon as you find out so you can avoid patient contact.

Is pertussis prevented by immunization?

After children are immunized against pertussis (whooping cough), the immunity only lasts until they are teenagers. This means teenagers and adults can get pertussis. A pertussis booster vaccine is available for both teenagers and adults. Adults who work in health care should receive the booster once every 10 years to reduce the chance of pertussis. Pertussis is responsible for some coughs or bronchitis that seem to "hang on" longer than the usual cold. If your cold lasts more than 2 weeks, you should see your doctor. Pertussis can be life-threatening to unimmunized infants.

8.8 Preventing the Flu

What is influenza?

Influenza (also called "the flu") is a viral infection in the nose, throat and lungs. About 10% to 20% of Americans get the flu each year. Some people can get very sick from the flu. Each year, about 200,000 people go to a hospital with the flu, and 36,000 people die because of the flu and complications.

The flu may cause fever, cough, sore throat, a runny or stuffy nose, headache, muscle aches and tiredness. Most people feel better after 1 or 2 weeks, but for some people, the flu leads to serious diseases, such as pneumonia. The influenza vaccine (the flu shot) can help protect you from getting the flu.

What is H1N1 flu?

The H1N1 influenza (also called swine influenza or swine flu) is a respiratory infection caused by a virus found in pigs. H1N1 flu can infect humans.

Who is at higher risk?

Some people have a higher risk of flu complications, like pneumonia. If you are in any of these groups, you should get the flu vaccine every year:

- All children aged 6 months up to 19 years
- All adults aged 50 years and older
- All women who are or will be pregnant during the flu season
- People who are living in nursing homes or long-term care facilities
- Individuals who have long-term health problems
- Health care workers who have direct contact with patients
- Caregivers and household contacts of children less than 6 months of age

How can I avoid getting the flu?

The best way to avoid getting the flu is to get the influenza vaccine. You should get the vaccine when it becomes available each fall (in October or November), but you can also get it any time throughout the flu season (into December, January and beyond). The vaccine is available by shot or by nasal spray. The vaccines work by exposing your immune system to the flu virus. Your body will build up antibodies to the virus to protect you from getting the flu. The flu shot contains dead viruses. The nasal-spray vaccine contains live but weakened viruses. You cannot get the flu from the flu shot or the nasal-spray vaccine.

You can also reduce your risk of catching the flu by washing your hands frequently, which stops the spread of germs. Eating healthy, exercising and getting enough sleep also play a part in preventing the flu because they help boost your immune system.

If you are sick, make sure that you cover your mouth when you cough and wash your hands often to prevent giving the flu to others.

Some people who get the vaccine will still get the flu, but they will usually get a milder case than people who aren't vaccinated. The vaccine is especially recommended for people who are more likely to get really sick from flu-related complications.

Is there anyone who shouldn't get the flu shot?

Yes. The following people should talk to their doctor before getting the flu shot:

- People who have had an allergic reaction to a flu shot in the past
- People with an allergy to eggs
- People who previously developed Guillain-Barré Syndrome (a reversible reaction that causes partial or complete loss of movement of muscles, weakness or a tingling sensation in the body) within 6 weeks of getting a flu shot

- Children less than 6 months of age
- People who have a moderate or severe illness with a fever should wait until they feel better before receiving the flu shot

Is there anyone who shouldn't get the nasal-spray vaccine?

Yes. The following people should talk to their doctor before getting the nasal-spray vaccine:

- Children less than 2 years of age
- Adults 50 years of age and older
- People with long-term health problems
- People with weakened immune systems
- Children or adolescents who are on long-term aspirin therapy
- People with diabetes, kidney disease, heart disease or lung disease
- People with a history of Guillain-Barré syndrome
- Pregnant women
- People who have had an allergic reaction to a flu vaccine in the past or who are allergic to eggs

If I get the flu vaccine, can I still get the flu?

Yes. Even with a flu vaccine, you aren't 100% protected. Each year, the flu vaccine contains 3 different strains (kinds) of the virus. The strains chosen are those that scientists believe are most likely to show up in the United States that year. If the choice is right, the vaccine is 70% to 90% effective in preventing the flu in healthy adults. If you're older than 65, the vaccine is less likely to prevent the flu. Even if you get the flu after being vaccinated, your flu symptoms should be milder than if you didn't get the vaccine. You'll also be less likely to get complications from the flu.

