1ST NURSE REGISTRY

**POLICIES AND PROCEDURES**

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**\*\*\*EMPLOYEE IS DEINED AS EITHER CLINICAL/FIEMGMT EMPLOYEE AND/OR OFFICE/ADMINISTRATIVE EMPLOYEE.**

**1ST NURSING REGISTRY**

**Mission Statement**

Our Mission is to service the Healthcare Community by supplying **EXCELLENCE IN STAFFING SERVICES** to the healthcare providers.  Excellence is defined by the company operations that meet standards and expectations which are appropriate for meeting the quality care initiatives of our clients and staff.

**1ST NURSING REGISTRY**

**Policy and Procedure Manual**

**Policy: Leadership Roles and Structure**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 1**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

1st Nurse Registry clearly defines the roles of administrative personnel and their responsibilities associated with their positions.  Each leader has the necessary background, education, experience and training to perform their essential job functions. The structure of the administrative team can be found on the company’s organizational chart.

**Policy Statement**

Defined roles for administrative and management teams limit confusion on the part of the staff and clients in terms of decision making and accountability.

Clearly defining the chain of command reduces confusion when reporting items to the agency—whether it is a problem, issue or just informational items.

**Procedure/Guidelines**

Each administrative and managerial person will have a job description on file.

The Chain of Command will be identified by the organizational chart.

The information contained within the job description or on the organizational chart is updated as changes occur and the employees are informed of any changes affecting them.

**Rules Highlight** (Refer to Job Descriptions)

**G0160 – Administrator**

familiar with the law and rules of the agency

laws and rules are available.

Be available, or have the alternate administrator

available, during operating hours means being readily

available on the premises or by telecommunications

during the above operating hours

inform nurse registrants that

when more than one nurse is serving the patient, the

nurse that communicates with the physician's office

about any changes in the physician's order should

update the plan of treatment in the patient's record.

Knows how patients are informed of the nurse

responsible for updating plans of treatment.

**G0170 - RN and LPN** 59A-18.007, F.A.C.

clinical records shall be filed with the

nurse registry

maintaining the medical plan of

treatment with clinical notes and filing the initial medical

plan of treatment, any amendments to the plan, any

additional order or change in orders, and a copy of the

clinical notes at the office of the nurse registry

**G0171 – Homemaker** 59A-18.009(2&5) FAC; 400.462(16&24) FS

perform duties such as:

preparation of meals, laundry, and shopping; casual; cosmetic assistance, such as

brushing the client's hair, assisting with make-up, filing

and polishing nails, with the exception of clipping nails

for diabetic patients; stabilize the client when walking, as needed, by

holding the client's arm or hand (to for an elderly, handicapped,

or convalescent individual).

report to caregiver, administration, as well as document and file at registry, any unusual incidents or changes in the

patient's or client's behavior

provide to

patient and nurse registry copies of any documentation

which reflects the services provided.

\* may not

provide hands-on personal care such as activities of daily living, such as dressing, bathing,

eating, or personal hygiene, and assistance in physical

transfer, ambulation, and in administering medications.

**G0173 – Companions** 59A-18.009(3 & 5) FAC; 400.462(7 &24) FS

provide companionship, ie, “sit with” or accompanies elderly, handicapped, or convalescent individual, on trips and outings, and perform duties such as: provide escort services such as taking the patient or client to the doctor; provide light housekeeping tasks such as preparation of a meal or laundering the client's personal

garments; casual; cosmetic assistance, such as

brushing the client's hair, assisting with make-up, filing

and polishing nails, with the exception of clipping nails

for diabetic patients; stabilize the client when walking, as needed, by

holding the client's arm or hand (to for an elderly, handicapped,

or convalescent individual).

report to caregiver, administration, as well as document and file at registry, any unusual incidents or changes in the

patient's or client's behavior

provide to

patient and nurse registry copies of any documentation

which reflects the services provided.

\* may not

provide hands-on personal care to a client.

(24) "Personal care" such as activities of daily living, such as dressing, bathing,

eating, or personal hygiene, and assistance in physical

transfer, ambulation, and in administering medications.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CODE OF BUSINESS ETHICS**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 2**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**CODE OF ETHICS**

We pledge to our clients to treat colleagues and consumers with complete honesty, integrity and fairness.

We believe in the value and worth of every individual touched by this company.

We believe our business ethic must be above reproach and will conduct all business in an honest and forthright manner.

We pledge to our employees they will be treated with fairness, honesty and a straightforward approach to dealing with issues of employment.

We believe as a healthcare company that clients, staff and consumers are to be treated with a caring heart and compassionate mind at all times.

**Rules Highlight**

**G0280 - Assisted Living Facilities & Other**  400.506(15)(a)

Must charge facility a fee of fair market value for each referral of contractor.

**G0180 - Acceptance of Patients** 59A-18.010, F.A.C.

of age, race, color, sex or national origin, pursuant to

Chapter 760, F.S.;

(2) When a patient or client is accepted for referrals of

independent contractors, there shall be a reasonable

expectation that the requested services can be provided

adequately and safely in their residence. The

responsibility of the registry is to refer independent

contractors capable of delivering services as defined in

a specific medical plan of treatment for a patient or

services requested by a client, including all visits;

(3) When medical treatments or medications are

administered, physician's orders in writing that are

signed and dated shall be included in the clinical record;

and

(4) When services are to be terminated, the patient or

client, or the caregiver shall be notified of the date of

termination and the reason for termination, and these

shall be documented in the patient or client's record.

**G0191 - Patient Rights** 59A-18.011(7), F.A.C.

patient, caregiver or guardian being informed of his rights

**G0193 - Abuse and Neglect** 408.815(1) FS; 408.803(7) FS

an intentional or negligent act that materially affects the health or safety of a client

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: STANDARDS OF CONDUCT**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 2.1**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure that each agency officer, director, manager and employee is aware of the rules and regulations regarding employee behavior.

**Policy Statement**

To assure that each employee adheres to the rules and regulations regarding employee conduct necessary for efficient business operations and for the benefit and safety of all employees. Conduct that interferes with operations, discredits the agency, or is offensive to customers or coworkers will not be tolerated.

**Policy/Guideline**

Employees are expected to comply with all policies of 1st Nurse Registry and the policies of any client facility when on any assignment for 1st Nurse Registry

Employees are expected to accept assignments without controversy or challenging organizational management and report any unfair assignments to the appropriate personnel at 1st Nurse Registry and complete assignment in a professional manner.

Patient assessments are completed thoroughly and accurately within unit-specific guidelines.  Assesses patient, family, significant others for educational needs about disease process and treatment. Identifies appropriate methods of assessment related to age group.  Understands normal ranges of physiological standards for age group of patients providing care.

Prioritize care and complete assignments within the allotted time frame.

Treatments and medications need to be administered within the allotted time frame as outlined by the client facility.

