



**ANNUAL TRAINING  
& ORIENTATION MANUAL FOR  
HEALTHCARE  
PROFESSIONALS**

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## **Annual Training and Orientation Manual for Healthcare Professionals**

Sunlife Medical Staffing, Inc. (SMS) assembled this training and orientation manual to provide its employees with an annual educational update and review of important policies and procedures related to working in healthcare facilities. This training opportunity is also intended to meet legislative and professional requirements for government agencies and accreditation organizations.

This self-study program is designed for use by all healthcare professionals employed by Sunlife, regardless of job classification—although certain sections will not apply to every position.

Much of the manual is focused on safety-related topics since healthcare professionals are exposed to a unique variety of on-the-job hazards. Your understanding of this material is critical to ensure your own safety and that of your coworkers and the individuals under your care.

An annual review of this manual and successful completion of a competency assessment is a condition of on-going employment with Sunlife. By reviewing the manual and taking the assessment, you are attesting that you will follow the guidelines, policies, and any related regulations therein. This may be completed in the corporate office or over the phone verbally with a corporate staff employee.

The contents of this manual provide a general orientation on many topics. Many clients of Sunlife provide a separate orientation that you will be expected to complete as a condition of assignment at those facilities.

In addition, you must review Sunlife's "Benefits, Terms, and Conditions of Employment" which outlines specific policies required to be followed as a contingency of your employment with Sunlife. The most current version is available on the Sunlife website at <https://www.sunlifemedicalstaffing.com/employees>, or from the corporate office.

**As an employee of Sunlife, you are required to abide by all Sunlife Medical Staffing, LLC. policies and procedures and those policies, procedures and guidelines of your assigned facilities/clients/institutions.**

## Hazardous Materials and MSDS

Chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets called Material Safety Data Sheets or MSDS. The basic goal of hazard communication is to ensure that employers, facilities, employees and the public are provided with adequate, practical, reliable and comprehensible information on the hazards of chemicals, so that they can take effective preventive and protective measure for their health and safety.

All employers with hazardous chemicals in their workplaces must prepare and implement a written hazard communication program, and must ensure that all containers are labeled and employees are provided access to MSDS.

MSDS Sheets provide general information about the chemical agent including the following components:

1. Name of the substance, chemical, or agent and manufacturer
2. Ingredients and hazard section
3. Physical/chemical characteristics
4. Fire and explosion hazards
5. Health hazards
6. Reactivity section
7. Precautions for safe handling and use
8. Special precautions and protection information

**Pictogram(s):** As of June 1, 2015, the Hazard Communication Standard (HCS) requires pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

**When on assignment for Sunlife, you should ask to review the Hazard Communication Program of the client/facility, if it is not made part of your orientation and you should follow any policies and procedures. You also have the right to view any MSDS for chemicals you may be exposed to during the assignment and be trained on their proper use.**

## Medical Waste

Waste generated by health care activities includes a broad range of materials, from used needles and syringes to soiled dressings, body parts, diagnostic samples, blood, chemicals, pharmaceuticals, medical devices and radioactive materials.

Poor management of health care waste potentially exposes health care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries, and risks polluting the environment. It is essential that all medical waste materials are segregated at the point of generation, appropriately treated and disposed of safely.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities medical waste policies and procedures.**

## **Responding to Disasters**

These guidelines for responding to natural and other emergencies are intended to provide general information on how to take action in such situations. When assigned to an institution or facility, it is your responsibility to become familiar with individual policies, procedures, and emergency plans as part of your orientation process and follow these policies, procedures, and plans in the cases of emergencies.

Some clients offer a formal orientation program that usually includes an explanation of the facility's emergency plans. If this information is not covered during an orientation, ask your supervisor to explain the appropriate policies and procedures when you arrive for your first shift.

In case of an emergency, you will be expected to fully assist facility staff as they implement the necessary plans to respond to the emergent condition. This may include preparing for an influx of patients and/or the evacuation of existing patients.

### **Sunlife's Emergency Response Capability**

It is Sunlife's policy to assist federal and local emergency response organizations in the event of a large-scale disaster or emergency (weather-related, terrorist attack, industrial accident, etc.). Sunlife will implement the following procedures in response to a declared emergency, which necessitates the mobilization of medical personnel:

- Sunlife will place its corporate office on alert, informing them of the emergency. A member of the corporate staff will be appointed to oversee the company's response. Additional staff will be called in, or reassigned, depending on the scope of the event.
- The corporate office will contact medical institutions normally serviced by Sunlife to determine their immediate and special staffing needs.
- Sunlife will immediately notify its staff of healthcare professionals to determine the availability of resources. Personnel will be allocated to healthcare clients demonstrating the most urgent need. Sunlife will also use its extensive database of nursing professionals to contact individuals, even if they are not employed by the company.
- The company will continue to monitor and respond to the disaster and/or emergency through its 24/7 staffing lines. The company has back-up and recovery contingencies to ensure continuous operation.

There are many natural and man-made hazards that could lead to an emergency situation. These include:

- Earthquakes
- Extreme Heat
- Fires
- Floods
- Hazardous Materials
- Hurricanes
- Nuclear Accidents or Attacks
- Terrorism (including bomb threats)
- Thunderstorms
- Tornadoes
- Winter Storms

## **Weather Emergencies**

### ***Hurricane***

A hurricane is a tropical storm with winds that have reached a constant speed of 74 miles per hour or more. Hurricane winds blow in a large spiral around a relative calm center known as the "eye." The "eye" is generally 20 to 30 miles wide, and the storm may extend outward 400 miles. As a hurricane approaches, the skies will begin to darken and winds will grow in strength. As a hurricane nears land, it can bring torrential rains, high winds, and storm surges. A single hurricane can last for more than 2 weeks over open waters and can run a path across the entire length of the eastern seaboard. August and September are peak months during the hurricane season that lasts from June 1 through November 30.

Lower floors of your institution may be subject to flash flooding and appropriate preventative actions will need to be taken. You should follow client instructions for ensuring patient safety and/or evacuation. If the eye of the storm passes over you, there will be a lull (lasting for a few minutes up to an hour). Stay in a safe place. Do not be lulled into getting hit by the other side of the storm while unprepared.

### ***Tornado***

A tornado is a violent windstorm characterized by a twisting, funnel-shaped cloud. It is spawned by a thunderstorm (or sometimes as a result of a hurricane) and produced when cool air overrides a layer of warm air, forcing the warm air to rise rapidly. The damage from a tornado is a result of the high wind velocity and wind-blown debris. Tornado season is generally March through August, although tornadoes can occur at any time of year. They tend to occur in the afternoons and evenings: over 80 percent of all tornadoes strike between noon and midnight.

Most tornadoes come from the southwest. This means that the extreme blast of wind will usually come from the same direction. Rooms on upper floors of buildings facing the approaching tornado will be the most dangerous places because they will receive the maximum impact. Conversely, the safer places will be the lowest floor interior corridors.

### ***Earthquake***

An earthquake is a sudden, rapid shaking of the Earth caused by the breaking and shifting of rock beneath the Earth's surface. For hundreds of millions of years, the forces of plate tectonics have shaped the Earth as the huge plates that form the Earth's surface move slowly over, under, and past each other. Sometimes the movement is gradual. At other times, the plates are locked together, unable to release the accumulating energy. When the accumulated energy grows strong enough, the plates break free causing the ground to shake. Most earthquakes occur at the boundaries where the plates meet; however, some earthquakes occur in the middle of plates.

Ground shaking from earthquakes can collapse buildings and bridges; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Buildings with foundations resting on unconsolidated landfill and other unstable soil, and trailers and homes not tied to their foundations are at risk because they can be shaken off their mountings during an earthquake. When an earthquake occurs in a populated area, it may cause deaths and injuries and extensive property damage. The best protection during an earthquake is to get under heavy furniture such as a desk, table, or bench.

### ***Floods***

Floods are the most common and widespread of all natural disasters--except fire. Most communities in the United States can experience some kind of flooding after spring rains, heavy thunderstorms, or winter snow thaws. Floods can be slow or fast rising but generally develop over a period of days.

Dam failures are potentially the worst flood events. A dam failure is usually the result of neglect, poor design, or structural damage caused by a major event such as an earthquake. When a dam fails, a gigantic quantity of water is suddenly let loose downstream, destroying anything in its path.

## **Man-Made Emergencies**

### ***Nuclear Attack or Accident***

The main hazards of a nuclear attack and accident are blast, heat, fire, and fallout radiation. You may be able to protect yourself against blast and heat by getting inside the shelter area of the institution. You can protect yourself against fallout radiation by getting inside a fallout shelter (know where it is located at the institution) and stay there until you are told to come out by authorities that have the equipment to measure radiation levels. It is most important that you follow the instructions of the fallout shelter leader or appropriate authorities. A person cannot “catch” radiation sickness from another person. Do not use food and water from normal sources until cleared by appropriate authorities.

Learn what the warning signals are to be used in your community, what they sound like, what they mean and what actions you should take when you hear them. If there should be a nuclear flash—especially if you feel the warmth from it—take cover instantly, and then move to a fallout shelter later.

### ***Bomb Threat/Terrorism***

If you receive a bomb threat by phone, try to get as much information as possible regarding the bomb threat and caller. When the caller hangs up, immediately notify Security and Administration, and wait for further directions. If suspected explosive devices are found in your area, call Security immediately.

For terrorist situations, contact authorities and stay in location or evacuate, however instructed.

<p><b>For all emergencies, temporary healthcare professionals who are placed on assignment at client facilities should follow the emergency management plans specific to those institutions.</b></p>
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## Fire Safety

Medical institutions are susceptible to fires because of the presence of flammable chemicals and materials, and large amounts of electrical and mechanical equipment. As a nursing professional, you should never take fire alarms lightly. How you respond could save your life, and the lives of your patients.

The first few minutes of a fire are the most important. To respond appropriately, the “RACE” formula tells you how to proceed and in what order.

**R—Rescue patients who are in immediate danger.**

**A—Sound the fire alarm.**

**C—Confine the fire by closing doors and windows.**

**E—Extinguish the fire, if possible, or evacuate.**

You should always consider the following rules no matter what facility you are working in:

- Responsibility for fire prevention belongs to everyone.
- Watch for fire hazards and report them.
- Keep work areas clean and free of excess clutter.
- Store flammables in approved containers in isolated areas.
- Know the location of fire alarms and firefighting equipment.
- Don't overload or misuse electrical equipment.
- Don't use unapproved extension cords.
- Don't store anything within 18 inches of ceiling sprinkler heads.

You should ask to review a copy of the client's/facility's fire safety and response plan knowing the location of the closest fire extinguishers and fire exits. You should also learn which valves shut off oxygen and other gases in case of emergency.

## Electrical Safety

Electrical current has long been recognized as a serious workplace hazard. Practically all members of the workforce are exposed to electrical energy during the performance of their daily duties. This is especially true in medical settings due to the presence of large amounts of electrical equipment.

Reducing and eliminating exposure to electrical hazards requires constant attention. You should become familiar with the equipment you use at each client facility, making special note of safety considerations. The following are general safety rules you should follow in all facilities:

- Always use equipment according to the manufacturer's specifications.
- Never bypass or disable equipment safety features.
- Report malfunction of equipment to the appropriate authority and take the equipment out of service.
- Always turn an appliance off before unplugging it.
- Do not use extension cords.
- Check for frayed or loose cords.
- When replacing lamps and bulbs, verify that the replacement matches fixture requirements.
- Determine the reason that a fuse operated or circuit breaker tripped before replacing or resetting.
- Know where your overcurrent devices are (i.e. circuit breakers and fuses) so they can be easily and quickly reached in case of emergency.

**For all emergencies, temporary healthcare professionals who are placed on assignment at client facilities should follow the emergency management plans specific to those institutions.**



## Exposure Control Plan

Employees incur risk of infection and subsequent illness each time they are exposed to bloodborne pathogens or other potentially infectious materials (OPIM). This Exposure Control Plan was developed to reduce employee risk by minimizing or eliminating employee exposure incidents to such pathogens.

Employees of Sunlife generally work at facilities owned and controlled by client organizations. Therefore, this plan should be administered in conjunction with the exposure control plan, policies, and procedures maintained by the client organization.

Incorporated in this Exposure Control Plan are the following sections, which are part of this training manual. This information should be reviewed in conjunction with the policies and procedures contained herein:

- General Infection Control
- Bloodborne Pathogens, Universal Precautions, Standard Precautions
- Medical Waste Disposal
- Hand Hygiene
- Needle Stick Prevention
- Hepatitis B Vaccinations
- Tuberculosis
- SARS

Employees of Sunlife are directed to comply with universal and standard precautions, as directed by the client's policies and procedures. Employees must use appropriate protection and equipment during any procedure where occupational exposure is likely to occur. Occupational exposure refers to reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of duties. The following is a partial list of where appropriate protection and equipment is required:

1. All contact with blood, and/or drainage from wounds and excretions.
2. All dressing changes, including skin tears.
3. Finger sticks.
4. All contact with respiratory secretions.
5. All used syringes and needles to be placed in a designated puncture resistant container.
6. Needles are not to be recapped.
7. All dental procedures, including oral care.