Is the vaccine safe?

Yes. The flu vaccine is safe. There are very few side effects. If you got the flu shot, your arm may be sore for a few days . You may have a fever, feel tired or have sore muscles for a short time. If you got the nasal-spray vaccine, you may have a runny nose, headache, cough or sore throat.

Can I get the flu vaccine if I am pregnant or nursing?

If you are pregnant during flu season, you cannot get the nasal-spray vaccine. However, it is recommended that women who will be pregnant during flu season get the shot. Pregnancy can increase your risk for complications from the flu.

It is also safe to get the flu shot while breast feeding your baby. The flu shot cannot cause you or your nursing baby to get sick.

What are antiviral flu drugs?

Antiviral flu drugs are prescription medicines that can be used to help prevent and/or treat the flu. There are four antiviral flu drugs: amantadine (one brand name: Symmetrel), oseltamivir (brand name: Tamiflu), rimantadine (brand name: Flumadine) and zanamavir (brand name: Relenza). All 4 of these antiviral drugs have been approved to treat the flu. If you take one of these drugs within 2 days of getting sick, it can lessen your symptoms, decrease the amount of time you are sick and make you less contagious to other people. However, most healthy people who have the flu get better without using an antiviral flu drug. Your doctor will decide whether one of these medicines is right for you.

Three of the antiviral flu drugs have also been approved to prevent the flu. These drugs are not a substitute for the influenza vaccine. They are most often used for flu prevention in institutions where people at high risk for flu complications are in close contact with each other, such as nursing homes or hospitals. For example, during a flu outbreak in a nursing home, residents and staff might be given the flu vaccine and an antiviral drug to prevent the flu until the vaccine takes effect.

Where can I learn more about the flu vaccine?

For more information, you can call the Centers for Disease Control and Prevention's National Immunization Information Hotline at these numbers:

8.9 H1N1 Influenza (Swine Flu)

What is H1N1 influenza?

H1N1 influenza (also known as swine flu) is an infection caused by a virus. H1N1 flu began to occur in the United States in spring 2009. At first, the infection was called swine flu because early tests showed that the virus was like flu viruses that occur in swine (pigs) in North America. Since then, further tests have shown that the H1N1 virus is related to 2 flu viruses that occur in pigs in Europe and Asia, 1 that affects birds, and 1 that has been seen in humans.

How is H1N1 flu different from seasonal flu?

H1N1 flu is like the seasonal flu in that both infections are caused by viruses. However, the H1N1 virus affects a different group of people than the seasonal flu and it requires a different vaccine to prevent infection.

H1N1 flu is more common in people younger than 25 years old. Seasonal flu tends to infect people 65 years old and older.

H1N1 flu also is active earlier in the year. It began to appear in the spring of 2009. Seasonal flu occurs later in the winter, with December, January and February being peak months.

Can I catch H1N1 by eating pork?

No, the H1N1 virus is not spread by eating pork or pork products.

What are the symptoms of H1N1 flu?

Symptoms start 3 to 5 days after you have been exposed to the virus and last about 8 days. Symptoms may include:

- Fever
- Sore throat
- Cough
- Muscle aches
- Headache
- Chills
- Fatigue
- Runny or stuffy nose
- Vomiting
- Diarrhea

Who should get the H1N1 vaccine?

Since vaccine supplies are limited in many areas, people at high risk of complications from H1N1 flu are given priority to receive the vaccine. These groups include:

- Pregnant women
- People who live with or take care of children younger than 6 months old
- People who work in health care or emergency services
- Children and young adults between 6 months and 24 years of age
- People between 25 and 64 years of age who are at risk of having complications from the H1N1 virus, such as people who have weak immune systems or chronic health problems like asthma or heart disease

As supplies of the vaccine increase, other groups also may choose to be vaccinated. Your doctor may suggest you be vaccinated even if you do not fall into one of the groups above.

Note that even if you had the seasonal flu vaccine, you still will need the H1N1 vaccine. The 2 vaccines prevent different types of flu.