Complete all mandatory, regulation, health care facility and organizational educational requirements.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: STANDARDS OF CONDUCT**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 2.1**

**Effective date: 03/10/14**

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Projects a professional image at all times; consistently wear I.D. badge and dress according to health care facility specific guidelines; employs professional communication skills when dealing with customers, whether in person, on the telephone, or in written or electronic communication.

The policy will define responsibilities of conduct expected of the employee and disciplinary action dependent upon the seriousness and/or frequency of the violation.

Accepts assignments and reports on time.  Does not cancel shifts in less than outlined time frame.

Demonstrates effective and professional communication skills; greetscustomers in a warm, friendly manner; introduces self appropriately; takes time to give directions when need arises; can identify the procedure for obtaining assistance for customers with language barriers or the hearing/sight impaired.

Demonstrates ability to work effectively as part of a team; treats co-workers with respect; completes all training essential to the position and stays current on job-related knowledge; offers assistance to team members without being asked.

Exhibits behaviors that indicate an appreciation for maintaining patients’ dignity and privacy; communicates with customers in a timely manner; if there is a delay demonstrates proper elevator etiquette; and adheres to organizational parking policies.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CONFLICT OF INTEREST**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 3.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To identify conflicts of interest and the process for disclosing any conflict of interest and the responsibility of any staff member in the event a situation presents that would cause a conflict of interest.

**Policy Statement**

1st Nurse Registry prohibits any staff member or employee to engage in any activity that would result in a conflict of interest.  This includes and is not limited to engaging in any business practices in which the employee would have a financial gain outside of their employment at 1st Nurse Registry

**Procedure/Guideline**

All 1st Nurse Registry employees will have an absolute obligation to conduct business in a manner to avoid any actual, potential, or appearance of a conflict of interest.  For the purpose of 1st Nurse Registry conflict of interest policy, their perception or appearance of a conflict of interest will be considered the same as the actual conflict of interest.  It is important that 1st Nurse Registry’s customers recognize that 1st Nurse Registry actions are always in their best interest and are not driven by the personal gain of any 1st Nurse Registry employee.

A conflict of interest can occur in a variety of instances, several of which are discussed here generally.  The first instance is if a 1st Nurse Registry employee were in a position to influence a decision made in connection with 1st Nurse Registry. Business that could result in a personal gain for the employee or a relative of the employee.  A “relative” for the purpose of a conflict of interest is any person who is related by blood or marriage or whose relationship with the employee is similar to that of a person who is related by marriage.  No negative presumption will be created by the mere existence of a relationship between a 1st Nurse Registry employee and an outside firm or business endeavor.  However, if an employee has any business, financial or other relationship with any organization whereby the existence of that relationship wither creates a conflict of interest or could be perceived to create a conflict of interest, the employee must disclose this relationship to his or her manager, who must in turn report the relationship to the CEO.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CONFLICT OF INTEREST**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 3.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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A conflict of interest also would arise if the business activities of a 1st Nurse Registry employee with outside firms resulted in any financial or other gains for the 1st Nurse Registry employee or any relative of the employee.  Personal gain, or the potential for gain, could arise in cases where an employee or relative has significant ownership in a

business with which 1st Nurse Registry or any of its customers does business, or when an employee or relative receives any compensation, gift or special consideration as a result of any transactions or business activity involving the outside business.

Another conflict of interest would arise if the business activity of 1st Nurse Registry employees with outside businesses resulted in unusual or unreasonable gain, financial or otherwise, for the outside business or its representatives.  Unusual or unreasonable gains can take the form of product bonuses, special fringe benefits, unusual price discounts or other inducements designed to benefit any party to the business activities.

A conflict of interest also would be created if a 1st Nurse Registry employee engaged in any outside business activity that created an actual or potential conflict of interest between the individual’s employment with 1st Nurse Registry and his or her outside activities.  For this purpose, a conflict of interest will be considered to be any activity that is consistent with or opposed to 1st Nurse Registry business or best interests or that otherwise gives the appearance of impropriety.

In addition to the guidelines set out above, employees of 1st Nurse Registry should not be involved in any of the following specific types of relationships or situations:

1.    Being a director or officer of, or having any other substantial involvement with any competitor of 1st Nurse Registry or with any vendor or similar entity with which 1st Nurse Registry contracts (or with which it is likely to contract) on behalf of its customers.

2.    Conducting business with a personal friend or relative on behalf of 1st Nurse Registry or any of its customers.

3.    Speculating or dealing in material, equipment, supplies, products or other property or services in which 1st Nurse Registry deals on behalf of its customers.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CONFLICT OF INTEREST**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 3.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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4.    Accepting or giving any gift over the amount of $100.00.  In the event this occurs it must be brought to the attention of the CEO who will determine if the gift may be given or received.

Also, all employees involved in any vendor contract activity are required to divest all individual equity interest in 1st Nurse Registry current vendors in the specific vendor categories in which they work.

All employees not involved in any vendor activity who own an individual equity interest in a current 1st Nurse Registry vendor are required to rescue themselves from any discussion relating to that vendor.

Individual equity interest shall mean securities, options, warrants, debt instruments (including loans), or rights to acquire any of the foregoing, provided, however, that the term shall not include:  (a) interests in mutual funds or (b) interests held in a blind trust in which all investment decisions are independently managed by a third party and the existence and trust terms are fully disclosed to the CEO to ensure that neutrality exists.

In the event there is a potential conflict of interest, or perception or appearance of a conflict of interest, an 1st Nurse Registry employee must immediately report it to his or her manager.  Managers will be responsible for reporting the conflict of interest to the compliance officer for taking action immediately to eliminate an actual or potential conflict of interest or the perception or appearance of a conflict of interest.  Because of the difficult and often complex questions that can arise in conflict of interest situations, the CEO will assist managers in evaluating potential conflicts of interest.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: LAWS AND REGULATIONS**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 4.0**

**Effective date: 03/10/14**

**Revision Date:  03/10/14**

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**Purpose**

1st Nurse Registry complies with all local state and federal laws and regulations.

**Policy Statement**

1st Nurse Registry complies with all local, state and federal laws in the conduction of its day to day operations.

**Procedure/Guidelines**

It is the responsibility of the management team at 1st Nurse Registry to make certain the day to day operations of 1st Nurse Registry are compliant with all applicable local, state and federal laws and regulations.

If or when 1st Nurse Registry has contracts with client facilities who receive Medicare and Medicaid funding, in the event any 1st Nurse Registry employee suspects Medicare or Medicaid Fraud, 1st Nurse Registry encourages the employee to report the suspicion to the Chief Executive Officer without any fear of retaliation.  In the event the employee would like to report the incident to the Medicare/Medicaid fraud hotline, the employee may call the Office of the Inspector General directly at 1-800-447-8477.

Any employee who becomes employed at 1st Nurse Registry, a background check is performed according to rules set forth by the Agency for Health Care Administration (AHCA), and a 5-10 panel drug screen.  In the event any applicant has had action taken against them by AHCA or by a licensing board, the employee is deemed ineligible for hire at 1st Nurse Registry.  Any employee of 1st Nurse Registry who has any action taken against them by a governmental agency will be ineligible for continued employment.  In the event an employee has actions taken against them by a state board of nursing, the employee is ineligible for employment if their license is probated/suspended/or under revocation.