If exposure to blood or OPIM occurs, the following National Institute for Occupational Safety and Health (NIOSH) recommended steps should be followed:

- Wash needle sticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irritants.
- Report the incident to your supervisor.
- Immediately seek medical treatment.
- If you have questions about appropriate medical treatment for occupational exposures to blood, 24-hour assistance is available from the Clinician's Post Exposure Prophylaxis Hotline (PEP line) at (1-888-448-4911).

All exposures should be reported to Sunlife as soon as practical. Sunlife will notify its workers' compensation carrier as necessary.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## General Infection Control

Breaking the chain of infection is everyone's responsibility and is reliant of good work place controls and adhering to related policies and procedures. Included in this category are influenza outbreaks and pandemics.

**PANDEMIC:** A pandemic is an epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide. Throughout history there have been a number of pandemics, such as smallpox and tuberculosis. More recent pandemics include the HIV pandemic and the 2009 H1N1 flu pandemic. A pandemic flu spreads easily from person to person and can cause serious illness. Along with other infectious diseases, following basic infection control guidelines of Sunlife and your assigned facilities will help prevent the spread of infections.

**OSHA:** Sunlife is in compliance with the OSHA Bloodborne Pathogen regulations (OSHA Standard #29 CFR 1910.1030). The training materials in this section ensure that Sunlife employees are aware of their rights and responsibilities. Furthermore, since employees of Sunlife work at facilities owned by client organizations, they may also receive site-specific training and/or orientation from the client, as necessary.

**HEPATITIS B VACCINATION:** Sunlife offers free access to the Hepatitis B Vaccination for all employees who are exposed to blood or other potentially infection materials (OPIM) as part of their job duties.

**CONTROLLING THE SPREAD OF INFECTION:** The most effective means of controlling the spread of infection is appropriate hand hygiene. Please read the separate section on this topic.

Health care professionals should also wear appropriate personal protective equipment (PPE) as required by Standard Precautions or by special Isolation precautions as posted for individual patients. PPE is provided by the client organization.

In addition, Health care professionals should:

- Avoid eating, drinking, smoking, applying cosmetics, and handling contact lenses if such activities would increase the likelihood of an exposure.
- Cough Etiquette: cover your nose and mouth when coughing or sneezing preferably by coughing or sneezing into the crook of your elbow can contain respiratory droplets and avoids infecting hands.
- ALWAYS practice hand hygiene (see related chapter).
- Avoid touching your eyes, nose, or mouth.
- Wear gloves when contacting biohazard materials and/or patients.
- Be educated and stay informed of current trends and outbreaks.
- Follow client guidelines, policies and procedure
- Get the appropriate vaccinations as recommended by your healthcare provider.
- Avoid working when sick. Call in to your local branch office if you have:
  - Conjunctivitis (eye infection)
  - Productive cough
  - Jaundice (yellow skin or eyes)
  - Nausea and vomiting
  - Sore throat
  - Open or draining sores
  - General rash
  - Diarrhea (not food related)

- Fever

# Hand Hygiene

## Artificial Nails

Health care professionals should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (e.g. patients in intensive care units or in transplant units). Some clients prohibit artificial nails or other personal expressions (tattoos, piercings) as part of their infection control policies. In such cases, Sunlife will enforce the more restrictive client policy.

## Hand Washing

According to the Centers for Disease Control (CDC) appropriate hand washing results in a reduced incidence of both nosocomial and community infections. Guidelines from national and international infection prevention and control organizations have repeatedly acknowledged that hand washing is the single most important procedure for preventing infections.

Preferred methods of hand washing:

- Non-antimicrobial or antimicrobial soap and water are preferred.
- Alcohol hand rub or alternatively with antimicrobial soap and water
- Plain soap (detergents) is also somewhat effective in removing most transient microbial flora

To help protect exposure to infectious materials you should wash your hands:

- Before and after a work shift.
- Before eating, drinking, or handling food or medications.
- After using the toilet; after hand contact with own mouth and nasal secretions (cough, sneezes, etc.).
- Before and after significant physical contact with any patient. More frequent hand washing is indicated between patients in high risk areas (ICU, Nursery, Oncology) since these patients are more susceptible to infection.
- Before and after performing invasive procedures. Although gloves may be worn for certain procedures, hand washing before donning gloves and after removal is necessary because of the possibility of tears in the gloves.
- Between care activities on the same patient involving different body sites (i.e., care of Foley/IV/Wound/Trach).
- After contact with wounds or mucous membranes, or items such as dressings, bedpans, collecting devices, which may be contaminated with secretions, excretions, or blood.
- When there is a doubt about the possibility of hand contamination.

Procedures for Proper Hand Washing:

1. Remove hand jewelry as it may harbor pathogens.
2. Roll up sleeves.
3. Clean under fingernails (artificial fingernails should not be worn).
4. Wet hands and wrists before applying soap.
5. Lather well and apply friction to all surfaces of hands and wrists, between fingers and around nails.
6. Minimum scrubbing time is 10 seconds; if visible contamination, 15-30 seconds is advised.
7. Rinse well, holding hands downward.
8. Avoid touching sink and faucet.
9. Dry hands thoroughly with disposable paper towels prior to handling faucets.
10. Avoid using multi-use (cloth) hand towels.
11. Turn off manual faucets with paper towels to avoid recontamination of hands.

*For more information, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).*

## **BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS**

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. Some infections that can be transmitted through contact with blood and body fluids include:

- HIV, Hepatitis A, B, C, Staph and Strep infections, Gastroenteritis-salmonella, and shigella, Pneumonia, Syphilis, TB, Malaria, Measles, Chicken Pox, Herpes, Urinary tract infections, and Blood infections. The greatest risks are from HIV and Hepatitis B and C.

Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. The OSHA Bloodborne Pathogen Standard requires:

- Employees to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM).
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- Treat all blood and other potentially infectious materials with appropriate precautions such as:
  - Use gloves, masks, and gowns if blood or OPIM exposure is anticipated.
  - Use engineering and work practice controls to limit exposure.

OPIM is defined as:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

The Bloodborne Pathogens Standard provides requirements to protect employees from exposure to blood or other potentially infectious materials (OPIM):

- Procedures in infection control are called Body Substance Isolation (BSI) and Standard Precautions. These standards define which body fluids and substances as infectious. Examples of personal protective equipment are gowns, gloves, shoe covers, masks, respirators, and safety glasses. With respirators, familiarize yourself with the make and model of respirator that is used at the client facility, assure you have undergone proper fit testing procedures and education.
- These standards incorporate not only the fluids and materials covered by the Bloodborne Pathogens Standard but expand coverage to include all body fluids and substances.
- For compliance with OSHA Standards, the use of either Universal Precautions or Standard Precautions is acceptable.

The CDC recommends Standard Precautions (combines major features of Universal Precautions and Body Substance Isolation) for the care of all patients, regardless of their diagnosis or presumed infection status.

- Standard Precautions apply to: 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

- Standard precautions include the use of hand hygiene techniques, safe injection procedures, respiratory hygiene, cough etiquette, and appropriate personal protective equipment such as gloves, gowns, masks, and eyewear whenever touching or exposure to patients' body fluids is anticipated. (Client facilities will implement their environmental controls).
- Transmission-Based Precautions (i.e., Airborne Precautions, Droplet Precautions, and Contact Precautions) are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.
  - Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.
    - Airborne Precautions used for infections spread in small particles in the air such as chicken pox.
    - Droplet Precautions used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.
    - Contact Precautions used for infections spread by skin-to-skin contact or contact with other surfaces such as herpes simplex virus.
  - Airborne precautions, droplet precautions, and contact precautions may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

**What should you do if you are exposed to the blood of a patient/resident?**

1. **Immediately following an exposure to blood:**
  - Wash needlesticks and cuts with soap and water
  - Flush splashes to the nose, mouth, or skin with water
  - Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2. **Report the exposure immediately** to the appropriate facility department and your direct charge person (e.g., occupational health, infection control) responsible for managing exposures. Then contact corporate office personnel. Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for post-exposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

*For other types of exposures, report to the appropriate facility department and your direct charge person responsible for managing exposures. Then contact your branch personnel.*

*For more information, visit the CDC website at [www.cdc.gov](http://www.cdc.gov)*

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## Needlestick And Sharp Injury Prevention

Health care professionals handling sharp devices or equipment such as scalpels, sutures, hypodermic needles, blood collection devices, or phlebotomy devices are at risk for injury and exposure to bloodborne pathogens and other potentially infectious materials. Exposure most often occurs because of unsafe needle devices and the improper handling and disposal of needles or other sharps. Needlestick injuries can be substantially reduced by:

- Using safer needle devices and needleless devices. (Ask the client facility where you are working about the availability of these devices.)
- Proper handling and disposal of needles and other sharps.
- Do not bend, recap, or remove contaminated needles and other sharps unless such an act is required by a specific procedure or has no feasible alternative.
- Do not shear or break contaminated sharps.
- Have needle containers available near areas where needles may be found.
- Discard contaminated sharps immediately or as soon as feasible into appropriate containers.

Other contaminated sharps include scalpels, broken glass, broken capillary tubes, and razor blades. These sharps also represent a potential safety hazard. Sharp injuries can be prevented by:

- Wearing gloves when handling or touching contaminated items or surfaces.
- Disposing of regulated wastes properly.
- Not picking up broken glassware directly with the hands.
- Using capillary tubes that are not made of glass.
- Using needleless connector systems with I.V. setups when possible.
- Treating used disposable razors as contaminated waste.

### What should you do if you are exposed to the blood of a patient/resident?

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*For other types of exposures, report to the appropriate facility department and your direct charge person responsible for managing exposures. Then contract your branch personnel.*

*For more information, visit the CDC web site at [www.cdc.gov](http://www.cdc.gov).*

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## HIV and AIDS

**HIV** is the **human immunodeficiency virus**. It is the virus that can lead to acquired immune deficiency syndrome, or **AIDS**. CDC estimates that about 56,000 people in the United States contracted HIV in 2006. HIV damages a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.

**AIDS** stands for **Acquired Immunodeficiency Syndrome**.

**Acquired** – means that the disease is not hereditary but develops after birth from contact with a disease-causing agent (in this case, HIV).

**Immunodeficiency** – means that the disease is characterized by a weakening of the immune system.

**Syndrome** – refers to a group of symptoms that indicate or characterize a disease. In the case of AIDS, this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain specific blood cells, called CD4+ T cells, which are crucial to helping the body fight disease.

Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of “highly active” combinations of medications that were introduced in the mid-1990s.

**HIV and AIDS diagnoses:** A diagnosis of AIDS is made by a physician using specific clinical or laboratory standards. AIDS is diagnosed when the immune system of a person infected with HIV becomes severely compromised and/or the person becomes ill with an opportunistic infection or illness. In the absence of treatment, AIDS usually develops 8 to 10 years after initial HIV infection; with early HIV diagnosis and treatment, this may be delayed by many years.

### Prevention Strategies

Health care workers should assume that the blood and other body fluids from all patients are potentially infectious. They should therefore follow infection control precautions at all times.

These precautions include

- routinely using barriers (such as gloves and/ or goggles) when anticipating contact with blood or body fluids,
- immediately washing hands and other skin surfaces after contact with blood or body fluids, and
- carefully handling and disposing of sharp instruments during and after use.

Safety devices have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the risk of exposure to HIV. Many percutaneous injuries, such as needle-sticks and cuts, are related to sharps disposal. Strategies for safer disposal, including safer design of disposal containers and placement of containers, are being developed.

CDC has issued guidelines for the management of health care worker exposures to HIV and recommendations for post-exposure prophylaxis.

These guidelines outline a number of considerations in determining whether health care workers should receive PEP and in choosing the type of PEP regimen. For most HIV exposures that warrant PEP, a basic 4-week, two-drug regimen is recommended. For HIV exposures that pose an increased risk of transmission (based on the infection status of the source and the type of exposure), a three-drug regimen may be recommended. Special circumstances, such as a delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiviral agents, and toxicity of PEP regimens, are also discussed in the guidelines. Occupational exposures should be considered urgent medical concerns.



## **Building Better Prevention Programs for Health Care Workers**

Continued diligence in the following areas is needed to help reduce the risk of occupational HIV transmission to health care workers.

**Administrative efforts.** All health care organizations should train health care workers in infection control procedures and on the importance of reporting occupational exposures. They should develop a system to monitor reporting and management of occupational exposures.

**Development and promotion of safety devices.** Effective and competitively priced devices engineered to prevent sharps injuries should continue to be developed for health care workers who frequently come into contact with potentially HIV-infected blood and other body fluids. Proper and consistent use of such safety devices should be continuously evaluated.