Is the vaccine safe?

Yes, doctors expect that the H1N1 vaccine is as safe as the seasonal flu vaccine, which is very safe. Rarely, some people may have an allergic reaction to the vaccine. Tell your doctor if you have ever have had a reaction after receiving a flu vaccine, have had an allergic reaction to chickens or egg protein, or have a fever or illness that is more than “just a cold.”

When should I see my doctor?

If you're not in one of the at-risk groups listed above, you may not need a prescription to get better. If you think you might have H1N1 flu, call your doctor to see whether or not you need to come for an office visit. Signs that the H1N1 flu requires your doctor's attention include:

- Trouble breathing
- Shortness of breath
- Confusion

In children, concerns include:

- Not drinking enough fluids
- Trouble waking up
- Flu-like symptoms that go away and then return with a fever and cough
- Fever combined with a rash
- Extreme irritability that makes the child push away from being held

How will my doctor know I have H1N1?

Your symptoms alone may alert your doctor that you have H1N1 flu. Most rapid tests can show if you have the flu, but these look for many viruses, not just the H1N1 virus. A test can be done that will show if you have the H1N1 virus specifically, but getting the results takes a few days. Your doctor may want to start treating you right away. That is why many doctors do not bother testing if your symptoms point to H1N1 flu. This is especially true if your community is in the middle of an H1N1 outbreak with lots of people infected.

If I have H1N1, will I need a prescription to get better?

Most people with the H1N1 flu will get better without needing a prescription. Your doctor may decide that you need a prescription if you are at risk of flu complications, or if:

- You have severe illness or are in the hospital from the flu
- You have the flu and are at risk of having problems from the flu, such as children younger than 2 years old, adults 65 years and older, pregnant women and people who have chronic health problems or weak immune systems
- You have the flu and are having signs of a more serious infection, such as shortness of breath
- You are younger than 19 and are on long-term aspirin therapy

If you have any of these risk factors, your doctor may prescribe an anti-viral drug, such as Oseltamivir or Zanamivir. Anti-viral drugs decrease the flu virus' ability to reproduce. These drugs can shorten the time you are sick, reduce the severity of the symptoms and prevent problems that the flu can cause.

What else can I do to feel better?

If you have a fever, you can treat it with medicines that reduce fever. These include medicines such as acetaminophen (one brand name: Tylenol), ibuprofen (some brand names: Advil, Motrin) or naproxen (one brand name: Aleve). These drugs also relieve aches and pains. Never give children or teenagers 18 years or younger aspirin because of the risk of Reye's syndrome. Reye's syndrome is a serious illness that can lead to death.

You should also drink plenty of fluids to stay hydrated and get plenty of rest. Rest helps your body fight infection.

What else can I do to avoid getting H1N1 flu?

Stop the spread:

- Cover your nose and mouth with a tissue when you cough or sneeze.
- If you don't have a tissue, cough or sneeze into your upper elbow, not your hands.
- Put used tissues in the trash.
- Wash your hands often with soap and water or an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose or mouth.
- Avoid people who are sick.
- Don't share personal items, such as makeup, eating and drinking utensils, or sports or office equipment.
- If you get sick, stay home from work or school, and avoid being around people. Stay home at least 24 hours after your fever breaks.

8.10 Hepatitis A

What is hepatitis?

Hepatitis is an inflammation of the liver. Inflammation causes soreness and swelling. Hepatitis can be caused by many things. Hepatitis is most commonly caused by one of the six hepatitis viruses (A, B, C, D, E or G). All types of hepatitis cause inflammation of the liver, which interferes with its ability to function. Lack of blood supply to the liver, poison, autoimmune disorders, excessive alcohol use, an injury to the liver and taking certain medicines can also cause hepatitis. Less commonly, viral infections such as [mononucleosis](#) or [cytomegalovirus](#) can cause hepatitis.

There are 2 main kinds of hepatitis, acute hepatitis (short-lived) and chronic hepatitis (lasting at least 6 months). If you have acute hepatitis, the liver might become inflamed very suddenly and you might have nausea, vomiting, fever and body aches. Or you may not experience any symptoms. Most people get over the acute inflammation in a few days or a few weeks. Sometimes, however, the inflammation doesn't go away. When the inflammation doesn't go away in 6 months, the person has chronic hepatitis.