In the event an employee has any concern regarding 1st Nurse Registry adherence to any local, state or federal law, the employee needs to report their concerns to the Chief Executive Officer.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: INSURANCE**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 4.1**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

1st Nurse Registry will have an active and appropriate insurance coverage for Professional and General Liability Insurance as well as Workman’s Compensation.

**Policy Statement**

Client facilities are provided with the certificate of liability insurance upon request.

**Procedure/Guideline**

All insurance coverage will be current and available for review at all times.

There will be no lapse in service.

The policies will be reviewed and renewed annually.

In the event of a general liability claim the company will notify the insurer and assist with providing any information.

In the event of a medical malpractice claim, the company will notify the insurer and the employee involved to assist with the company/employee defense.

Worker’s compensation claims are handled by the chief executive officer.  Employees are responsible to report the incident immediately and complete the necessary paperwork within 24 hours.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CONTRACTS REQUIRED ELEMENTS LISTED**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 5 .0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

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**Purpose**

The services contracted by 1st Nurse Registry are provided to customers to assure that both the agency and the facility are uniformly and fairly represented in their contractual agreements.

The contract requirements also serve to insure the employee’s contracts are uniform and that the employees are treated fairly. It enables the facility to feel comfortable that employment law, EEOC, OSHA, Joint Commission, payroll tax responsibilities, and defined length of contracts are addressed.

**Policy Statement**

Clearly define contracts to avoid miscommunication or misrepresentation of terms or responsibilities of the parties involved in the contract.

**Procedure/Guideline**

Contract terms will include assigned responsibility for credentials verification, peer review, conflict resolution and terms for length of service for contracts.

In addition to the contracted agreement the firm provides the customer with a written description of the following:

* 1st Nurse Registry does not utilize subcontractors.
* 1st Nurse Registry is responsible for documentation of clinical competence for all employees.
* Staff may only be reassigned to areas of practice within their clinical competence.
* Staff members are either employees or independent contractors.
* Unexpected incidents, errors, and sentinel events are to be reported directly to the Chief Executive Officer.
* Occupational safety hazards or events involving 1st Nurse Registry personnel are communicated to the Chief Executive Officer.
* 1st Nurse Registry encourages the client facility to orient staff to the relevant unit, setting, or program specific policies, and procedures.
* Each agency involved in the contract will retain a copy of the contract that is accessible to those involved in the implementation of the contract.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: CONTRACTS REQUIRED ELEMENTS LISTED**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 5.0**

**Effective date: 03/10/14**

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* All services provided by 1st Nurse Registry will be provided by independent contractors directly or by individuals employed by 1st Nurse Registry.
* 1st Nurse Registry is compliant with any/all EEOC guidelines/laws, and compliant with all federal and state identifiers as required by law.
* Contracts have clearly defined responsibilities regarding employer, independent contractor, and employee relationships, liability insurances, workman’s compensation, payroll taxes, billing and rate terms in regard to payment practices.
* Contracts are consistent and enforceable in the state of issue as well as the state of activity where the client facility is located.
* Overtime hours are paid as well as holiday pay according to the federal and/or state guidelines and contractual agreement.
* Appropriate dates and signatures to implement the contract.
* Terms of the of the employer/employee relationship are outlined.
* The rate of pay and definition of payroll periods is identified.
* Any terms or conditions under which the contract will be revised or revoked.
* Any guarantee of hours and any benefits that will be included in the assignment.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: 24 HOUR ACCOUNTABILITY**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 6.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure staff and clients the agency is available 24 hours a day for any problems or concerns that may arise.

**Policy Statement**

Our agency will be available to staff and clients 24 hours a day, to address any concerns or issues that staff or clients may have.

Clients/Staff may call their local office number and 24 hour in-office service will be available.

Our Registered Nurse Administrator is on call 24 hours a day.

Staff or clients may reach us at the following 561-948-2010.

**Rules Highlight**

**G0168 - Availability of Nurse** 59A-18.004(9)(d), F.A.C.

on-call system whereby designated

nursing staff will be available to directly communicate

with the patient.

**G0175 - Hours of Operation** 59A-18.004 (9), F.A.C.

administrator, or alternate available to the public for any eight consecutive

hours between 7 a.m. and 6 p.m., Monday through

Friday of each week, excluding legal and religious

Holidays, on premises or by telecommunications

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EMERGENCY MANAGEMENT PLAN**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 7.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

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**Purpose**

**Policy Statement**

**Procedure/Guideline**

**Rules Highlight** *(Refer to Comprehensive Emergency Management Plan)*

**G0290 - Special needs registration** 400.506(11); 252.355(1&6); 59A-18.018(6)

provide information to local Emergency Management Agency necessary to assist special needs patients with registration

During intake/acceptance of patients, identify and assist special needs patients with

registration.

Annual review of the registered patients to determine if the special needs patient continues to need ongoing registration with the local

Emergency Management Agency

**G0291 - Emergency Management Plan** 400.506(12) FS; 59A-18.018(1) FAC

prepare and maintain a

comprehensive emergency management plan

The plan shall include the

means by which the nurse registry will continue to

provide the same type and quantity of services to its

patients who evacuate to special needs shelters

The plan shall specify how the nurse registry

shall facilitate the provision of continuous care by

persons referred for contract to persons who are

registered

submit a comprehensive emergency management

plan electronically to the county emergency management office and to health department and/or their designated contact(s)

**G0292 - Emergency Management Plan Updates** 400.506(12), FS; 59A-18.018(2-3) FAC

The plan shall be updated

annually with Changes in telephone numbers (where the coordinating staff can

be contacted outside of the nurse registry's regular

office hours) of those

administrative staff who are coordinating the nurse

registry's emergency response

Changes must be reported to the

county emergency management office and to the county

health department.

For nurse registries with multiple

counties, the changes must be reported

to each county health department and each county

emergency management office.

**G0293 - Emergency Management Plan – CHOW** 59A-18.018(4), FAC

If the agency change ownership, review and make changes to the comprehensive emergency

management plan and report to AHCA, the local county emergency

management offices, and local county health departments.

**G0294 - EM Plan and Patient Records** 400.506(12)(a) FS; 59A-18.018(6b &7

Contractor documents in details how care will be

continued during an emergency interrupting care at home, ALF, etc. (?family, ?referrals)

Contractor ensures that and documents that special needs registration information for the patient submitted to the county

emergency management office and department of health

**G0295 - Emergency Management - Prioritized List** 400.506(12)(b) FS; 59A-18.018(12) FAC

maintain and

keep current a prioritized list of special needs registry patients

This list shall indicate, for

each patient, if the client is to be transported to special

needs shelter and if the patient is receiving skilled

nursing services.