**Monitoring the effects of PEP.** Data on the safety and acceptability of different regimens of PEP, particularly those regimens that include new antiretroviral agents, should be continuously monitored and evaluated. Furthermore, improved communication about possible side effects before starting treatment and close follow-up of health care workers receiving treatment are needed to increase compliance with the PEP.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## **Tuberculosis Facts and Information**

The transmission of tuberculosis (TB) is a recognized hazard among Health care professionals. *Mycobacterium tuberculosis* is spread by airborne particles, known as droplet nuclei that can be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak, or sing. Persons who share the same airspace with persons with infectious TB disease are at greatest risk for infection. Infection occurs when a susceptible person inhales droplet nuclei containing tubercle bacilli and these bacilli become established in the alveoli of the lungs and spread throughout the body.

### **Identifying TB Infection**

A person exposed to an individual with infectious TB or who has other risk factors for TB as noted above should be given a tuberculin skin test.

The Mantoux tuberculin skin test is the preferred method of skin testing. The Mantoux tuberculin skin test is the intradermal injection of purified protein derivative (PPD) of killed tubercle bacilli, usually on the inner forearm. The site is examined by a trained health care worker 48 to 72 hours after injection for induration (palpable swelling). The diameter of induration is measured and recorded; erythema or bruising is disregarded.

### **Identifying TB Disease**

If the skin test result is positive or if symptoms suggestive of TB are present (e.g., productive and prolonged cough, fever, chills, loss of appetite, weight loss, fatigue, or night sweats), a chest radiograph should be obtained to help rule out active pulmonary TB. The chest radiograph may also be used to detect the presence of fibrotic lesions suggestive of old, healed TB or silicosis.

Acid-fast bacilli (AFB) smears and cultures should be performed on sputum specimens of all persons who have symptoms of TB or whose chest radiograph suggests TB. A positive AFB smear is an indication for beginning treatment for TB. However, a positive AFB smear may also indicate the presence of nontuberculous mycobacteria. A positive culture for *Mycobacterium tuberculosis* is the only definitive proof of TB disease.

Health care providers of HIV-infected persons should be aware of atypical patterns of TB disease in these persons. Extrapulmonary TB is more common. Also, pulmonary TB may present in an unusual manner (e.g., in the lymph nodes or in the lower part of the lungs).

All persons with TB infection or TB disease should be offered counseling and HIV-antibody testing, because medical management may be altered in the presence of HIV infection.

### **Prevention of Tuberculosis**

The main purpose of preventive therapy is to prevent latent infection from progressing to clinically active TB disease. Therefore, persons with positive tuberculin skin test results who do not have clinically active disease should be evaluated for preventive therapy. TB is usually curable if effective treatment is instituted without delay.

## Reporting

TB reporting is required by law in every state. All new TB cases and suspect cases should be reported promptly to the health department by the clinician. Cases may also be reported by infection control nurses or by pharmacies when TB drugs are dispensed. In addition, all positive TB smears and cultures should be reported promptly by laboratories. Early reporting is important for the control of TB and it gives clinicians access to the resources of the health department for assistance in case management and contact investigation.

## Infection Control Measures

**The spread of TB in health care settings can be minimized by implementing CDC recommendations for preventing TB transmission in these settings.** The early detection, isolation, and treatment of disease in persons with infectious TB are essential to controlling transmission. TB should be suspected in all persons with symptoms consistent with TB (for example, cough, fever, night sweats, chills, fatigue, weight loss or loss of appetite), especially those with confirmed or suspected HIV infection and undiagnosed pulmonary disease. Precautions should be taken to prevent airborne transmission of infection until TB is diagnosed and treated or ruled out.

Effective AFB isolation should be initiated for persons with confirmed or suspected TB to reduce the risk that they will expose others. Precautions should be taken during and immediately after procedures that may induce coughing, such as bronchoscopy, sputum collection, the aerosol induction of sputum, and the administration of aerosolized medication, such as pentamidine.

Anti-tuberculosis drug treatment should be promptly initiated for persons with active disease to render them noninfectious. Persons at high risk for TB infection should be screened and, if infected, evaluated for preventive therapy. Ongoing TB screening should be provided to Health care professionals who have regular contact with persons with TB or HIV infection.

## Respiratory Protection

Wearing a respirator reduces your chances of becoming infected with TB. The client's infection control committee determines under what circumstances respirators must be worn and which employees are required to wear them. In addition, the Occupational Safety and Health Administration (OSHA) currently requires the use of respirators and is enforcing their use under the general duty clause while developing specific standards for preventing TB in Health care professionals.

Wearing surgical masks is not sufficient. Recent research has shown that many surgical masks do not do a good job of removing all TB bacteria. Some surgical masks fit so poorly that they provide very little protection from any airborne hazard.

*For more information, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).*

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## **TUBERCULOSIS: PREVENTION & PROTECTION PLAN**

Sunlife's plan for Tuberculosis Infection Control is based on current Centers for Disease Control and Prevention (CDC) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities.

Sunlife is not a patient care facility and has minimal risk exposure to TB. However, Sunlife field employees' work in client facilities that may range from minimal to high risk for TB exposure.

These guidelines are intended to provide general information as required by OSHA. These guidelines should be applied in any setting where patient care is provided. When assigned to an institution or facility, it is your responsibility to become familiar with their policies and procedures as part of your orientation process.

### Health Screenings

Sunlife requires pre-employment PPD or chest x-ray to provide evidence of negative TB test, and at least annually thereafter.

### TB Testing

- You should receive the Mantoux skin test or PPD, at the time of hire. This will serve as a baseline for later comparison.
- If you have previously tested positive, have had adequate treatment for the disease, or have previously recovered from TB, you are exempt from a skin test. You should have a chest radiograph or sputum smear if symptoms develop.
- As long as you are PPD-negative, you should be tested annually. If you are exposed frequently to active TB patients or perform high-hazard procedures, you should be tested more frequently. Refer to your facility's guidelines to determine appropriate testing intervals for your position.
- If you have an unprotected exposure, you should have a skin test done immediately.
- If you experience any symptoms of active TB, you should immediately report your symptoms and promptly be tested for active TB. You should monitor your own health as carefully as you monitor your patients.

### Education

Sunlife will educate and train employees about TB epidemiology, symptoms, risks of infection and effective measures to prevent transmission through this Manual. The training will include the benefits of a TB screening program. Training will be appropriate to their risk category and will be performed prior to assignment to any duties that could result in exposure. Training will be conducted at least annually thereafter.

Sunlife Medical Staffing requires our employees to review the incorporated section called Tuberculosis Facts and Information and to complete a written examination both pre-employment and annually thereafter.

### Exposure Control Plan

All Sunlife employees should review and be familiar with Sunlife exposure control plan. Please carefully review the appropriate section of this manual.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## **Severe Acute Respiratory Syndrome (SARS)**

SARS is a severe viral illness that was first reported in Asia in February 2003. The illness is characterized by a variety of symptoms including fever, cough, and shortness of breath. In a minority of patients (6-9%), SARS may even progress to death. SARS has been reported in North America among persons returning from travel to Asia, among Health care professionals, and among others in contact with individuals with SARS. Because new outbreaks may occur, workers should be aware of the recommended measures to prevent occupational SARS infection.

### Transmission

SARS is spread primarily by close contact with a SARS patient or contact with respiratory secretions/body fluids from a SARS patient. Transmission from contaminated objects has been reported. The incubation period is typically between two and seven days.

### Signs and Symptoms

SARS presentation is typical of a respiratory viral illness. Patients usually present with a high fever (> 100.4 F), cough, chills, and headache. Most will progress to develop pneumonia and some will even require mechanical ventilation.

### Diagnosis and Treatment

In the United States, the Centers for Disease Control and Prevention (CDC) classifies patients as either suspect or probable cases, depending on symptoms, history of exposure or other evidence of disease. A number of serological and other testing methods are being developed, including those to detect evidence of a newly identified SARS-associated coronavirus (SARS-CoV). Antiviral agents, steroids and other treatment options have been used to treat SARS patients with varying success; some SARS patients have required ventilator support.

### Workplace Policies and Procedures

OSHA and the CDC have published SARS-related guidance for several occupational settings. Both agencies emphasize the need to prevent occupational transmission of SARS through early recognition, work procedures, and engineering controls.

Early Recognition involves knowing the signs and symptoms of SARS and appropriately isolating affected individuals. Symptomatic workers should seek medical attention immediately and receive medical clearance prior to returning to the worksite. When seeking healthcare for a possible diagnosis of SARS, symptomatic individuals should alert the healthcare facility so that proper precautions can be taken. Patients suspected of SARS infection should wear a surgical mask and have appropriate isolation to prevent the spread of infection. Health care professionals with an unprotected high-risk exposure to SARS should be excluded from duty for 10 days after exposure.

Work Procedures to prevent the spread of disease include frequent hand cleansing and avoiding direct contact with body fluids of SARS patients. Personal protective equipment (PPE) is appropriate in healthcare facilities and certain occupational settings, such as airline clean up, when SARS infection is a known risk. Staff should not sort soiled linens suspected of SARS contamination at the point of use. Laundering soiled linens in warm water and detergent has been advised. Compressed air should not be used for cleaning areas where SARS patients or their body fluids were present.

Engineering Controls include use of airborne isolation rooms or negative air pressure environments for aerosol generating procedures (e.g. sputum induction in SARS patients) and handling laboratory specimens in biological safety cabinets.

### Protective Equipment for Healthcare Facilities

Health care professionals face a real risk of acquiring SARS through their jobs and the precautions recommended for them are stringent. To prevent transmission of SARS in healthcare settings, PPE appropriate for standard, contact, and airborne precautions, in addition to eye protection, is recommended for all contact with SARS infected patients. Standard precautions include hand washing. Contact precautions include the use of gown and gloves for contact with the patient or the patient's environment. Airborne precautions include the use of a respirator approved by the National Institute for Occupational Safety and Health (NIOSH) (see below).

PPE is only effective if used correctly. SARS infection in Health care professionals has been reported in locations where infection control precautions were not followed and PPE was not appropriately used. Special attention should be given to the use of disposable PPE (or proper disinfection of re-usable PPE) and proper donning and doffing procedures to prevent the spread of infectious particles through PPE use.

### Respirator Considerations for Healthcare Facilities

Respirators should be used in the context of a complete respiratory protection program in accordance with OSHA regulations and client policies. Some Sunlife client facilities require Fit Testing. Appropriate respirators are NIOSH approved and are at least as effective as N-95. Hood or helmet powered air-purifying respirators (PAPRs) provide protection for workers who have fit limitations (e.g. facial hair). PAPRs and higher levels of respirator protection (e.g. full-face piece) have been used during certain aerosol-generating procedures. Although surgical masks provide protection for large droplets, they are not adequate protection against airborne or aerosol particles.

Due to documented transmission through contaminated objects, disposable respirators and other PPE should be discarded after use. Reusable respirators should be decontaminated after each use according to manufacturer recommendations. Removal of PPE should minimize the potential for self-contamination and workers should be educated on standard procedures. Hand cleansing is necessary following the removal of PPE.

*For more information, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).*

## AT RISK JOB CLASSIFICATIONS

Employees in the following job classifications may have contact with blood, or other potentially infectious materials, as part of their job duties. This list is comprehensive though not all inclusive.

- Registered Healthcare Professionals
- Licensed Practical Healthcare Professionals
- Registered Nurse
- Licensed Practical/Vocational Nurse
- Nurse Aide
- Registered Nurse Practitioner
- Nurse Anesthetist
- Physician Assistant
- Radiology Tech
- X-Ray Tech
- Home Health Aide
- Psych/Behavioral Health Tech
- Unit Clerk or Unit Assistant
- Critical Care Registered Nurse
- Registered Respiratory Therapist
- Qualified Medicine Aide
- Mental Health Worker
- Companion/Sitter
- Ultrasound Technician
- Medical Assistant
- Physical Therapist
- Speech Therapist
- Occupational Therapist
- Physical Therapy Assistant
- Occupational Therapy Assistant
- Speech Therapy Assistant
- Scrub Tech/Operating Tech
- Pharmacist
- Phlebotomist
- Medical Lab Technician
- Medical Technologist
- Monitor Technician
- MRI Technician
- Orthopedic Technician
- Mammographer
- Environmental Services
- Emergency Medical Technician
- Paramedic

- Dietician
- Dental Assistant
- Dental Hygienist



## **Accident and Work-Related Injuries**

Every employee is entitled to a safe and healthy place to work. Your immediate supervisor will ensure that you are aware of our basic rules of safety during your first few days on the job.

The employee shall contact Sunlife as soon as feasible after suffering a job related accident or illness. Sunlife shall direct the employee to appropriate medical care as indicated.

Sunlife shall direct the employee to complete a drug test. It is the policy of Sunlife to test all employees regardless of fault, if they experience an on the job injury requiring treatment from a medical professional.

The drug test will be performed within the first 24 hours of the occurrence and failure to submit a drug test within 24 hours will be deemed a refusal. The branch will facilitate the drug test request by making arrangements for the employee to be driven to the testing site if necessary.

For information regarding positive drug test results, refer to the Drug Testing Policy for Sunlife Medical Staffing, Inc.

The corporate office staff shall gather the necessary information and will make a first report of injury with the insurance carrier.