How does hepatitis affect the liver?

The liver breaks down waste products in your blood. When the liver is inflamed, it doesn't do a good job of getting rid of waste products. One waste product in the blood, called bilirubin (say "billy-roo-bin"), begins to build up in the blood and tissues when the liver isn't working properly. The bilirubin makes the skin of a person who has hepatitis turn a yellow-orange color. This is called jaundice (say "john-dis"). Bilirubin and other waste products may also cause itching, nausea, fever and body aches.

What is hepatitis A?

There are 6 viruses that cause hepatitis. Each hepatitis virus is named with a letter of the alphabet: hepatitis A, [hepatitis B](#), [hepatitis C](#), hepatitis D, hepatitis E and hepatitis G. Hepatitis A is a liver disease caused by the hepatitis A virus.

Hepatitis A causes inflammation of the liver, which leads to soreness and swelling. Hepatitis A is different from other types of hepatitis because it isn't typically as serious and doesn't develop into chronic hepatitis or cirrhosis like hepatitis B and C can.

How is hepatitis A spread?

Hepatitis A is typically spread through contact with infected feces. You can get infected through close contact with an infected person (for example, changing a diaper or having sexual contact), even if that person does not have any symptoms. In fact, hepatitis A is most contagious before symptoms appear. You can also get infected by eating contaminated food or drinking contaminated water. The virus can live on hands, in water and in soil. Hepatitis A is common in developing countries.

What are the symptoms of hepatitis A?

The hepatitis A virus is usually in your system for one month before symptoms appear.

When symptoms do appear, they can appear suddenly and include:

- Nausea
- Vomiting
- Jaundice (the yellowing of the skin and the whites of the eyes)
- Low-grade fever (fever up to 102 degrees)
- Fatigue
- Pain in your abdomen, especially on your right side
- Dark-colored urine
- Loss of appetite
- Muscle pain

It is important to remember that some people who have the hepatitis A never develop any symptoms.

Young children are likely to have very mild cases of hepatitis A, while symptoms in older

children and adults are more likely to be severe.

See your doctor if you have any of these symptoms. He or she can do a blood test to see if you have hepatitis A.

How is hepatitis A treated?

There is no specific medicine to treat or cure hepatitis A. If you have the virus, you should get plenty of rest, eat a balanced diet and avoid alcohol and acetaminophen (one brand: Tylenol). Both alcohol and medicines like acetaminophen are broken down by the liver and may increase the speed of liver damage in people who have hepatitis.

Talk with your doctor about any other over-the-counter medicines you are taking, as they may need to be changed or stopped while you have the virus.

You may need to stay in the hospital for a short time if you get dehydrated, have severe pain, suddenly become confused or develop bleeding problems.

How long will I be contagious?

You are most contagious soon after you are infected and before symptoms appear. Adults who are otherwise healthy are no longer contagious 2 weeks after the illness begins. Children and people who have weak immune systems may be contagious for up to 6 months.

How can I keep from getting hepatitis A?

Ask your doctor about the hepatitis A vaccine. The shot is safe for anyone over 2 years of age and can provide protection for up to 20 years.

Wash your hands with soap and warm water before and after cooking, after using the bathroom and after changing diapers.

Wash fruits and vegetables thoroughly before eating and avoid raw or undercooked meat and fish.

If you come into contact with someone who has hepatitis A and you have never had the virus or the vaccine, you should see your doctor right away. He or she can give you a shot that will help keep you from getting sick.

8.11 SENTINEL EVENTS

DEFINITION:

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or

function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called “sentinel” because they signal the need for immediate investigation and response.

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

DEFINITION OF OCCURRENCES OF SENTINEL EVENTS:

The definition of a reviewable sentinel event takes into account a wide array of occurrences applicable to a wide variety of health care organizations. Any or all occurrences may apply to a particular type of hospital. Thus, not all of the following occurrences may apply to your particular hospital.