**G0296 - Emergency Management and List of Meds** 400.506(12)(c) FS; 59A-18.018(13 &14)

Contractor provide to NR, a list of the patient's medication, supplies,

and equipment required for continuing care in an emergency

**G0297 - Emergency Mgmt Plan and Contacting Patients** 59A-18.018(9), F.A.C.

When threat of emergency or disaster, NR contact patients (including those in ALF and Adult Family Care HOme ..) and confirm each patient's plan during and

immediately following an emergency

**G0298 - Emergency Management Plan Implementation** 59A-18.018(5) & (8) FAC; 400.506(12)

informed all administrative staff of

responsibilities for implementing the emergency

management plan.

If telephone service is not available during an

emergency, the registry shall have a contingency plan to

support communication,

include cell phones,

contact with a community based ham radio group, public

announcements through radio or television stations,

driving directly to the patient's home, and, in medical

emergency situations contact with police or emergency

rescue services.

Document all efforts made by NR to provide continued care, eg., situations that are beyond contractor's

control and that make it impossible to provide services,

such as when roads are impassable or when patients do

not go to the location specified in their patient records

**GZ830 - Emergency Management Planning** 408.821, F.S.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: RESOLUTION OF COMPLAINTS FROM CUSTOMERS,**

**STAFF AND THE PUBLIC**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 8.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

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**Purpose**

1st Nurse Registry has a process to address complaints from customers and staff and the public.  It is the intention to resolve all complaints at the lowest possible level.

**Policy Statement**

1st Nurse Registry attempts to resolve any complaints from customers, staff and the public in a timely manner.  The following procedure should be followed in the event of any complaint.

**Procedure/Guidelines**

In the event a client facility or an employee has a complaint, the complaint is reviewed by the Chief Executive Officer.  Parties involved are provided the opportunity to explain what occurred in the given situation.  Once the investigation is complete, the Chief Executive Officer will render the decision at which time the employee can either accept the decision as deemed by the Chief Executive Officer or file a grievance.

Incidents/Conditions in which a complaint may occur are not limited to but can be related to the following situations:

1. Unprofessional conduct;
2. Failure to provide adequate patient care;
3. Failure to conform to the minimum standards of acceptable professional nursing practice; and
4. Present impairment or likelihood of impairment by chemical dependency.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: RESOLUTION OF COMPLAINTS FROM CUSTOMERS AND STAFF AND THE PUBLIC**

**Policy Origin Date:   03/10/14**

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If an employee’s continuing to practice professional nursing would not pose a risk of harm to a patient or other person, conduct is considered a minor incident.  Minor incidents should not be reported if they contain all of the following elements:

1. Potential risk of physical, emotional or financial harm to the patient due to the incident is very low;
2. The incident is a one-time event with no pattern of poor practice;
3. The employee exhibits a conscientious approach to and accountability for his/her practice; and
4. The employee appears to have the knowledge and skills to practice safely.

Other conditions, which may be considered in determining that mandatory reports are not required, are;

1. The significance of the event in the particular practice setting;
2. The situation in which the event occurred; and
3. The presence of contributing or mitigating circumstances in the nursing care delivery system.

1st Nurse Registry adheres to the reporting conduct as outlined below:

**1**. Duty to Report:

The Florida Board of Nursing or licensing agency provides both 1st Nurse Registry and its employees an affirmative duty to report to the appropriate board/licensing agency any employee suspected to have engaged in a reportable conduct.

Minor incidents should be reported in writing to the Chief Executive Officer.

A nurse who there is reasonable cause to suspect is impaired or potentially impaired by alcohol or chemical dependency should be reported to the Chief Executive Officer.  Upon investigation, the Chief Executive Officer may report the incident to the appropriate licensing agency.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: RESOLUTION OF COMPLAINTS FROM CUSTOMERS AND STAFF AND THE PUBLIC**

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**2**. Procedure for Making a Report:

The person reporting an activity identified above shall report via a written and signed document marked “Confidential” to the Chief Executive Officer.  The “Complaint Form” should be used when making a report.

The report should include the following information:

1. The name of the employee being reported;
2. A description of the alleged incident or behavior being reported;
3. The first and last names of any witnesses;
4. The patient’s medical record number only (no patient names should be used);
5. A notation of whether any incident reports involving the incident have been generated.
6. In the event the facility or public has concerns regarding the quality and safety of patient care provided by 1st Nurse Registry, they may notify the Joint Commission to report their concern.  The Joint Commission can be contacted by calling 630-268-7400 or by filing a written complaint and forwarding it to:

The Joint Commission

1515 West 22nd Street, Suite 1300W

Oak Brook, IL  60523

Rules Highlight

**Minimum Licensure Requirement - Client Notice** 408.810(5) FS

On or before the first day services are provided to

a client, a contractor must inform the client of the

right to report and provide statewide toll-free number that is clearly legible and must include the words:

1. Complaints." To report a complaint regarding the

services you receive, please call toll-free (phone

number). "

2. Abusive, neglectful, or exploitative practices. " To

report abuse, neglect, or exploitation, please call toll-free

(phone number). "

3. Medicaid fraud. " To report suspected Medicaid

fraud, please call toll-free (phone number). "

**Client/Facility**

**Report Form**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFFING COORDINATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH CARE FACILITY/CONTACT**

**PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NURSE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF SHIFT WORKED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER PERSONELL**

**INVOLVED:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACILITY COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICIAN COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinician Rebuttal:                                                             Yes          No**

**Reviewed Complaint with Facility:                                   Yes          No**

**Discussed Outcome with Clinician:                                  Yes          No**

**Was clinician made DNR:                                                  Yes          No**

**Will Proceed with Grievance/Peer Review Process:        Yes          No**

**DNR**

**Report Form**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFFING COORDINATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH CARE FACILITY/CONTACT**

**PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NURSE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF SHIFT WORKED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER PERSONELL**

**INVOLVED:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACILITY COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICIAN COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinician Rebuttal:                                                            Yes          No**

**Reviewed DNR with Facility:                                            Yes          No**

**DNR Status Removed:                                               Yes          No**

**Discussed Outcome with Clinician:                                  Yes          No**

**Will Proceed with Grievance/Peer Review Process:         Yes          No**

**1ST NURSE REGISTRY**

**ADVERSE/SENTINEL EVENT REPORTING FORM**

**Adverse Events Reporting (According To Facility)**

Reporting Date:                                                       Facility:

Person Reporting Event:

                                                            NAME                                     TITLE

To Whom It is being reported to:

                                                                        NAME                         TITLE

Employee Name:                                                           Title:

Date of Incident:                                                      Time of Incident:

Nature of Incident (Narrative Summary and please attach any supporting documentation):

Actions to be taken:

**1ST NURSE REGISTRY**

**Reporting Adverse Events to Government and State Authority**

Reporting Date:                                          Reporting to:

Person Reporting Event:

                                                                                          NAME                                                            TITLE

Employee Name:                                                        Title:

Date of Incident:                                                 Time of Incident:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Nature of Incident (Narrative Summary and please attach any supporting documentation):

Actions to be taken:

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: MARKETING PLAN**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 9.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

**Page 1 of 2**

**Purpose**

To represent 1st Nurse Registry in a professional and ethical manner and to accurately present to clients the supplemental staffing services available through a contractual agreement.  It is the goal of 1st Nurse Registry to be the supplemental staffing company of choice in the markets served.