Sunlife reserves the rights to interpret, change, suspend, cancel, or dispute, with or without notice, all or any part of this Policy and Procedures or provisions discussed herein.

Employees have the right to refuse to undergo drug and/or alcohol testing. Refusal to submit to a post-accident/injury test may affect the employee's ability to receive workers' compensation benefits.

In the event the provision of this Policy contravene the requirements of applicable state or local law, this Policy will be deemed to be modified to comply with state or local law. To the extent that applicable state or local law permits adherence to standards or provision other than those set forth in this Policy, this Policy is deemed supplemented so as to permit the Company to utilize those other standards or provisions.

## ***SUBSTANCE ABUSE POLICY***

**By accepting these Benefits, Terms & Conditions of Employment you are giving consent for Sunlife to conduct drug screens.**

The company recognizes that the state of an employee's health affects job performance and work performed, as well as the opportunity for continued employment. The company also recognizes that alcohol and drug abuse ranks as one of the major health problems in the United States. It is the intent of this policy to provide to employees the company's viewpoints on substance abuse and to provide company guidelines for consistent handling of alcohol and drug usage problems.

Employees are our most valuable resource, therefore, their safety and health is of paramount concern. We are committed to providing a safe work environment, protecting life and property, and minimizing (to the fullest extent possible) accidents or injuries, theft of company property, and loss of proprietary information. Consistent with this commitment, the company expects employees to report to work in proper condition to perform their assigned duties.

All employees are expected to be in full compliance with the law at all times in their conduction of company business. However, the policy of our company goes beyond this fundamental goal. This company has a responsibility to its employees, clients and patients. Therefore, our business must be conducted not only in compliance with the law, but also voluntarily, in accordance with the highest standards of business integrity and honesty, as this is the cornerstone of our business.

### **I. Covered Employees**

- a. All employees of our company (including those in management and administrative) are covered by the terms of this policy.
- b. Employees violating this policy will be considered as functioning outside the scope of their employment. This policy will benefit all concerned, and we look forward to everyone's full cooperation.

### **II. Legal Drugs**

- a. The use of any legally obtained drug, including alcohol, to the extent such use adversely affects the employee's performance, is prohibited. An employee may continue to work while taking prescribed medication if, after consulting his/her supervisor, it is decided that the employee does not pose a threat to his/her own safety or to the safety of other employees.
- b. Where physician-directed use of drugs adversely affects job performance, it is in the best interest of the employee, his/her co-workers, and the company that the employee abstain himself/herself from work until said drugs are no longer required or used.

### **III. Drug and Alcohol Use Prohibitions**

- a. The sale, possession, manufacturing, distribution, use, or purchase of drugs on company property or during working time is against company policy and will result in immediate discharge.
- b. It is also against company policy to report to work or perform job duties under the influence of intoxicants (such as alcohol or drugs not prescribed, as well as prescribed drugs - which induce an unsafe mental or physical state). Employees who violate this policy will receive a written warning.
- c. For the purpose of this policy, an employee is presumed to be under the influence of drugs if a urinalysis or another accepted testing procedure shows a forensically acceptable quantum of proof of drug usage.

#### **IV. Drug Testing**

To enforce this policy, the company may require employees and applicants to consent to urinalysis, hair sample, or blood tests. Testing, at company expense, shall be performed in any of the following instances:

1. TESTING OF EMPLOYEES
  - a. Only applicants who are offered a position may be tested before being employed.
  - b. Pre-employment job applicants who test positive will not be hired. Applicants who test positive have the right to request another analysis of the original urine specimen (at his/her expense) at a certified laboratory of his/her choice.
  - c. Refusal to submit to a drug test is automatic grounds for the company to refuse to consider the applicant for employment.
  - d. The company shall notify the applicant of the drug test results provided the applicant requests, in writing, such results within 60 days of being notified of the disposition of the employment application.
2. An employee involved in an on-the-job accident or suspected accident will be required to submit to a drug screening within 24 hours of the accident.
3. Employees may be asked to submit to a test if cause exists to indicate that their health or ability to perform work may be impaired. Factors that would establish cause include, but are not limited to;
  - a. Sudden change in work performance.
  - b. Repeated failure to follow instructions or operating procedures.
  - c. Violation of company policy or failure to follow safe work practices.
  - d. Being involved in an accident that, in the opinion of management, might have been prevented.
  - e. Negligence or carelessness.
  - f. Discovery of presence of drugs in an employee's possession or near the employee's work place.
  - g. Odor of alcohol and/or residual odor peculiar to some chemical of psychoactive substance.
  - h. Unexplained and/or frequent absenteeism.
  - i. Unusual, irrational, or erratic behavior.
  - j. Arrest for drug-related crime.
4. Random testing:
  - a. The company may test at least 50% of the employees every 12 months, divided on the basis set forth in section 3, letters c, d, and e.
  - b. All employees may be subject to random testing at each testing date. An employee may be picked more than once, or not picked at all, during the annual period.
  - c. To assure that the selection process is random, all employees covered by this policy will be placed in a common pool.
  - d. The random selection procedure will be computer-based, or some other random selection process, and will be provided by an outside firm, if applicable.
  - e. The selection procedure will select sufficient additional numbers to be used to reach the appropriate testing level during each test period. These alternate numbers will be tested in order of selection only if employees selected are unavailable for testing due to vacation, medical leave, or travel requirements. Refusal to submit to random testing or a positive test will be cause for termination.

If management believes cause exists, he or she shall report his or her findings and observations to the president, and those factors that substantiate cause shall be documented. Upon approval by the president, the employee will be asked to consent to a test and to sign a form acknowledging his or her consent.

## **V. Drugs**

The following is a list of drugs for which employees can be tested. This list is provided as an example and is not intended to prohibit the company from testing for other controlled substances:

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cannabinoids (marijuana)
- Cocaine
- Methadone
- Methaqualone
- Opiates
- Phencyclidine (PCP)
- Propoxyphene

## **VI. Procedures**

- a. When drug testing is required, all testing will be conducted by a company-approved toxicology laboratory dedicated to testing for drugs of abuse. The laboratory will have chain of custody procedures in place to ensure integrity in specimen handling.
- b. A company-approved informed consent and release of liability form must be signed by each applicant/employee prior to submitting a urine specimen, hair sample, or blood sample. Additionally, the applicant/ employee must sign the authorization/certification section (of the drug test request and chain of custody form) after reading and understanding same.
- c. The results of all positive laboratory tests shall be provided to the applicant/employee by management. Other company officials, a physician, and local law enforcement personnel may be present if deemed appropriate.

## **VII. Disciplinary Action Based on Positive Drug Test(s)**

- a. An employee having a positive drug/alcohol test during his/her employment at our company may be subject to termination.
- b. An employee testing positive is required to enter an employee assistance screening program (EAP). If the employee refuses treatment or fails to successfully complete the EAP program, his/her employment will be terminated. If the employee successfully completes the EAP and returns to work, he/she will then be subject to periodic unannounced testing over a period of one year and will be required to sign an aftercare testing agreement.
- c. Any employee who refuses a test or who attempts to invalidate and/or circumvent same shall be terminated.

## **VIII. Confidentiality**

Because of the serious nature of this policy, all test results will remain strictly confidential, with the exceptions listed below:

- a. The testing lab, management, company nurse and/or physician, and employee.
- b. Results of drug or alcohol tests will be maintained in confidential medical files and will not be placed in an employee's personnel file.

## **IX. Investigations**

- a. Any employee who is reasonably suspected of selling, purchasing, processing, using, or being under the influence of drugs or alcohol on company premises or during working hours may be suspended without pay pending an investigation of the circumstances.
- b. In an attempt to ensure that drugs and/or alcohol do not enter or affect the work place, the company may take any or all of the following steps during working hours or while employees are on company premises:
  - i. Observe employees
  - ii. Search company premises as defined in this policy
  - iii. Require chemical tests (i.e., urinalysis, hair sample or blood tests)
- c. To further ensure that drugs and alcohol do not enter or affect the work place, the company reserves the right to search all vehicles, containers, lockers, or other items on company property in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon company request.
- d. Failure to consent to a search or to display personal property will be grounds for termination or reason for denial of access to company premises.
- e. Searches of an employee's personal property will take place only in the employee's presence. All searches under this policy will occur with the utmost discretion and consideration for the employees involved.
- f. Because the primary concern is the safety of its employees and their working environment, the company will not normally prosecute in matters involving illegal substances. However, the company will turn over to the proper authorities all confiscated drugs, alcohol, and other psychoactive substances.

## **X. Conviction**

As a condition of employment, the employee shall notify his/her supervisor of any criminal drug statute conviction for a violation that occurred on company premises. The employee must give notice to management within five (5) days of such conviction.

## **XI. Employee Assistance Program (EAP)**

- a. The policy of encouraging the use of employee assistance programs is directed to the employee with an alcohol or drug abuse problem and is not to be interpreted as conflicting with company rules on the sale, purchase, use, or possession of drugs or alcohol on company premises during working hours. Any violation of those rules will result in discharge. Employees who otherwise test positive for drug or alcohol use may be removed from particular jobs, required to participate in an EAP, or terminated from employment if the employee has previously tested positive.
- b. Employees who are referred to the EAP as the result of investigation and testing, and employees who voluntarily avail themselves of help from an EAP for alcohol and drug problems, must abide by the same rules.
- c. Employees enrolled in an EAP for drug and alcohol problems must cooperate with, and complete, the prescribed treatment program. Failure to do so will be considered to constitute a voluntary resignation.
- d. Employees enrolled in EAP are subject to normal company discipline.
- e. Employees who have completed an EAP treatment program are required to sign an aftercare testing agreement and are subject to periodic unannounced drug or alcohol screens for a period of 12 months after they return to work.
- f. Employees who experience a recurrence of their drug and/or alcohol problem are not eligible for an additional rehabilitation period.

## **Protecting Your Back**

Back problems are the leading cause of work-related injuries for Health care professionals. Fortunately, practicing good posture, proper lifting mechanics, and the use of mechanical equipment can greatly reduce or eliminate most of these injuries.

### **Practice Good Posture**

- Never bend from the waist only, bend the hips and knees.
- Change from one task to another before fatigue sets in.
- Check body position frequently, drawing in the abdomen, flattening the back, and bending the knees slightly.
- Maintain correct posture. In correct, fully erect posture, a line dropped from the ear will go through the tip of the shoulder, middle of hip, back of kneecap and front of anklebone.
- When sitting, relieve strain by sitting well forward and straighten back by tightening abdominal muscles.
- Use a footrest to relieve swayback in both sitting and standing positions.
- Never lift a heavy object higher than the waist.
- Always turn and face the object you wish to lift.
- Never carry anything heavier than you can manage with ease.

### **Lifting Tips**

- Tuck your pelvis by tightening your stomach muscles to keep your back aligned. Keep your feet shoulder width apart.
- Bend your knees to let your legs do the lifting. Be sure to maintain the natural curve of your back.
- Hug the load to keep under it as much as possible. Be sure to grasp the load at opposite corners.
- Avoid twisting by pointing your feet, knees, and chest in the same direction. Lift the object then turn your body as a whole.

### **Use of Mechanical Devices**

Patient transfers are a routine and necessary part of the nursing profession. They are also a major cause of acute and repetitive back injuries. Whenever possible, employees should use mechanical lifting equipment and patient transfer systems. These devices include:

- Sling-type lifts
- Lean-stand assist lifts
- Wheel chairs
- Repositioning devices
- Pivot discs
- Gait belts

You should become familiar with the equipment available at each client facility as part of your orientation. It is your responsibility to make sure that the equipment is used as needed, used properly, and used only for its intended purpose.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## **Violence in the Workplace**

Today more than 5 million U.S. healthcare workers from many occupations perform a wide variety of duties. They are exposed to many safety and health hazards, including violence.

Violence often takes place during times of high activity and interaction with patients, such as at meal times and during visiting hours and patient transportation. Assaults may occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on eating, drinking, or tobacco or alcohol use.

### **What is workplace violence?**

Workplace violence ranges from offensive or threatening language to homicide. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

*Examples of violence include the following:*

- Threats: Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.
- Physical assaults: Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.
- Muggings: Aggravated assaults, usually conducted by surprise and with intent to rob.

### **Where may violence occur?**

Violence may occur anywhere in the medical institution, but it is most frequent in the following areas:

- Psychiatric wards
- Emergency rooms
- Waiting rooms
- Geriatric units

### **What are the risk factors for violence?**

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses.
- Working when understaffed-especially during meal times and visiting hours.
- Transporting patients.
- Long waits for service.
- Overcrowded, uncomfortable waiting rooms
- Working alone.
- Poor environmental design.
- Inadequate security.
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients.
- Drug and alcohol abuse.
- Access to firearms.
- Unrestricted movement of the public.
- Poorly lit corridors, rooms, parking lots, and other areas.

## **Safety Tips for Healthcare Workers**

- Watch for signals that may be associated with impending violence:
  - Verbally expressed anger and frustration.
  - Body language such as threatening gestures.
  - Signs of drug or alcohol use.
  - Presence of a weapon.
  