The subset of sentinel events includes any occurrence that meets any of the following criteria:

- The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition
or
- The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient’s illness or underlying condition):

EXAMPLES ARE LISTED TO HELP WITH YOUR UNDERSTANDING OF WHAT IS A SENTINEL EVENT; BUT IT IS NOT AN ALL INCLUSIVE LIST:

- Suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting or within 72 hours of discharge
- Unanticipated death of a full-term infant
- Abduction of any patient receiving care, treatment, and services
- Discharge of an infant to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body parts
- Unintended retention of a foreign object in a patient after surgery or other procedure

- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose

* A distinction is made between an adverse outcome that is primarily related to the natural course of the patient’s illness or underlying condition (not reviewed under the Sentinel Event Policy) and a death or major permanent loss of function that is associated with the treatment (including “recognized complications”) or lack of treatment of that condition, or otherwise not clearly and primarily related to the natural course of the patient’s illness or underlying condition (reviewable). In indeterminate cases, the event will be presumed reviewable and the hospital’s response will be reviewed under the Sentinel Event Policy according to the prescribed procedures and time frames without delay for additional information such as autopsy results.

“Major permanent loss of function” means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or lifestyle change. When “major permanent loss of function” cannot be immediately determined, applicability of the policy is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

Rape, as a reviewable sentinel event, is defined as nonconsented sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal or anal penetration or fondling of the patient’s sex organ(s) by another individual’s hand, sex organ, or object. One or more of the following must be present to determine reviewability:

Any staff-witnessed sexual contact as described above

Sufficient clinical evidence obtained by the hospital to support allegations of nonconsented sexual contact admission by the perpetrator that sexual contact, as described above, occurred on the premises.

YOUR RESPONSIBILITY AS A HEALTHCARE PROVIDER:

You must report any of the above incidences as they occur and no later than within an 8 hour timeframe following the event. The following contact information is provided to you as an assistance to facilitate your communications and reporting process:

Go to the JCAHO web page: jointcommission.org and click on the link: “*Report a Complaint*”. All further instructions needed will be found under that tab.

8.12 LATEX ALLERGY

What is latex?

Natural rubber latex comes from a liquid in tropical rubber trees. This liquid is processed to make many of the following rubber products used at home and at work:

- Balloons
- Dishwashing gloves
- Waistbands on clothing
- Rubber toys
- Pacifiers and baby-bottle nipples
- Rubber bands
- Adhesive tape and bandages
- Diapers and sanitary pads
- Condoms

In addition, many medical and dental supplies contain latex, including gloves, blood pressure cuffs, urinary catheters, dental dams and material used to fill root canals, as well as tourniquets and equipment for resuscitation. Non-latex substitutes can be found for all of these latex-containing items.

What is latex allergy?

The protein in rubber can cause an allergic reaction in some people. This reaction can range from sneezing to anaphylactic shock, which is a serious condition that requires immediate medical attention.

The thin, stretchy latex rubber in gloves, condoms and balloons is high in this protein. It causes more allergic reactions than products made of hard latex rubber (like tires). Also, because some latex gloves are coated with cornstarch powder, the latex protein particles stick to the cornstarch and fly into the air when the gloves are taken off. In places where gloves are being put on and removed frequently, the air may contain many latex particles.

What are the symptoms of latex allergy?

Latex allergy can be mild or severe, with symptoms such as:

- Itchy, red, watery eyes
- Sneezing or runny nose
- Coughing
- Rash or hives
- Chest tightness
- Shortness of breath

Some people who wear latex gloves get bumps, sores, cracks or red, raised areas on their hands. These symptoms usually appear 12 to 36 hours after contact with latex. Changing to non-latex gloves, using glove liners, and paying more attention to hand care can help relieve these symptoms.

A person who is highly allergic to latex can also have a life-threatening allergic reaction, called anaphylactic shock. Symptoms include:

- Difficulty breathing
- Dizziness
- Confusion
- Wheezing
- Nausea
- Vomiting
- Rapid or weak pulse
- Loss of consciousness

Someone having an anaphylactic reaction needs immediate medical attention.

Who is at risk for latex allergy?

Health care workers and rubber industry workers seem to have the highest risk for latex allergy. Health care workers with hay fever have an especially high chance of developing a latex allergy, as 25 percent of all health care workers with hay fever show signs of being latex sensitized.