**Policy Statement**

1st Nurse Registry will meet face to face with all clients and prospects to ascertain their specific needs and requirements and to develop a program addressing those needs and requirements.  When face to face meetings are not possible, communication via alternative methods will occur, i.e.:  phone, fax, and e-mail.  Emphasis shall be on quality of calls and contacts rather than quantity of calls and contacts.

**Procedure/Guidelines**

Marketing personnel attire must at all times be business professional as well as conservative in nature.

Service existing clients to insure satisfaction and market share growth.  Provide information and feedback to our service group on how we can enhance services to clients.

Utilize all possible information and resources to develop business relationships and secure business opportunities.

Coordinate advertisement in various publications.

Develop and coordinate marketing events such as new office openings, new service offerings etc.

Make presentations and proposals to clients and prospects promoting 1st Nurse Registry.

Represent 1st Nurse Registry at various trade shows, job fairs, and business events.

Frequency of contacts with clients and prospects will depend upon a number of factors including need, requirements, issues, developments, logistics, availability, etc.

Develop brochures and point of sale material that clearly and accurately depict our capabilities.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: MARKETING PLAN**

**Policy Origin Date:   03/10/14**

**Policy No.:  MGMT 9.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Marketing Plan**

* In-person visits to all clients to determine needs, usage and level of satisfaction with our service.  Visit each local client at least quarterly and each major branch office clients at least annually.

* Penetrate each account to multiple decision maker levels.  At least two levels within each account.

* Prospect for new business opportunities using all available information, including leads, publications, internet and other available resources.

* Work with local managers and gather information to increase 1st Nurse Registry market share within each market with the objective being for 1st Nurse Registry to be the preferred provider in each account.

* Conduct ongoing market research to insure we maintain competitive in the market with respect to rates and services offered with the objective of positioning 1st Nurse Registry as the provider of choice.

* Respond to Request for Proposals (RFP)/Requests for Information (RFI) from clients and prospects within 72 hours.

* Present proposals to clients and prospects proactively and as requested.

* Develop new product lines and service offerings.

* Search for new office opening opportunities in small/medium size cities.

* Represent 1st Nurse Registry at trade shows, job fairs and public events.

* Develop brochures and other point of sale material that accurately depict our service offerings and capabilities.

     Meet with clinical staff at various locations to determine assignment satisfaction, challenges, and other possible opportunities.

1ST NURSE REGISTRY

**POLICIES AND PROCEDURES**

**POLICIES AND PROCEDURES**

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**\*\*\*EMPLOYEE IS DEINED AS EITHER CLINICAL/FIEMGMT EMPLOYEE AND/OR OFFICE/ADMINISTRATIVE EMPLOYEE.**

**1st Nurse Registry**

**Mission Statement**

Our Mission is to service the Healthcare Community by supplying **EXCELLENCE IN STAFFING SERVICES** to the healthcare providers.  Excellence is defined by the company operations that meet standards and expectations which are appropriate for meeting the quality care initiatives of our clients and staff.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: LICENSE, EMPLOYMENT AND WORK HISTORY**

**VERIFICATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To confirm that a person’s qualifications are consistent with his or her assignment(s) at the time of hire or reactivation, the employee holds the proper license for his/her occupation and state of employment, and that the license is active and unencumbered, not falsified, under suspension or under investigation.

**Policy Statement**

All licenses held by the employee or prospective employee will have primary source verification to confirm licensure, certification, education, work history, social security, sex offender registry, HHS OIG Medicare/Medicaid Fraud, and GSA list of excluded persons for Medicare and Medicaid participation.

**Procedure/Guidelines:**

All The Facts is an agency contracted by 1st Nurse Registry to verify the following information:

1.    Professional background checks (past seven years)

2.    Education verification

3.    Seven (7) year work history

4.    Educational preparation

5.    GSA list of excluded persons for Medicare and Medicaid participation

6.    HHS OIG Medicare/Medicaid Fraud

7.    Sex offender register

8.    Social Security verification

Each verification contains a signature and personal identification of the individual investigator conducting the investigation.

All licenses, secondary and current, are verified through the appropriate State Board of Nurse Examiners. If the original license is over seven (7) years old and is no longer active, the original state must be documented but verification is not necessary.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: LICENSE, EMPLOYMENT AND WORK HISTORY**

**VERIFICATION**

**Policy Origin Date:   03/10/14**

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Verification documentation includes state of licensure, expiration date of license, any identified sanctions or limitations,  or the type and copy of verification if automated.

All licensed staff is required to carry credentials (Clinical License/Certification, CPR, ACLS, NRP, etc) on their person at all times when on assignment.  The credentials must also be available to host facility.

All candidates have professional work history verification for a minimum of seven (7) years.

If professional licensing applies to previous employment, the licensing verifications must correspond to the employee’s work history.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: HEALTH SCREENING AND IMMUNIZATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.1**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure all agency employees working in a patient care arena have the appropriate vaccinations and health assessment, either a physical or self-assessment to protect themselves and the public from the spread of disease.

**Policy Statement**

All candidates for hire will have a documented health history; a physical prior to hire is preferred. All employees will maintain current TB and Immunizations as required by agency/host facility. If you decline the Hepatitis B, a declination statement must be signed, dated and witnessed.  Declination will also apply to MMR, and Varicella.  Though declinations are acceptable for employment with 1st Nurse Registry, certain facilities may require additional/supporting documentation.

**Procedure/Guideline**

All candidates for hire will have documented proof of the following: TB screen or chest x-ray with negative results.  TB screens must be performed annually.  Chest X-ray must be done within two years of initial employment and an Annual Health Update Form must be completed annually.

A self health assessment or health history signed by the employee, referred to as the Post Offer Health Questionnaire, is obtained at hire. Documentation of a physical exam in past 12 months upon hire with evidence that employee is capable of fully performing duties of the job he/she has applied is preferred.

Documentation of Hepatitis B immunity or a declination form signed and dated by the applicant and agency representative.

Documentation of Varicella,  and MMR -- either by titer or documented and verifiable history. Rubella titer or immunization record if required by client contract; or a declination form signed and dated by the applicant and agency representative.

Signed and dated consent for Hepatitis B Vaccine if candidate requires or wishes to have Hepatitis series, prior to administering.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: EVIDENCE OF IDENTITY AND CREDENTIALS WHEN**

**REPORTING FOR AN ASSIGNMENT**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.2**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To prevent any misrepresentation of medical professionals or professional credentials to a client facility and provide the client facility with current credentials and certifications.