- Maintain behavior that helps diffuse anger:
  - Present a calm, caring attitude.
  - Don't match the threats.
  - Don't give orders.
  - Acknowledge the person's feelings (for example, "I know you are frustrated").
  - Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).
  
- Be alert:
  - Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
  - Be vigilant throughout the encounter.
  - Don't isolate yourself with a potentially violent person.
  - Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.
  
- Take these steps if you can't defuse the situation quickly:
  - Remove yourself from the situation.
  - Call security for help.
  - Report any violent incidents to management at the facility and Sunlife.

**Report any workplace violence issues with your facility charge person  
and corporate office staff.**



## De-Escalation Techniques

Healthcare professionals periodically are exposed to agitated and sometimes combative behavior. Some types of agitated/combative behavior found in healthcare settings include resisting care, verbal and physical aggression, and sudden negative mood changes when a patient/resident etc. is unable to control feelings. De-escalation is a technique used during a potential crisis situation in an attempt to prevent a person from causing harm to you, themselves or others.

Agitated/combative behavior may be caused by a number of health conditions or psychosocial and environment factors, such as:

- Dementia (including Alzheimer's and other organic brain diseases).
- Serious health conditions (head trauma, terminal illness, severe pain, loss of hearing or sight, etc.)
- Psychosocial causes (life changes, perceived loss of control, displaced anger, fear, substance abuse, past history).
- Environment (noise, room traffic, bright lighting).
- Unskilled Caregiving (overly authoritarian caregiver, rough or hurried handling).

Basic Communication and listening techniques:

- Identify yourself and your role
- Anticipate their questions
- Explain processes and procedures in plain terms
- Speak calmly and at an average volume; speak deliberately and respectfully (do not challenge the individual or shame/disrespect the individual)
- Be conversational, not authoritarian; do not argue or contradict
- Acknowledge their emotional pain, feelings of helplessness and fears
- Listen to the person's frustration and empathize with their feelings (but not the behavior)
- Understand how they perceive the situation, try to understand the cause of their reaction
- What do they want that they are not getting?
- Address their concerns and restate them to clarify
- Offer a solution or an alternative

De-escalation techniques:

- Note when a situation first escalates as demonstrated by louder voice, fidgeting, verbal sounds and build-up of energy
- Demonstrate qualities that will put the person at ease (calming, understanding voice)
- Be proactive, not reactive
- Reassure them of your desire to help
- Avoid arguing or defending previous actions
- Avoid threatening body language (e.g. arms crossed) or verbalizations
- Calmly/respectfully, but decisively, outline limits of the situation
- Safety is always first and foremost; be aware of available back-up resources

If the situation continues to escalate you will typically observe more physical cues (louder or shutting down, more agitated actions or statements). Also as emotions increase, auditory processing abilities decrease. Staff needs to intervene to defuse the situation by:

- Communicate information in simple terms and give some choices if possible to help empower the person
- Stay at eye level, but do not maintain constant eye contact as this may be misunderstood as a challenge
- Position yourself between the person and the exit; do not turn your back; allow extra physical space between you and the individual and do not stand fully in front of the individual
- Don't refer to rules and policies, instead focus on safety and healthcare reasons for any directions given to the person
- Respond selectively such as answer informational questions no matter how rudely asked, but do not answer abusive/insulting questions
- Limit stimulation and traffic in the immediate area
- Be aware of potential hazards in the area (stethoscope, treatment tools, walkers, canes, etc.)
- Call for assistance as needed

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## Sentinel Events

Healthcare professionals carry a burden of great responsibility for the well-being and safety of the patients and residents they serve. Occasionally, there are unexpected events that lead to negative patient and/or organizational outcomes. You should be aware of these situations so you can react appropriately.

Sentinel events are defined by the Joint Commission (Joint Commission) as:

- 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 change of a serious adverse outcome.

Sentinel events are subject for review by Joint Commission when any of the following criteria are met:

- The event has resulted in an unanticipated death or major permanent loss of function, not related to the naturally 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):
- Suicide of a patient in a setting where the patient receives around-the-clock care (e.g., hospital, residential treatment center, crisis stabilization center)
- Unanticipated death of a full-term infant
- Infant abduction or discharge to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body part

Events that meet any of these criteria should be reported in compliance with that institution's sentinel event policy. Furthermore, the employee should contact Sunlife if he or she was involved in providing care to the patient or resident for which the sentinel event occurred.

## HIPAA PRIVACY RULE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was designed to streamline all areas of the healthcare industry and to provide additional rights and protections to participants in health plans. The law contains five Titles that incorporate a variety of provisions from creditable coverage and tax-related issues to healthcare fraud and privacy. HIPAA Title II contains the HIPAA Privacy Rule that ensures that personal medical information shared with doctors, hospitals, and others who provide and pay for healthcare is protected.

### **Covered Entities**

HIPAA affects a wide range of healthcare organizations, referred to as “covered entities” under the law. These include:

- Health plans
- Healthcare clearinghouses
- Healthcare providers who transmit certain health information in electronic form (includes most hospitals and other clients of Sunlife)

### **Protected Health Information (PHI)**

When a patient gives personal health information to a covered entity, that information becomes PHI. PHI includes any health information in oral, recorded, printed, or other medium that relates to:

- an individual’s past, present, or future physical or mental health or condition;
- the provision of healthcare to an individual; or
- the past, present, or future payment for the provision of healthcare to an individual.

PHI includes physician notes, names and addresses, social security numbers, and billing information.

### **Business Associates**

A covered entity may disclose protected health information to a business associate if the covered entity obtains satisfactory assurance that the business associate will appropriately safeguard the information.

Covered entities must have a Business Associate Contract (BAC) with their business associates that binds the business associate, among other things, to comply with the covered entities’ privacy practices and to provide protections for any PHI that it receives from the covered entity. Sunlife has BACs with many of its clients and is therefore obligated to safeguard PHI.

### **Rules for the Use of PHI**

The Privacy Rule protects the use and disclosure of PHI. With few exceptions, PHI can’t be used or disclosed by anyone unless it is permitted or required by the Privacy Rule.

When using or disclosing PHI a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Employees with a legitimate need to access PHI should be given permission subject to the limitation of accessing only that information needed to perform their job.

Generally, PHI disclosure is permitted:

- For treatment, payment, and healthcare operations
- With authorization or agreement from the individual patient
- For disclosure to the individual patient
- For incidental uses such as nurses talking to patients in a semi-private room

A covered entity is responsible for protecting its patient’s individually identifiable health information. Any document containing PHI must be securely stored or disposed of in appropriate receptacles.

## **Privacy Notice and Patient Privacy Rights**

- Patients have the right to adequate notice regarding the use and disclosure of their PHI.
- Patients may also obtain copies of their PHI and, with some exceptions, can correct or amend the information.
- Patients can also request a history of non-routine disclosures for six years prior to the request.

## **Penalties for Noncompliance**

If you violate the Privacy Rule, HIPAA imposes civil penalties and also allows criminal penalties for knowingly disclosing PHI.

Violating the Privacy Rule is also a violation of Sunlife's policy and may subject you to disciplinary action, including termination.

## **ARRA (American Recovery and Reinvestment Act**

The American Recovery and Reinvestment Act of 2009, abbreviated ARRA (Pub.L. 111-5), is an economic stimulus package enacted by the 111th United States Congress in February 2009. This Act added a number of guidelines for HIPAA which include the HITECH (Health Information Technology for Economic and Clinical Health Act) provisions. Some guidelines have been implemented and others will be converted into regulations.

### **Below are the key highlights of the Act as it relates to HIPAA.**

- The ARRA law was developed over several months by Congress and signed by the President on February 17, 2009 – the effective date.
- The Office of the National Coordinator for Health Information Technology (ONC) is codified and advisory committees for policy and standards established. The Coordinator, along with the two committees, a to-be-named chief privacy officer, and existing HIPAA related agencies will be addressing both the changes required by ARRA as well as other confidentiality, privacy, and security issues and standards identified as part of their process in the future.
- ARRA has several provisions that extend HIPAA privacy, security, and administrative requirements to business associates (BAs). In addition, there are new provisions for HIPAA-covered entities and BAs, as well as provisions for those not considered HIPAA-covered.
- Breach requirements (identification and notification) are established both for HIPAA-covered entities and non-HIPAA-covered entities, essentially any organization holding personal health information.
- The Act calls for HHS regional office privacy advisors and an education initiative on the uses of health information.
- Restrictions are further established on the sales of health information.
- Accounting requirement is established for disclosure related to treatment, payment, and operations.
- Access requirements are established for individuals related to healthcare information in electronic format.
- Conditions are instituted for marketing and fundraising functions.
- Personal health record information with non-HIPAA entities is now protected.
- Use of de-identified data and —minimum necessary || data will be addressed.
- Enforcement is improved and penalties are increased.
- The HHS Secretary and the Federal Trade Commission are required to provide a number of reports to Congress and guidance to the entities who are involved with healthcare data.

**You are required to follow all HIPAA/ARRA/HITECH Privacy and Security regulations and those policies as outlined by your assigned facilities.**

## HIPAA SECURITY RULE

The Security Rule provides covered entities with the provisions for safeguarding electronic protected health information. All covered entities must be in compliance with the Security Rule no later than April 20, 2005. The Security Rule is divided into three components, Administrative Safeguards, Physical Safeguards, and Technical Safeguards.

Administrative Safeguards = The administrative functions that should be implemented to meet the security standards. These include assignment or delegation of security responsibility to an individual and security training requirements.

Physical Safeguards = The mechanisms required to protect electronic systems, equipment and the data they hold, from threats, environmental hazards and unauthorized intrusions. They include restricting access to electronic protected health information and retaining off-site computer backups.

Technical Safeguards = The automated process used to protect data and control access to data. They include using authentication controls to verify that the person signing onto a computer is authorized to access that electronic protected health information, or encrypting and decrypting data as it is being stored and/or transmitted.

Since significant amounts of health information are stored electronically on computers it is essential that healthcare providers protect that information with good computer security practices.

The facilities where you are assigned should have specific policies addressing the various components of the Security Rule. Please become familiar with these policies if you use their computer systems on your assignment.

General Safeguards include:

- ✓ Protect your computer passwords at all times.
- ✓ E-mails containing protected health information (PHI) should be treated with great caution.
- ✓ Do not leave computers unattended while signed on to a system.
- ✓ If you must leave the computer for a short period of time, lock the computer (control, alt, delete).
- ✓ Make sure monitors cannot be viewed by others allowing for unauthorized access to PHI.
- ✓ Remember that the “minimum necessary rule” applies to computer information as well as hard copy information. That is only access the information you need to do your job.

**You are required to follow all HIPAA/ARRA/HITECH Privacy and Security regulations and those policies as outlined by your assigned facilities.**

## Patient's Rights

In 1973 the American Hospital Association developed the Patient's Bill of Rights to give guidance that would support the delivery of effective patient care. The Association *replaced* the Patient's Bill of Rights with the Patient Care Partnership. (This revision can be found on the AHA's web site in brochure form at [www.aha.org](http://www.aha.org)). The Patient Care Partnership informs patients about what they should expect during their hospital stay with regard to their rights and responsibilities.

### The Patient Care Partnership: Patient Expectations

- High quality care
- Clean and safe environment
- Involvement in their care
- Protection of their privacy
- Help when leaving the hospital
- Help with their billing claims

Facilities will have their own Patient Rights statement and policies and patients will be provided a copy of their Patient Rights. Sunlife expects its employees to be aware of these rights and abide by these rights within the scope of their practice.

In addition to abiding by assigned facilities Patient Rights policies, Sunlife employees should also follow these basic principles which focus on the rights and expectations presented in the Patient Care Partnership.

- Treat patients with courtesy and respect, preserving their dignity, rights and involvement in their own care
- Introduce and identify yourself to your patients
- Carefully listen to your patients
- Be attentive to their needs and concerns
- Be clear in your explanations
- Be respectful of patient's privacy rights and abide by all policies

### American Hospital Association's Patient's Bill of Rights:

The Patient's Bill of Rights was developed by the American Hospital Association to give guidance that would support the delivery of effective patient care. Sunlife encourages its employees to respect these rights within the scope of their practice.

1. The patient has the right to considerate and respectful care.
2. The patient has the right and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks the ability to make decisions and the need for treatment is urgent, the patient is entitled to a chance to discuss and request information related to the specific procedures and/or treatments available, the risks involved, the possible length of recovery, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
4. The patient has the right to know the identity of physicians, nurses, and others involved in his or her care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.