People also at risk are those who have had many operations (especially in childhood) people who have spina bifida (a birth defect that affects the development of the spine) and people who have a food allergy.

Latex products are everywhere. Anyone can develop a latex allergy.

Is there a connection between latex allergy and foods?

Because some proteins in rubber are similar to food proteins, some foods may cause an allergic reaction in people who are allergic to latex. The most common of these foods are banana, avocado, chestnut, kiwi fruit and passion fruit. Although many other foods can cause an allergic reaction, avoiding all of them might cause nutrition problems. Therefore, it's recommended that you avoid only the foods that have already given you an allergic reaction.

What should I do if I think I have a latex allergy?

See a doctor, preferably one with experience in treating latex allergy. Your doctor will take a detailed history and may confirm the diagnosis with a blood test. Skin testing is usually not used to test for latex allergy, except in some specialized centers. It can cause severe reactions if it isn't done by an experienced person.

What should I do if I find out I have a latex allergy?

Although there is no treatment for latex allergy, you can reduce your risk of reaction by avoiding direct contact with latex. Take steps to find out which products in your environment contain latex. Then, find substitutes you can use for those products. It's also important to avoid breathing

in latex particles from powdered gloves or other sources.

If you are a health care worker or a patient, everyone around you should wear powder-free latex gloves or non-latex gloves. If you are a health care worker, compare different kinds of non-latex gloves to find the ones that are best for you.

Always wear or carry a medical alert bracelet, necklace or keychain that warns emergency medical technicians (EMTs) and doctors that you are allergic to latex. Talk to your doctor about getting a prescription for an epinephrine self-injection pen, to use in case of a serious reaction. You may wish to carry non-latex gloves with you all the time for use by emergency personnel if you need medical attention.

If you are exposed to latex at your job, tell your employer and co-workers about your latex allergy. Avoid latex gloves completely if you're not at risk for blood and body fluid contamination. Use powder-free gloves if latex gloves are preferable. These measures will help keep others from becoming allergic to latex.

<http://familydoctor.org/online/famdocen/home/common/allergies/basics/254.html> - top

How can I learn more about latex allergy?

Take steps to educate yourself and others by joining the resource networks and support groups listed in the right-hand column above. Work to support workplace policies, industry practices and government legislation that will support the safe use of latex and non-latex alternatives.

8.13 PATIENT LIFTING

Patient Lifting Procedure

PURPOSE: To help staff minimize the risk of back injury when lifting.

POLICY: Staff will use proper body mechanics when lifting objects.

PROCEDURE:

I. Use the following lifting techniques when lifting objects:

A. Employee should plan the lift by determining what is the best route and by ensuring the path is free of obstructions.

B. Employee should assess the weight of the load prior to lifting by testing one of the corners. If it is too heavy, the load should not be lifted alone.

C. When lifting:

1. Squat down, BEND KNEES when lifting. Do not bend from the waist.
 2. Place feet close to the object and center body over the object.
 3. Maintain a good handhold.
 4. Begin slowly lifting with LEGS by straightening them. Never twist body while lifting.
- D.** Do not twist or turn body once lift has been made. If the lift needs to turn pivot the feet.
- E.** Keep object as close to the body as possible.
- F.** To set the load down properly, squat down BENDING KNEES and not from the waist.
- G.** If load is too heavy or bulky to lift alone, get help. Use a hand truck or assistance from a coworker.

8.14 PAIN MANAGEMENT

PURPOSE:

To outline the standards of care for patients with acute and/or chronic pain regardless of the social, economic, religious, or ethnic background. To provide the patient with pain management techniques that involve all Patient Care disciplines.

Responsibilities:

All members of the interdisciplinary team will be responsible to identify patients with pain and treat patients within the scope of services they provide or refer the patient for more comprehensive assessment/intervention.

POLICY/PROCEDURE:

On admission the patient and significant other can expect the patient to be screened for pain, receive an assessment of their pain and have the pain controlled.

Data Collection:

A. Objective and subjective data will be collected on all patients who present complaining of acute or chronic pain and continuously throughout the patient's stay. Data is obtained through physical exam, observation, review of previous records, and interviews of the patient, family, or significant other.