**Policy Statement**

Employees must maintain their company ID and produce evidence of licensure and certifications upon presenting to any client facility.  A tracking system is used to maintain current status of all licenses and certifications and is provided to each client facility prior to employee presenting for any assignment.

**Procedure/Guideline**

The employee must bring with them, to all assignment, a current identification (government issued identification or employee ID issued by 1st Nurse Registry), licensure, and certifications.

The employee is aware of their responsibility to maintain current licensure and certifications. Each employee will have all current licenses and certifications on file.  The staffing coordinators track this information in the staffing system and have access to all due dates as well as a verification of any licensure or certification in the employee file.  These include, but are not limited to: CPR, BCLS, ACLS, PALS, NALS, TNCC and any other certifications required or maintained by the employee. Only original copies of certifications are accepted and copied.  The copied certification is maintained in the employee file.

All licensures and certifications will be audited monthly for impending expirations.

The employee will be notified thirty (30) days in advance of all impending expirations and their responsibility to maintain current status of certifications.

Any employee who has allowed their license or certifications to lapse **will not work.**The employee will provide a copy of current credentials to the agency when certifications are renewed.A copy of the renewed credentials will be placed in the employee file.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: PROCEDURES ON MAINTENANCE AND DOCUMENTATION**

**OF CERTIFICATIONS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.3**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To maintain employee files and qualifications are up to day and inclusive of all essential information for client facilities. This procedure will allow for the facility to verify file maintenance and certifications of all employees.

**Policy Statement**

1st Nurse Registry maintains all employee files to include each of the following elements:

1.    Name

2.    Job Title

3.    Birth date

4.    Application (hire date)

5.    Drivers License Number and Issuing State

6.    Social Security Number

7.    License Number

8.    Drug Screen Report Date

9.    Background Check

10. Certifications

a.    CPR

b.    ACLS

c.     PALS

d.    NRP

e.    TNCC

11. Skills Checklist

12. Job Description

13. Clinical Handbook/Policy Procedure Manual

14. Hepatitis B or Declination

15. MMR or Declinations

16. Varicella or Declination

17. Post Offer Health

18. Core Competencies

19. National Patient Safety goals

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: PROCEDURES ON MAINTENANCE AND DOCUMENTATION**

**OF CERTIFICATIONS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.3**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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20. Fit Test/Respirator Evaluation

21. TB skin Test or Chest X-Ray

22. Chest X-Ray Update Form (if applicable)

23. I-9 (filed separately)

24. W-4

25. State Tax

26. Testing Information

**Procedure/Guideline**

1. Twenty employee files will be selected monthly for compliance and thoroughness.

1. The name of the person and date of the audit will be placed on the bottom of the chart audit form.

1. The employee will be notified in writing, by phone or e-mailed thirty days prior to the expiration date of any credentials or documents.

1. It is the employee’s responsibility to keep all mandatory credentials current.  Failure to do so will make the employee ineligible to work until credentials are current.

1. Employee files are made inactive after two years.

1. Employee files will be purged every seven years.

Employee files will be reviewed to ensure all agency documents are complete and all certifications are current. (See enclosed file maintenance checklist form).

**Chart Audit Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: | | | CLASS: | | | BIRTH DATE: | |
| APPLICATION (hire date): | | DL#: | | ISSUING STATE: | | SS#: | |
| LICENSE #: | EXP. DATE: | | VERIFIED: | LICENSE #: | EXP. DATE: | | VERIFIED: |
| DRUG SCREEN (date reported): | | | | BACKGROUND CHECK: | | | |
| *CHECK ALL THAT APPLY*     CPR \_\_\_\_\_\_\_\_\_    ACLS \_\_\_\_\_\_\_\_\_    PALS \_\_\_\_\_\_\_\_\_    NRP \_\_\_\_\_\_\_\_\_       TNCC \_\_\_\_\_\_\_\_    OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| SKILLS CHECKLIST:                                   AREA \_\_\_\_\_\_\_\_         EXP DATE \_     \_\_\_\_\_\_                                    AREA \_\_\_\_\_\_\_\_         EXP DATE          \_\_\_\_\_\_\_                                           AREA \_\_\_\_\_\_\_\_         EXP DATE       \_\_\_\_\_\_\_                                  AREA \_\_\_\_\_\_\_\_         EXP DATE        \_\_\_\_\_\_\_\_ | | | | | | | |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ONE TIME DOCUMENTS:** | **COMPLETED:** |  | **ANNUAL DOCUMENTS:** | **EXPIRES:** |
| JOB DESCRIPTION |  |  | CORE COMPETENCIES |  |
| CLINICAL HANDBOOK/POLICY & PROCEDURE MANUAL |  |  | NATIONAL PATIENT SAFETY GOALS |  |
| HEPATITIS B or DECLINATION |  |  | FIT TEST/RESPIRATOR EVALUATION |  |
| MMR or DECLINATION |  |  | TB SKIN TEST **OR**CHEST X-RAY |  |
| VARICELLA or DECLINATION |  |  | CHEST X-RAY UPDATE FORM  (IF APPLICABLE) |  |
| POST OFFER HEALTH |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I-9 (filed separately) | W-4 | STATE TAX |

|  |
| --- |
| TESTS: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: | | CLASS: | | BIRTH DATE: |
| APPLICATION (hire date): | DL#: | | ISSUING STATE: | SS#: |
|  |  |  |  |  |

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: TRACKING RENEWAL OF LICENSURE AND**

**CERTIFICATIONS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.3.1**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure a system of tracking renewal dates for all licensures, certifications, performance reviews and mandatory requirements of the agency/host facility. To ensure that each employee file contains evidence of current credentials needed for regulatory, client and agency liability.

**Policy Statement**

1st Nurse Registry has a method for tracking employee credentials, licenses and all mandatory requirements and performance review to maintain current status. This tracking will assure that employees sent to host facilities are compliant with standards of agency and host facility.

The tracking system allows the agency to forecast impending deficits in credentials, allowing time to notify employees weeks/months prior to expiration of credentials.

The tracking system attempts to alleviate a lapse in hiring and annual mandatory in-service and testing requirements of Joint Commission/OSHA and other mandatory hiring requirements that may be agency/facility generated.

**Procedure/Guidelines**

1st Nurse Registry audits twenty employee files per month for compliance and thoroughness.

An audit sheet is completed and placed in the tracking file. The name of the person doing the audit and the date is included in documentation.

The employee will be informed at least 30 days prior to the expiration date of credentials, etc.

It is the employee’s responsibility to keep all mandatory credentials current. Failure to do so will make the employee ineligible to work until credentials are current.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: FILE PURGING**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR.1.3.2**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To cleanse the employee file of any expired credentials such as licensure & certification.

**Policy Statement**

Systematically purging files assures that any representative of the agency, client facility or accrediting organization can determine the accuracy of all information contained in the files and can easily validate that all current and pertinent documents are current and enforceable. In addition, purging of employee files decreases the space requirements for storage of employee files.