5. The patient has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and hospital policy. The patient also has the right to be informed of the medical consequences of this action. In case of such refusal, the patient is still entitled to appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy at the other hospital that might affect patient choice.
6. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker and to expect that the hospital will honor that directive as permitted by law and hospital policy.
7. Health care institutions must advise the patient of his or her rights under state law and hospital policy to make informed medical choices, must ask if the patient has an advance directive, and must include that information in patient records. The patient has the right to know about any hospital policy that may keep it from carrying out a legally valid advance directive.
8. The patient has the right to privacy. Case discussion, consultation, examination, and treatment should be conducted in a manner that will protect each patient's privacy.
9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
10. The patient has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.
11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The patient has the right to ask and be told of the existence of any business relationship among the hospital, educational institutions, other health care providers, and/or payers that may influence the patient's treatment and care.
13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation or to have those studies fully explained before they consent. A patient who declines to participate in research or experimentation is still entitled to the most effective care that the hospital can otherwise provide.
14. The patient has the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
15. The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

## **Patient Assessment and Care**

The patient assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status. The purpose of the patient assessment is to collect data of patient's health status, to identify deviations from normal, to discover the patient's strengths and coping resources, to point actual problems, and factors that place the patient at risk for health problems. It is the process of collecting, validating, and organizing data. It is the first and most important step in the nursing process.

Nursing Assessment identifies the patient's strengths and limitations and is performed not just once, but continuously throughout the nursing process. After performing the initial assessment, you establish your baseline, identify nursing diagnoses, and develop a plan. Then, as you implement your plan, you also assess your patient's response. Finally, you assess the effectiveness of your plan of care for your patient.

### **Methods of Collecting Data**

- Interviews
- Observation
- Physical Assessment

Nursing assessment focuses on physiological and psychological responses and the psychosocial, cultural, developmental, and spiritual dimensions. It identifies patients' responses to health problems as well as their strengths. Optimal level of wellness is the Nursing's aim.

Patient Assessment is an ongoing process. Every patient encounter provides you with an opportunity for assessment no matter what your role is in the patient's care.

### **Documentation**

The assessment is documented in the patient's medical or nursing records, which may be on paper or as part of the electronic medical record which can be accessed by all members of the healthcare team.

### **Patient Plan of Care**

Care planning is an essential part of healthcare, but is often misunderstood. Without a specific document delineating the plan of care, important issues are likely to be neglected. Care planning provides a "road map" of sorts, to guide all who are involved with a patient/resident's care. The care plan has long been associated with nursing, and many people believe that is the sole domain of nurses. This view is damaging to all members of the interdisciplinary team, as it shortchanges the non-nursing contributors while overloading the nursing staff. To be effective and comprehensive, the care planning process must involve all disciplines that are involved in the care of a patient/resident.

The first step in care planning is accurate and comprehensive assessment. In the acute care setting, a thorough admission nursing assessment should be followed by regular reassessments as often as the patient's status demands. In the long-term care setting, the MDS (Minimum Data Set) is the starting point for assessment. Home health utilizes the OASIS assessment. Other settings will have established protocols for initial assessments and ongoing reevaluation.



## Use of Restraints

Restraints are any physical, mechanical, or pharmacological means used to restrict a patient's freedom of movement, activity, or access to their own body. The use of restraints is closely monitored by medical staff and can be used only when proper orders are attained and all state and facility policies are followed.

The use of restraints is often controversial and raises serious concerns about patient rights and the potential for physical or psychological harm. Over the last few years there has been a movement away from the use of restraints. However, there are a number of scenarios where the use of restraints is clinically prudent and recommended. Examples of these situations occur when you need to:

- Protect patients from harming themselves, staff, or family members.
- Assess disoriented or uncooperative patients.
- Initiate medically necessary procedures in uncooperative patients.
- Prevent elopement while patients are evaluated for suicidal or homicidal behavior.
- Protect disorientated patients from falls.

Restraints must never be used as a means of coercion, discipline, convenience, or retaliation by staff!

There are several types of restraints including:

1. Physical Restraints – devices that restrict physical movement or bodily access.
  - Vest
  - Soft wrist or ankle wrap
  - Roll belt
  - Leather strap
  - Handcuffs (applied by law enforcement officials)
2. Chemical Restraints - drugs that control mood
  - Sedatives
  - Tranquilizers
3. Seclusion – involuntary confinement in a room or secluded area.

**Restraints should be employed as a last resort and their use must be consistent with federal and state laws, hospital licensing and accreditation requirements and the facilities own policies and procedures.** When using restraints, the least restrictive method should be used and then, only under the order of a medical doctor or other licensed professional with the authority to authorize restraints.

Once in use, restraints should be monitored frequently. The need for using restraints should also be reassessed continuously. Restraints can lead to patient injuries, even death, if not closely watched.

Healthcare professionals should also use caution whenever caring for patients in restraints as injuries can occur

from violent behavior.

## **Preventing Patient Falls**

Fall prevention is an important aspect of care management. Falls are dangerous for elderly people, and even if serious injury is avoided they can cause anxiety and reduce social and physical activity.

Falls rarely "just happen". They are due to a number of factors that create a climate in which a fall is likely to occur. Risk factors may be physical, functional, cognitive, or psychological and can occur either alone or in conjunction with each other. These risk factors have been shown to increase exponentially with a person's age and their degree of illness or disability.

Physical factors associated with falls include slowed reaction time, gait changes, hearing loss, declining balance, and decreased sensory perception associated with normal aging; decreasing mobility and functional ability; degenerative disease such as osteoporosis; use of ambulation aids; and the use of medications such as diuretics, hypotensives, and hypnotics. Cognitive factors include balance deficits and impaired perception of the ability to do things that depend on correct ability assessment. The psychological factors associated with falls are fear of losing independence, fear of repeated falling and depression.

Recommendations for fall prevention are abundant and policies and procedures for preventing falls will vary between clients and facilities. Usually, these procedures advocate the use of a Fall Assessment Tool to determine the fall risk for each patient or resident. Once the risk is known, appropriate measures can be taken to reduce the likelihood of a fall for that individual. You should be aware of the dangers of patient falls and takes steps to ensure that patients and residents under your care are managed in a safe manner.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## Abuse and Neglect

Elder and Child abuse and neglect are a growing problem that occurs all too common in our society. Abuse is a problem that affects everyone—individuals from all racial, ethnic, and socioeconomic groups. Abuse can occur with seniors who are full of life and independent as well as those who are physically or mentally frail. Abuse can be caused by family members, caregivers, and even strangers. Family members are the most common abusers when the victim lives outside of a healthcare facility. Abuse and neglect often arise from misunderstanding or ignorance.

Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV), can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation. Domestic violence has many forms including physical aggression (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation. Domestic violence may or may not constitute a crime, depending on local statutes, severity, and duration of specific acts, and other variables. Alcohol consumption and mental illness can be co-morbid with abuse, and present additional challenges when present alongside patterns of abuse.

The American Medical Association defines elder abuse or neglect as "an act or omission, which results in harm or threatened harm to the health or welfare of an elderly person." Elder abuse is associated with a higher mortality and increased health care costs due to a higher frequency of office and hospital visits.

Child abuse and neglect are defined by Federal and State laws. The Child Abuse Prevention and Treatment Act (CAPTA) is the Federal legislation that provides the following definition of child abuse and neglect; "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm"<sup>1</sup>

### Basic Definitions

- Physical Abuse (non-accidental injury)
  - Slapping, hitting, bruising, beating or any other intentional act that causes someone physical pain, injury or suffering.
  - Also includes excessive forms of restraint used to confine someone against their will (i.e., tying, chaining, or locking someone in a room).
- Emotional Abuse
  - Threatening, intimidating or humiliating an individual and causing them emotional pain, distress or anguish.
  - Emotional abuse can be verbal or non-verbal; it includes insults, yelling and threats of harm or isolation.
- Sexual Abuse/Exploitation
  - Any sexual activity to which the older or dependent adult does not consent or is incapable of consenting. Non-consensual sexual activity includes everything from exhibitionism to sexual intercourse.
  - The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or
  - The rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children"<sup>2</sup>

- Financial or Material Exploitation
  - Misuse, mishandling, or exploitation of the individual's property, possessions, or financial assets.
- Neglect
  - Intentional or unintentional failure of a caregiver to support the physical, emotional, and social needs.
  - Neglect can include denying food, shelter, clothing, medication, health services, or contact with friends and family. Neglect is the most common form of elderly mistreatment in domestic settings. Failure to educate is also considered a definition of neglect with children.
- Isolation
  - Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an individual from receiving his or her mail or telephone calls.
  - Elderly: Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
  - Physical restraint of an individual for the purpose of preventing the individual from meeting with visitors or responsible parties.
- Abandonment
  - A caregiver deserts the elderly or dependent person
  - A parent or caregiver deserts the child.
- Self-Neglect (elderly)
  - An elderly or dependent adult fail to meet their own physical, psychological, or social needs or they threaten their own health or safety in any way.

### **Abuse Warning Signs**

As a healthcare professional, it is important that you become aware of the warning signs of abuse and neglect. ***You should report suspected abuse to the designated person at the facility where you are working and/or to the appropriate government agency. In many states, you are required by law to report observed or suspected elder and child abuse. PLEASE BE FAMILIAR WITH AND FOLLOW YOUR STATE REQUIREMENTS FOR REPORTING.***

The following indicators by themselves do not necessarily signify abuse or neglect. They may be helpful clues however, in the assessment of abuse.

### ***Possible Indicators of Physical Abuse***

- Cuts, lacerations, puncture wounds
- Bruises, welts, discoloration of the skin
- Any injury incompatible with the individual's history
- Any injury which has not been properly cared for
- Poor skin condition or poor skin hygiene
- Dehydration and/or malnourishment
- Loss of weight
- Burns
- Soiled clothing or bedding
- Withdrawal of the individual from social situations

# PAIN MANAGEMENT

Pain Management is the field of medicine concerned with the diagnosis and treatment of pain. Pain is generally divided into two main types: acute and chronic. **Acute** pain is the result of tissue damage, is generally temporary and has an identifiable cause, such as trauma. Due to the short-term nature of acute pain, persistent psychological reactions rarely result. **Chronic** pain by definition is pain that persists for six months or more and may take a long time to reverse. Chronic pain may be the result of a specific injury (such as an injury to back or knee) or an ongoing chronic medical problem (like neuropathy, arthritis, cancer, or referred pain). Chronic pain may also result from conditions difficult to diagnose or occur for no apparent cause. Chronic pain often limits everyday functioning and may lead to additional stressors such as sleep problems, medication side effects, and reduction in the capacity for performing work, financial hardship, and strain on significant relationships.

## Pain Management

Pain management generally benefits from a multidisciplinary approach that includes pharmacologic measures (analgesics such as narcotics or NSAIDs and pain modifiers such as tricyclic antidepressants or anticonvulsants), non-pharmacologic measures (such as interventional procedures, physical therapy and physical exercise, application of ice and/or heat), and psychological measures (such as biofeedback and cognitive therapy).

The treatments for chronic pain are as diverse as the causes. From over-the-counter and prescription drugs to mind/body techniques to acupuncture. Relief may be found by using a combination of treatment options. Often, pain pathways are set up that continue to transmit the sensation of pain even though the underlying condition or injury that originally caused pain has been healed. In such situations, the pain itself is frequently managed separately from the underlying condition of which it is a symptom, or the goal of treatment is to manage the pain with no treatment of any underlying condition (e.g. if the underlying condition has resolved or if no identifiable source of the pain can be found).

## Pain Assessment/Reassessment

A pain assessment should include a detailed history, physical examination, psychological assessment, and diagnostic evaluation. Patient's pain should be assessed in the following areas; the patient's self-report, pain intensity (using a rating scale such as Numeric Pain Intensity Scale, Simple Descriptive Pain Intensity Scale, Visual Analog Scale-VAS or Wong-Baker Faces Pain Intensity Scale), location, quality and patterns of radiation, onset duration and variation of patterns, alleviating and aggravating factors, current pain management regimen and effectiveness, and effects of pain on daily functions.

Also there are challenges to assessing pain for different populations such as various age groups (elderly, infants, and children), burn survivors, cancer and AIDS patients, patients at the end of life and patients who have difficulty communicating. With certain populations the patient may have cognitive or sensory impairments for communicating pain. Or with AIDS and cancer, pain may be related to either the disease process or the treatment, so proper assessment is critical.

Pain should be reassessed at regular intervals to ensure the patient's pain is being relieved. Reassessment of pain should include evaluating the effectiveness of the treatment and assessing any new pain to determine if it is related to the progression of the condition, to a new cause or if it is related to the treatment. The assessment intervals are based on the type of pain, such as acute (trauma, surgery) or chronic (burns, cancer, arthritis).

## Pain Treatment

Milder forms of pain may be relieved by over-the-counter medications such as Tylenol (acetaminophen) or nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and Aleve. Both acetaminophen and NSAIDs relieve pain caused by muscle aches and stiffness, but only NSAIDs can also reduce inflammation (swelling and irritation). Topical pain relievers are also available, such as creams, lotions, or sprays that are applied to the skin in order to relieve pain from sore muscles and arthritis.

If over-the-counter drugs do not provide relief, stronger medications, such as muscle relaxants, anti-anxiety drugs (such as Valium), antidepressants, prescription NSAIDs such as Celebrex, or a short course of stronger painkillers (such as Codeine, Fentanyl, Percocet, or Vicodin) may be prescribed. Also a limited number of steroid injections at the site of a joint problem can reduce swelling and inflammation therefore decreasing pain symptoms.