B. Data Collection and assessment findings are documented on appropriate patient care records.

C. Initial data collection includes the following:

1. Location of pain
2. Quality, Patterns of radiation if any
3. Duration, Onset, Variations
4. Intensity
5. Effects of pain on ADL's (Activities of Daily Living)
6. Allergies
7. Previous drug or alcohol use
8. Current/Past analgesics - effectiveness
9. Goal of pain relief will be established with the patient, as appropriate
10. Alleviating and aggravating factors
11. Physical exam/Observation of the site of pain

STANDARD II

The patient and significant other can expect that pain will be reassessed at regular intervals after starting the treatment plan.

Reassessments include:

1. Time
2. Location
3. Pain Scale
4. Type of Pain
5. Effectiveness of interventions

STANDARD III

The patient and their significant other can expect to receive initial and ongoing education regarding control of pain.

STANDARD IV

The patient and their significant other can expect that pain will be evaluated using an appropriate pain scale. The pain scales include: 0-10 pain scale, FLACC pain scale, or the Wong-Baker Faces pain scale.

1. The patient's self-report of pain will be considered the single most valuable indicator of pain.
2. Patients will be taught that the goal of pain management is prevention (when possible) and that early intervention in the course of pain is important. Patients will be taught the use of the pain scale and encouraged to ask for analgesia when the pain goes above 1.
3. Parameters will exist which trigger assessment/reassessment and intervention:
 - a) A pain level of 4 (or less as determined by the patient) will be considered unacceptable and warrants reassessment and possible intervention.
 - b) A change in the plan of care is triggered by a pain level that stays at or above 5 (or less as determined by the patient) after a max dose of pain medication ordered has been given.
 - c) A pain level of 7 (or less if determined by the patient) will be considered a matter of urgent concern requiring immediate intervention.
4. The physician will be responsible for ordering consultations for pain management.

STANDARD V

The patient and their significant other can expect that reports of pain will have timely interventions.

1. Patient care providers will respond to the patient's report of pain as quickly as possible.
2. Nursing will assess the effectiveness of interventions within 1 hour.
3. Non-Pharmacological interventions will be used when appropriate (examples: imagery, walking, repositioning, distraction)
4. Other relevant health care providers will provide comfort measures/techniques relevant to their expertise.
5. Nursing will trigger the change in the plan of care for those whose pain cannot be adequately controlled by notifying the physician for further therapeutic assistance.

STANDARD VI

The patient and their significant other can expect discharge instructions to include the following:

1. Information about the specific pain medication(s) being utilized.
2. Specific pain intervention instructions, including non-pharmacological interventions.

STANDARD VII

Outcome goals for pain management:

1. To bring the pain level below 4 or less as requested by the patient or 50% decrease of pain within 2 hours of admission for those patients who are admitted with pain.
2. To keep the patients pain below 4 or at a level requested by the patient using both pharmacological and non-pharmacological methods.

DOCUMENTATION:

1. Pain assessment will be included in each RN nursing assessment and more often as the patient's condition warrants.
2. Interventions for pain will be documented on the appropriate patient care record indicating the level of pain at the time of intervention, the form of intervention and the outcome of the intervention within 1 hour. A Pain Scale will be used and pain will be trended (documented) using the appropriate patient care record.
3. PCA or Epidural infusion pumps will be documented using a flow sheet.
4. The level of pain at discharge will be documented.

MONITORING:

1. If anesthesia or deep sedation is being used to control pain - the anesthesia provider will follow the policy and procedures for anesthesia.
2. If Moderate Sedation is being used to control pain - follow the policy and procedure for Moderate Sedation.
3. If a PCA or Epidural infusion pump is being used - follow the policy and procedure for PCA and Epidural infusions.
4. If IV or PO pain medications are being given - monitor the patient as their condition deems necessary.

COMMUNICATION:

Information and data will be communicated to the TEAM members, the patient and their significant other.

PLAN OF CARE:

Comfort will be included on the patient's plan of care and will be reviewed, as appropriate.

REFERENCES:

Prior Policy and Procedure

JCAHO Standards for 2001

REASON FOR REVISION:

To include JCAHO Standard for 2001