**Procedure/Guideline**

All employee files may be purged at least every seven (7) years. Licenses and credentials will continue to be checked annually in the event the employee is scheduled to work any assigned shifts.

All licenses, certification, references, application, background check and emergency contact person will remain in file, permanently.

Make a notation in the file register of date and person doing purging.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CLIENT UPDATE PROCEDURE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.4**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To keep clients informed of status of agency personnel working at their facility.

**Policy Statement**

The agency will keep client updated on the status of licenses, certifications, mandatory in services and mandatory requirements of each employee staffed in host facility

**Procedure/Guidelines**

It is the responsibility of each employee to maintain current credentials as required by the host facility/agency. These include: current license and certifications, all mandatory annual testing, BCLS, ACLS, PALS and other certifications as required, a current TB screening with negative results, and other testing/paperwork as listed in clinical handbook.

The host facility will be informed by the agency/employee of the verified results.

Failure to maintain current status of above will make the employee ineligible to work.

Notification will include a computer generated profile indicating employee information and current licensure/certifications.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: NOTIFICATION OF IMPENDING EXPIRATIONS/ACTION**

**TAKEN FOR EXPIRED CREDENTIALS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.5**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure that all employees have current and verifiable credentials and make employees aware of the consequences of carrying expired credentials.

**Policy Statement**

All credentials and licenses required to work in a client facility must be current at all times.

All employees will be informed in a timely manner of impending expiration of credentials. No employee will be permitted to work if necessary credentials have lapsed.

**Procedure/Guidelines**

It is the responsibility of the employee to maintain current credentials.

All employees will be informed 30 days prior to expiration of credentials.

If employee has not brought new credentials to the agency, they will be reminded in one (1) month of impending expiration of credentials.

Employees will be required to successfully complete appropriate testing to assure competency in testing to maintain credentials.

A copy of the new credentials will be placed in the employee file when obtained.

The employee will keep their credentials on person while on duty at the host facility.

Failure to keep credentials current will make the employee ineligible to work.

The host facility will be given a copy of the renewed credentials and will also be informed of inability to work if credentials lapse.

A system of tracking credentials will be utilized. This can be electronic or handwritten.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: BACKGROUND CHECK POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.6**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To obtain verification of the candidate’s criminal history or background as stated on their application and to assure the candidate has no federal, state, or local convictions. To assure the candidate has no criminal history or documented and verifiable history of behavior which may negatively affect their ability to work in a healthcare setting.

**Policy Statement**

Thorough background checks must be done to protect a vulnerable public and consumer population as well as the provider’s liability. This verification provides information on criminal background, according to law, regulation, the firm’s policy and customer requirements.

**Procedure/Guideline**

Consent for the background check will be signed and dated by candidate.

Background checks will be done on all candidates prior to hiring. A minimum of seven (7) years criminal background checks will be done. This includes minimally: Social Security Number Verification, HHS/OIG list of excluded individuals, a candidate cannot be excluded, debarred, suspended or appear on the General Service Administration List of Parties Excluded from Federal Programs.

The background check results will be reviewed by the appropriate representative and a decision will be made on whether the candidate is appropriate for hire.

If a decision is made to hire knowing a criminal history exists, appropriate documentation must be found defining the nature of the criminal act, the rationale for hiring and the verification of full disclosure to all contracting facilities in the employee’s file if warranted. In addition the history must have been reported to the licensing agency and the employee’s license must not have any restrictions.

The results of the background checks will be placed in the candidates file or background binder.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: BACKGROUND CHECK POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.6**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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If criminal history is discovered after employment, clinician will be placed on hold and a full investigation into the criminal record will be made.  Upon completion of investigation, a determination will be made on the future employment status of clinician.

Any employee, who has been hired at 1st Nurse Registry, after 2/28/09, will have the new background check completed.  Employees hired prior to 2/28/09 will not have a background check repeated to include the current elements.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: DRUG SCREENING POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.7**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

This policy prevents the assignment of impaired personnel into your client facilities; subsequently this reduces the risk to both client and agency.

**Policy Statement**

1st Nurse Registry is a Drug Free Workplace.

A negative drug screen is a requirement for employment with 1st Nurse Registry

All drug screening will be done by a certified lab.

**Procedure/Guideline**

A signed and dated consent form will be obtained at the collection site.

Testing will be done by a certified lab.

The lab will validate the employee via photo identification.

The results will be sent to agency and will be included as permanent part of the record.

The agency will review the results and determine if applicant is a candidate for hire. The results will be placed in employee file or drug screen binder.

Any prescription drugs must be declared to the MRO.  It is mandatory that proof of prescription be verified through documentation by a physician who attests that he prescribed the drug, the employee is taking the medication as prescribed and it will not impair his/her judgment or ability to perform the job to which he/she has been assigned in a safe and ethical manner.

A positive result makes the applicant ineligible for hire.

All positive specimens must be retained by the laboratory for a minimum of one (1) year. There must also be a documented chain of custody in place.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: DRUG SCREENING POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.7**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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The drug screen will test for the ten (10) most commonly abused drugs. This list is not all inclusive. These drugs are amphetamines, barbiturates (long acting and short acting),

benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, opiates, phecylidine and propoxyphene

Prior to 1/1/09, the agency utilized various panel screens.  Any employees who effectively tested and passed the drug screen and were hired were not retested when the agency began utilizing the10 panel screen.  Only employees tested after 1/1/09 and who are tested for probable cause will have the 10 panel screen performed.

If a specimen is challenged, the lab will be available and willing to support their findings with secondary screenings of the same specimen and any other specimens requested by the host facilities.

A drug screen can be requested at any time for cause by the hospital or 1st Nurse Registry or if impairment is suspected while on duty or in contract. Appropriate documentation must include the circumstances, person reporting, the date and place of alleged issue.

If “for cause” drug screen is requested and done and the results are positive, the employee **will not** work. Agency will make employee aware of assistance programs available.

The agency or host facility will report positive “for cause” results to appropriate agencies and document. include date reported and the name of the person reporting.

The employee in question will be informed of his /her status with the agency/host facility.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: PRIMARY SOURCE VERIFICATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 1.8**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To validate the potential employee experience as stated on their application.

**Policy Statement**

Primary source verification is necessary to assure employment history is accurately reflected on both the application and resume. This will prevent hiring someone who has misstated, falsified or otherwise modified their application.

**Procedure/Guidelines**

All the Facts is a company contracted by 1st Nurse Registry to obtain primary source verification of all employment history.  All work history for the past seven (7) years must be verified. In the case of long-term supplemental staff, only verification of the last 3 yrs assignments is required.

Verification of history will include duties and responsibilities at each facility or assignment.

The name of the person performing the check and the date of review will be included.

The results of work history verification will be evaluated by the appropriate agency personnel to determine if applicant is a candidate for hire and placed in his/her file.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: LICENSE EXPERIENCE PARAMETERS FOR HIRE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To validate a potential employee has adequate experience to work for the agency.