Patient-controlled analgesia (PCA) is another method of pain control. The patient is able to self-administer a premeasured dose of pain medicine by activating a computerized pump. The pump is connected to a small tube that allows medicine to be injected intravenously, subcutaneously, or into the spinal area.

Another form of pain treatment is the nerve block. In a nerve block, is a local medication used to block the group of nerves that causes pain to a specific organ or body region.

### **Trigger Point Injections**

Trigger point injection is a procedure used to treat painful areas of muscle that contain trigger points, or knots of muscle that form when muscles do not relax. Using a small needle, a local anesthetic (which sometimes includes a steroid) is injected into a trigger point. With the injection, the trigger point is made inactive and the pain is alleviated. Usually, a brief course of treatment will result in sustained relief.

Trigger point injection is used to treat muscle pain in the arms, legs, lower back, and neck. In addition, this approach has been used to treat fibromyalgia, tension headaches, and myofascial pain syndrome (chronic pain involving tissue that surrounds muscle) that does not respond to other treatment.

### **Physical Therapy**

Physical therapy helps to relieve pain by using special techniques that improve movement and function impaired by an injury or disability. Along with employing stretching and pain-relieving techniques, a physical therapist may use, among other things, TENS to aid treatment.

### **TENS**

Transcutaneous electrical nerve stimulation therapy, more commonly referred to as TENS, uses electrical stimulation to diminish pain. During the procedure, low-voltage electrical current is delivered through electrodes that are placed on the skin near the source of pain. The electricity from the electrodes stimulates the nerves in an affected area and sends signals to the brain that "scramble" normal pain signals, offering short-term pain relief. While effective in the short-term, long-term effectiveness of TENS remains questionable.

### **Bioelectric Therapy**

Bioelectric therapy relieves pain by blocking pain messages to the brain. Bioelectric therapy also prompts the body to produce endorphins, chemicals that decrease or eliminate painful sensations by blocking the message of pain from being delivered to the brain.

Bioelectric therapy can be used to treat many chronic and acute conditions causing pain, such as back pain, muscle pain, headaches and migraines, arthritis, TMJ disorder, diabetic neuropathy, and scleroderma.

Bioelectric therapy is effective in providing temporary pain control, and can be used as part of a total pain management program. When used along with conventional pain-relieving medications, bioelectric treatment may allow pain sufferers to reduce their dose of some pain relievers by up to 50%.

### **Surgical Implants**

When standard medicines and physical therapy fail to offer adequate pain relief, a patient may be a candidate for a surgical implant to help control pain. There are two main types of implants to control pain.

**Intrathecal Drug Delivery:** Also called infusion pain pumps or spinal drug delivery systems. The surgeon makes a pocket under the skin that's large enough to hold a medicine pump. The pump is usually about one inch thick and three inches wide. The surgeon also inserts a catheter, which carries pain medicine from the pump to the intrathecal space around the spinal cord. The implants deliver medicines directly to the spinal cord, where pain signals travel. For this reason, intrathecal drug delivery can provide significant pain control with a fraction of the dose that would be required with pills. In addition, the system can cause fewer side effects than oral medications because less medicine is required to control pain.

**Spinal Cord Stimulation Implants:** In spinal cord stimulation, low-level electrical signals are transmitted to the spinal cord or to specific nerves to block pain signals from reaching the brain. In this procedure, a device that delivers the electrical signals is surgically implanted in the body. A remote control is used by the patient to turn the current off and on or to adjust the intensity of the signals. Most people describe the feelings from the simulator as being pleasant and tingling. Two kinds of spinal cord stimulation systems are available. The unit that is more commonly used is fully implanted and has a pulse generator and a non-rechargeable battery. The other system includes an antenna, transmitter, and a receiver that relies upon radio frequency. The latter system's antenna and transmitter are carried outside the body, while the receiver is implanted inside the body.

### **Exercise**

Although resting for short periods can alleviate pain, too much rest may actually increase pain and put the patient at greater risk of injury when they again attempt movement. Research has shown that regular exercise can diminish pain in the long term by improving muscle tone, strength, and flexibility. Exercise may also cause a release of endorphins, the body's natural painkillers. Some exercises are easier for certain chronic pain sufferers to perform than others; such as swimming, biking, walking, rowing, and yoga.

### **Psychological Treatment**

Pain can alter a patient's personality, disrupt sleep, and interfere with work and relationships. In turn, depression and anxiety, lack of sleep, and feelings of stress can all make pain worse. Psychological treatment provides safe, non-drug methods that can treat pain directly by reducing high levels of physiological stress that often aggravates pain. Psychological treatment also helps improve the indirect consequences of pain by helping patients learn how to cope with the many problems associated with pain. A large part of psychological treatment for pain is education, helping patients acquire skills to manage their pain.

### **Alternative Therapies**

In the past decade, strong evidence has accumulated regarding the benefits of mind-body therapies, acupuncture, and some nutritional supplements for treating pain. Other alternative therapies such as massage, chiropractic therapies, therapeutic touch, certain herbal therapies, and dietary approaches have the potential to alleviate pain in some people. However, the evidence supporting these therapies is less concrete.

### **Acupuncture**

Acupuncture is thought to decrease pain by increasing the release of endorphins, chemicals that block pain. Many acu-points are near nerves. When stimulated, these nerves cause a dull ache or feeling of fullness in the muscle. The stimulated muscle sends a message to the central nervous system (the brain and spinal cord), causing the release of endorphins that block the message of pain from being delivered to the brain.

Acupuncture may be useful as an accompanying treatment for many pain-related conditions, including headache, low back pain, menstrual cramps, carpal tunnel syndrome, tennis elbow, fibromyalgia, osteoarthritis (especially of the knee), and myofascial pain. Acupuncture also may be an acceptable alternative to or may be included as part of a comprehensive pain management program.



## **Chiropractic Treatment and Massage**

Chiropractic treatment is the most common nonsurgical treatment for back pain. Improvements of people undergoing chiropractic manipulations were noted in some trials. However, the treatment's effectiveness in treating chronic back and neck pain has not been supported by compelling evidence from the majority of clinical trials. Further studies are currently assessing the effectiveness of chiropractic care for pain management.

Massage is being increasingly used by people suffering from pain, mostly to manage chronic back and neck problems. Massage can reduce stress and relieve tension by enhancing blood flow. This treatment also can reduce the presence of substances that may generate and sustain pain. Available data suggest that massage therapy, like chiropractic manipulations, holds considerable promise for managing back pain. However, it is not possible to draw final conclusions regarding the effectiveness of massage to treat pain due to the limitations of available studies.

## **Therapeutic Touch and Reiki Healing**

Therapeutic touch and Reiki healing are thought to help activate the self-healing processes of an individual and therefore reduce pain. Although these techniques, referred to as “energy-based”, do not require actual physical contact, they do involve close physical proximity between practitioner and patient.

In the past few years, several reviews evaluated published studies on the efficacy of these healing approaches to ease pain and anxiety and improve health. Although beneficial effects with no significant adverse side effects were reported in several studies, the limitations of some of these studies make it difficult to draw definitive conclusions. Further studies are needed before the evidence-based recommendation for using these approaches for pain treatment can be made.

## **Nutritional Supplements**

There is solid evidence indicating that glucosamine sulfate and chondroitin sulfate relieve pain due to knee osteoarthritis. These natural compounds were found to decrease pain and increase mobility of the knee and were well tolerated and safe.

Other dietary supplements, such as fish oils, also show some evidence of benefit, although more research is needed.

## **Herbal Remedies**

It has been difficult to draw conclusions about the effectiveness of herbs. If herbal preparations are used to better manage pain, it is of critical importance that the patient shares this information with their doctor. Some herbs may interact with drugs the patient is receiving for pain or other conditions.

## **Dietary Approaches to Treating Pain**

Some people believe that changing dietary fat intake and/or eating plant foods that contain anti-inflammatory agents can help ease pain by limiting inflammation.

A mostly raw vegetarian diet was found helpful for some people with fibromyalgia, but this study was not methodologically strong. Weight loss achieved by a combination of dietary changes and increased physical activity has been shown to be helpful for people suffering from osteoarthritis. Still, further research is needed to determine the effectiveness of dietary modifications as a pain treatment.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## Wound Care

A wound is a break in the epidermis (outer layer of the skin). Different kinds of wounds may be treated differently from one another, depending upon how they occurred and their severity.

There are 4 phases to the wound care healing process: inflammatory (clot formation and specialized cell development), proliferative (new cell and blood vessel development, remodeling (tissue strengthening) and epithelialization (laying down new skin/epithelial cells).

### Some of the most common wounds treated include:

- **Decubitus ulcers (pressure ulcers)**

A pressure ulcer is an area of unrelieved pressure over a defined area, usually a bony prominence, resulting in ischemia, cell death, and tissue necrosis. Pressure ulcers particularly affect persons with impaired sensation, prolonged immobility, or advanced age.

- **Diabetic Foot Ulcers**

These sores often occur on the feet of people with Type 1 and Type 2 diabetes. Up to 25% of people with diabetes develop foot problems. Diabetic foot ulcers usually occur on the bottom of the foot. If undetected, the sore may become larger and infected. This may lead to an amputation of a toe, a foot, or even a leg.

- **Lower Leg Ulcer**

Lower leg ulcers are non-healing skin wounds on the lower leg, foot, or toes. Causes of leg ulcers include trauma to the skin, poor circulation, smoking, diabetes, high blood pressure, high cholesterol, and atherosclerosis (a narrowing of a vessel).

- **Venous Stasis Ulcers**

Venous ulcers are located below the knee and are primarily found on the inner part of the leg, just above the ankle. These ulcers are common in patients who have a history of leg swelling, varicose veins, or a history of blood clots in either the superficial or the deep veins of the legs.

- **Arterial (Ischemic) Ulcers**

Arterial ulcers are usually located on the feet and often occur on the heels, tips of toes, between the toes where the toes rub against one another or anywhere the bones may protrude and rub against bed sheets, socks, or shoes. Arterial ulcers also occur commonly in the nail bed if the toenail cuts into the skin or if the patient has had recent aggressive toe nail trimming or an ingrown toenail removed.

- **Bone Infection**

Bone infections are almost always caused by bacteria. Over time, the result can be destruction of the bone itself. Bone infections may occur at any age. Certain conditions increase the risk of developing such an infection, including sickle cell anemia, injury, the presence of a foreign body (such as a bullet or a screw placed to hold together a broken bone), intravenous drug use (such as heroin), diabetes, kidney dialysis, surgical procedures to bony areas, and untreated infections of tissue near a bone.

- **Gangrene**

Gangrene is a complication of cell death (or necrosis) characterized by the decay of body tissues, which become black and smell bad. It is caused by infection, usually the result of insufficient blood supply, and is often associated with diabetes and long-term smoking. This condition is most common in the lower extremities.

- **Skin Tears and Lacerations**

A skin tear is a traumatic wound which separates the first several layers of skin from one another. **Radiation Burns**

Radiation burns occur from exposure to radiation and can be as mild as sunburn to burns caused by radiation used in the treatment of cancer.

- **Postoperative Infection**

Postoperative infections are caused by bacteria entering the surgical incision area. Postoperative wound infections can delay recovery and increase the length of a hospital stay. Multiple risk factors can contribute to an increase in postoperative wound infection, including age, concurrent diseases (such as diabetes),

malnutrition, and other skin infections.

## Various Wound Treatments:

- **Specialty Wound Dressings**

Medicines and dressings can sometimes encourage wounds to close and heal. Transparent adhesive dressings are semi-permeable and occlusive. They reduce the risk of healthy skin degeneration and secondary infections.

- **Debridement**

The removal of dead tissue around the wound, or debridement, is often needed to clean the wound and promote healing. Three of the debridement procedures commonly used is enzymatic debridement, mechanical nonselective debridement, and sharp debridement.

- **Specialized Equipment**

Specialized equipment may be used in the treatment of some wounds. This equipment may include ultrasound and ultraviolet heat lamps.

- **Antibiotics**

Antibiotics are often used, even if an infection is not clearly present. This is done to prevent an infection. Usually antibiotics are administered for 4-6 weeks.

- **Alleviation of Weight-bearing Wounds**

Keeping pressure off of foot ulcers promotes healing. Sometimes special mattresses, cushions, special casts, or boots are used to "off-load" pressure from the ulcer.

- **Blood Sugar Control**

Infected ulcers are likely to cause high blood sugar levels. High blood sugar levels lower immune response and prevent wound healing. Adjustments in diet or medications can aid in fighting infections and healing wounds. Sometimes insulin shots are needed in the short term to achieve optimal blood sugar control.

- **Skin Grafts**

A bio-engineered skin graft or human skin graft can be used to treat diabetic foot ulcers which fail to heal with conventional treatments. Skin grafts have been shown to speed up the healing process.

- **Surgery**

Bypass surgery to improve blood flow within the arteries of the legs may help with wound healing and spare amputations. As a last resort, amputation surgery may be needed to stop the spread of infection to the rest of the body

- **Hyperbaric**

Hyperbaric oxygen therapy helps heal wounds. Over the course of several treatments, many patients achieve wound healing that is not otherwise possible using other methods.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## Medication Safety

Following appropriate medication administration practices is a vital part of an overall patient safety program. Specific policies and procedures will vary between clients. It is vital that you become familiar with and understand the medication practices at the facilities you are assigned.

### Seven Rights of Medication Administration

Although procedures and equipment will vary between clients, safe medication practice can be summarized by the Seven Rights:

1. Right Patient
  - Confirm correct patient by armband check and verbal review.
  - Observe patient taking medications.
2. Right Drug
  - Verify written and verbal orders.
  - Verify patient allergies.
  - Verify compatibility when mixing drugs.
3. Right Dose
  - Obtain correct unit dose medication.
  - Review knowledge of medication (side effects, precautions) and any pertinent lab values related to the medication.
4. Right Method
  - Wash hands prior to administration.
  - Position patient to enable safe medication administration.
  - Administer medication through appropriate route.
  - Prepare injectables with aseptic technique.
  - Never leave medications unattended.
5. Right Time
  - Verify written and verbal orders.
  - Review patient chart.
6. Right Education
  - Provide patient education regarding medications.
  - Refer to pharmacy or physician when indicated.
7. Right Documentation
  - Assess and document vital signs if indicated.
  - Waste, and document, all unused portions of vials, unless labeled multi-dose.
  - Document all medications in medication administration system and patient chart.

**As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.**

## 2018 Joint Commission National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them. This is the easy-to-read version. Please refer to The Joint Commission website and your assigned facilities for any additional instructions or resources pertaining to the National Patient Safety Goals ([www.jointcommission.org](http://www.jointcommission.org)).

**As an employee of Sunlife, it is your responsibility to become familiar with and follow these safety goals, and to become familiar with and follow your assigned facilities corresponding policies and procedures. It is your duty as a healthcare provider to help promote patient safety.**

<b>Identify patients correctly</b> <b>NPSG.01.01.01</b>	Use at least two ways to identify patients. For example, use the patient's name <i>and</i> date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
<b>NPSG.01.03.01</b>	Make sure that the correct patient gets the correct blood when they get a blood transfusion
<b>Improve staff communication</b> <b>NPSG.02.03.01</b>	Get important test results to the right staff person on time.
<b>Use medicines safely</b> <b>NPSG.03.04.01</b>	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up
<b>NPSG.03.05.01</b>	Take extra care with patients who take medicines to thin their blood.
<b>NPSG.03.06.01</b>	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
<b>Use alarms safely</b> <b>NPSG.06.01.01</b>	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
<b>Prevent infection</b> <b>NPSG.07.01.01</b>	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
<b>NPSG.07.03.01</b>	Use proven guidelines to prevent infections that are difficult to treat.
<b>NPSG.07.04.01</b>	Use proven guidelines to prevent infection of the blood from central lines.
<b>NPSG.07.05.01</b>	Use proven guidelines to prevent infection after surgery.
<b>NPSG.07.06.01</b>	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
<b>Identify patient safety risks</b> <b>NPSG.15.01.01</b>	Find out which patients are most likely to try to commit suicide.

<b>Prevent mistakes in surgery</b> <b>UP.01.01.01</b>	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
<b>UP.01.02.01</b>	Mark the correct place on the patient's body where the surgery is to be done.
<b>UP.01.03.01</b>	Pause before the surgery to make sure that a mistake is not being made

## **Floating Between Units**

Healthcare professionals are being asked to float between hospital units more often because of the continuing shortage in many areas. Employees of Sunlife are often uniquely prepared for this challenge and opportunity because they work at various facilities on different units regularly. This presents a value to our clients and the patients under your care. It also benefits you because the more flexible you are, the more assignments you can receive.

To help make floating between units a safe and positive experience, please review the following reminders:

- Before you begin your assignment or shift, find out which units you may be asked to float to and whether or not there is a specific rotation for floating nurses.
- Floating should be limited to areas or units that match your skills and experience. Inform the client of areas/specialties which you are qualified (by Sunlife standard's) to work.
- Know who your resource person is on the unit you are assigned. Introduce yourself and ask questions, if necessary.
- Be helpful to nurses who float to your unit.
- Give the best care you can and treat patients and families, as you would like to be treated.
- Remember, patient care and safety always comes first.

Sunlife wants you to be a valuable resource to our clients and their patients. However, if you feel you are being treated unfairly, or put in an unsafe situation or one outside the scope of your qualifications, please contact your local office immediately. We are available 24 hours a day, seven days a week.



# Ethical Code of Conduct

## While at Work

Employees of Sunlife are expected to perform their work duties in a competent, courteous, efficient, and honest manner. Employees are responsible for adhering to all policies, rules, directives, and procedures promulgated by Sunlife and the clients where that employee is assigned.

A fundamental principle that underlies all healthcare practice is respect for the dignity and human rights of every individual. The need for healthcare is universal surpassing all individual differences whether or not the healthcare professional agrees with the individual served and irrespective of the nature of the health problems. Healthcare professionals respect those served as individuals and promote the welfare of the individuals served. When acting within one's role as a healthcare professional, the professional recognizes and respects the boundaries that establish limits to relationships and reports any ethical concerns to the appropriate authority within Sunlife.

Sunlife requires its employees to be free of conflicting interests and activities that may prevent them from acting in the best interest of the company, its clients, and their patients or residents. It is incumbent on all employees to conduct their business and personal activities in a manner that does not adversely reflect upon the reputability of Sunlife or their ability to perform as a healthcare professional.

Employees may not solicit or accept gratuities, gifts, or other consideration from clients, patients, residents, or vendors that would appear to create an appearance of impropriety or favoritism. Small non-monetary gifts (less than \$5.00 in value) may be accepted at the discretion of the employee. Employees must decline all other offers of gifts or contact Sunlife management for guidance.

Sunlife engages in rigorous, but fair and ethical competition with its competitors. Employees should not disparage or make false statements about competing staffing firms or their employees. Likewise, employees should not make derogatory statements about Sunlife or its personnel. Instead, problems or complaints should be brought to the attention of company management.

## Off Duty

With regard to off-duty conduct, Sunlife generally regards off-duty activities of employees to be personal and no concern to the company. However, certain types of off-duty activities by employees represent the potential of a material or ethical business concern to Sunlife. For that reason, the following is established to indicate potential conditions of concern and guide employees.

Employees who engage in, or are associated with illegal conduct, the nature of which adversely affects Sunlife, or their own ability or credibility to carry out their employment responsibilities, may be subject to disciplinary action, including termination.

Employees may engage in off-duty employment, provided that:

1. The employment does not conflict with the employee's work schedules, duties, and responsibilities.
2. The employment does not create a conflict of interest or incompatibility with Sunlife's employment.
3. The employment does not create a detrimental effect upon the employee's work performance or attendance with Sunlife.
4. The employment does not create a detrimental effect upon the reputation of Sunlife.

## **Diversity**

Sunlife is dedicated to helping its clients and the patients they serve get the best temporary healthcare services possible. Creating an atmosphere that fully utilizes the talents and capabilities of a diverse workforce is a critical element of meeting this objective.

This commitment to diversity extends beyond simply reducing or preventing discrimination. Diversity refers to valuing and including employees who have different backgrounds, viewpoints, communication styles and approaches to problem solving.

A diverse workforce includes employees of varying ethnicity, race, color, language, ancestry, national origin, gender, religion, socioeconomic status, veteran status, and disability status, as well as other unique factors.

Through a diverse workforce we are better able to meet the needs of healthcare recipients. Sunlife is committed to a policy that integrates diversity into its recruitment, hiring, and promotion practices. All Sunlife employees have the responsibility to behave in a way that creates a cultural environment where diversity accepted, even celebrated.

## **EQUAL EMPLOYMENT OPPORTUNITY**

Sunlife is an equal opportunity employer and makes decisions related to compensation and all terms, conditions or privileges of employment on the basis of merit. Sunlife policy prohibits unlawful discrimination based on race, color, creed, sex (including pregnancy), religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, genetic information, veteran status, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and prohibited by the Company.

In compliance with the federal Americans with Disabilities Act, the Americans with Disabilities Amendments Act and applicable state and federal laws ensuring equal employment opportunities to individuals with disabilities, Sunlife will make a reasonable accommodation for the known physical or mental limitations of an employee with a disability unless undue hardship for the Company would result.

Any employee who requires an accommodation should contact the corporate office and request such an accommodation. The individual with the disability should specify what accommodation is required to perform the essential functions of the job. The Company will then engage in a timely, good faith interactive process with the employee to identify possible accommodations which will enable the employee to perform the essential functions of the job. If the accommodation is reasonable, will not create an undue hardship on the Company or create a safety threat, the Company will make the accommodation.

## ANTI-HARASSMENT

Sunlife Medical Staffing is committed to provide any work place free of discrimination and harassment. Sexual harassment is prohibited by law and by this company.

Although many people think of sexual harassment involving only a male boss and a female employee, it can take other forms. Sexual harassment can involve co-workers, vendors, or members. Harassment can also involve the same sex.

Under Federal law, sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, if any of the following conditions exist:

- Submission to such conduct is made a term or condition of a person's employment.
- Submission or rejection of the conduct is used as the basis for employment decision affecting an employee.
- The conduct unreasonably interferes with an employee's work performance, or creates an intimidating, hostile, or offensive work environment.

Examples of sexual harassment include:

- **Verbal harassment** - Telling sexual jokes or stories, or making sexual comments, insults, or innuendoes. Sexual comments about appearance or a suggestive voice tone when discussing appearance is also verbal harassment.
- **Physical harassment** - Any offensive touching, blocking movements, or physical movement interfering with normal work movement. Touching, pinching, patting, assaulting, grabbing or brushing against another person's body is also physical harassment.
- **Visual harassment** - Posting of sexual pictures, drawings, photographs, calendars, pin-ups, or cartoons. Staring at a person's chest or pelvis, or looking at a person up and down can be considered visual harassment.
- **Sexual favors** - Request for sexual conduct or dating in exchange for a promotion, pay raises, or more hours. If sexual favors aren't given, threat of demotion, termination, etc.

It is impossible to define every action, or all words, which could be interpreted as sexual harassment. The examples listed above are not meant to be a complete list of objectionable behavior.

Any harassing conduct, whether committed by supervisory, non-supervisory personnel, or third parties, such as vendors, suppliers, or customers, is prohibited. Harassing conduct is unlawful and a violation of this policy if it is based on an individual's or group's race, color, religion, gender, national origin, age, disability, or any other characteristic provided by State or Federal law. Such conduct can include verbal, physical, or written actions.

Conduct is considered harassing if it results in any of the following:

- Creates a hostile, intimidating, or offensive work environment.
- Unreasonable interference with an employee's work performance.
- Adversely impacts an individual's employment opportunities.

Any employee who believes he or she has been subjected to harassment should immediately report the alleged incident to his or her supervisor or to any member of the management team if the employee does not feel comfortable in discussing the matter with their immediate supervisor or if the employee is not satisfied with his or her supervisor's response.

The company takes matters of harassment very seriously. The company will take necessary corrective actions once an investigation is completed. Any employee who is found to have engaged in any form of harassment will be subject to disciplinary actions including immediate termination. If someone other than a company employee has harassed the employee, the company will take appropriate action to correct the situation.

Sunlife Medical Staffing forbids retaliation against any employee, who opposes unlawful harassment, files a complaint, testifies, assists or participates in any manner in an investigation, proceedings, or hearings conducted by the company, or by any investigative entity.

## **Deficit Reduction Act/False Claims Act**

Effective January 1, 2007 was Section 6032 of the Deficit Reduction Act of 2005. With this Section certain health care organizations were required to develop policies and inform employees about certain fraud, waste, and abuse laws; False Claims Act and related laws; and the whistleblower provisions to those laws.

**The Deficit Reduction Act (DRA)** requires health care organizations to provide certain information regarding the Federal and State false claims acts, administrative remedies for false claims and statements, whistleblower protections and health care organizations processes for detecting fraud, waste, and abuse.

**The False Claims Act (FCA)** prohibits the knowing submission of false or fraudulent claims or the making of a false record or statement in order to secure reimbursement from a government-sponsored program such as Medicare or Medicaid.

**A Whistleblower** is an individual with knowledge of potential violations who has filed a civil suit for him or herself and for the Government.

Sunlife Medical Staffing temporary healthcare professional employees are required to abide by their assigned facilities' policies and procedures (including Code of Conduct, Corporate Compliance, and Standards of Conduct policies) as they relate to the Deficit Reduction Act and the False Claims Act.

**Sunlife's healthcare professional employees are also required to participate in any related training held by their assigned facilities in regard to the Deficit Reduction Act, the False Claims Act and related policies and procedures.**

<p><b>As an employee of Sunlife, it is your responsibility to become familiar with and follow your assigned facilities corresponding policies and procedures.</b></p>
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