**Policy Statement**

All employee or potential employees will be screened to be sure they have the necessary experience to work for the agency.

**Procedure/Guidelines**

All clinical employees shall have a minimum of one (1) year satisfactory work experience in the assigned area within the last three years.

This experience will be primary source verification with work history and reference checks.

The documentation will be placed in the employee file.

In addition, all clinicians must satisfactorily complete:

* Job Application that includes work history and education
* Minimum two (2) references/employment verification
* Satisfactory completion of clinical skills checklist
* Current CPR certification (BLS-C) course
* Current supplemental certification based on area of experience (ie: ACLS, PALS, etc)
* Completion of Clearview Testing
  + HIPAA competency awareness
  + Cultural Diversity awareness,
  + Acknowledgement of CDC Hand Washing Guidelines,
  + Joint Commission Safety Goals,
  + Ethical Standards,
  + Patient’s Rights,
  + Restraint Policies.
  + Fire and safety,
  + Body mechanics
  + Chemical hazards,
  + Infection control,

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: LICENSE EXPERIENCE PARAMETERS FOR HIRE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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* + Universal precautions, AIDS, bloodborne pathogens,
  + Age Specific Competency and Mask Fit Testing
* Competency-based performance evaluation (bi-annually – within three month of employment)
* Compliance with OSHA Standard CFR 1910.1030, exposure to bloodborne pathogens standards.
* All clinicians must submit for visual review their new license/permit/certification annually.  Where applicable, these items are verified online
* Job Descriptions - All employees are given a job description
* The following tests are administered to applicants.  Acceptable passing score for tests are 80%.

|  |  |
| --- | --- |
| Registered Nurses: | Medication Test |
|  | IV Therapy Test |
| Area Specific Test |
|  |
|  | |
| Licensed Vocational Nurses: | Medication Test |
|  | IV Therapy Test (IV certified only) |
| Area Specific Test |
|  |
|  | |
| Respiratory Therapists: | Area Specific Test |
|  |  |
|  |  |
| Certified Nursing Assistants: | Area Specific Test |
|  |  |

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: JOB DESCRIPTIONS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.1**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure that each agency officer, director, manager and employee has an appropriate job description which pertains to their duties and responsibilities within the agency.

**Policy Statement**

To assure that each agency employee knows the requirements and expectations of his/her job position. The agency employee will sign a signature page acknowledging their understanding of their job description.

**Policy/Guideline**

Each employee will receive a copy of the appropriate job description that fully defines the minimum clinical competence and qualifications consistent with staff job responsibilities.

The job description defines duties expected of the employee, position responsibilities and accountabilities.

Each job description identifies to whom the employee reports.

The employee will sign and date the job description signifying understanding of the duties and expectations required for the job and also that he/she has received a copy of the job description.

A note is made on the file checklist that the job description has been signed and witnessed and includes the date.

The signed job description or acknowledgement signature is placed in the employee file.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: COMPETENCY AND MANDATORY TESTING**

**REQUIREMENTS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.2**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

**Revision date:  03/10/14**

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**Purpose**

The testing standards are a means used to assess the agency’s tools to measure the competence and clinical knowledge base of the applicant in their general field as well as in any specialty areas they declare as experienced. These standards will also assess the agency’s tools for measuring applicant’s knowledge, competency, conflict resolution and expertise in the job area for which they are applying.

To assure the person tested is the person who the test is intended.

To assure any applicant for hire/employee meets or exceeds all mandatory in-service requirements and all subsequent mandatory testing as required by agency/host facility.

**Policy Statement**

Competency of the applicant is determined through consistent and standardized methods. These particular tests validate the required knowledge base for clinical expertise.

The testing standard assures the client and agency of the quality and competence of the individual.

Mandatory testing will be done on hire. A passing grade of at least 80% must be obtained in each areas of testing.  Core competencies are tested annually.

**Procedure/Guideline**

It is the responsibility of the employee to maintain current annual testing requirements as a condition of employment.

Mandatory testing and annual testing includes OSHA and Joint Commission requirements, age specific competency, Infection Control, Body Mechanics, Fire and Safety and any other requirements of the agency or host facility.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: COMPETENCY AND MANDATORY TESTING**

**REQUIREMENTS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.2**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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All candidates for hire and all employees will establish their knowledge base and expertise for the job for which they apply via testing.

Testing can be done electronically or orally. Electronic testing via Clearview Testing, or with host facility may be done off site. All other testing will be done on site. All on site testing will have a proctor.

A passing score of 80% is mandatory on each area of testing.

You may retest two (2) times. If an applicant fails to successfully complete the testing requirements with a passing score of 80% on three consecutive attempts, then the employee may not reapply for a position for a period of one year.

Documentation will include test name and test scores.  Some clients require remedial testing to 100% and agency will comply.

Host facilities may have additional testing to assess competency and critical thinking (PBDS, for example). Agency will receive the results and they will be placed in employee file.

If mandatory testing is not completed in the specified time frame, the employee is ineligible to work until testing is current.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CLIENT DRIVEN COMPETENCY TESTS POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.3**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

The purpose of this policy is to establish a method of communication to share testing results between host facility and employee.

**Policy Statement**

Testing of all employees is essential to assure the client and the agency of the competence of the employee.

**Policy/Guideline**

It is the responsibility of the employee to keep all mandatory requirements current.

A client may want additional testing (PBDS) to further evaluate the competency of the employee. This testing will be done at the client facility. The employee must take and pass with 80% or greater in each aspect of the testing elements.

Any testing required by the client facility will be required of any employee desiring to accept assignments at the client facility.

The test results will be communicated to the agency and placed in employee file. The date of the test and the person reporting will also be documented.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: TESTING PROCEDURES AND PASSING PROCEDURES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.4**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure a standardized system for testing any individual and alleviating any disadvantage in the testing process.  To validate competency a minimum grade of 80% is required on all mandatory tests.

**Policy Statement**

To assure the client and the agency that the most qualified and competent healthcare professionals are hired. Testing standards assure that patient care will be delivered in a safe and competent manner.

**Procedure/Guideline**

It is the responsibility of the employee to maintain all mandatory testing.

The testing format will be decided by the agency and host facility.

Any on site testing will be proctored by a qualified staff member.

A passing score of minimally 80% is required.

You may retest two (2) times and if you do not remediate to a score of at least 80%, you will no longer be considered for employment for a period of one year.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: RETESTING POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.5**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To define an avenue for second testing in the event that a score does not meet the minimum standard allowing for fair and equitable treatment of all employees who are tested for competency and medication administration as well as mandatory and specialty testing.

**Policy Statement**

All test scores will be documented in employee file. The results of both tests will be reviewed with the employee.

**Policy/Guideline**

You may retake a test two (2) times.

Failure to pass test a third time will make the employee ineligible for placement in a client facility for a period on one year.

Results of all testing will be placed in employee file and staffing system. The retesting policy must minimally remediate to 80% with the understanding that some clients will require 100% remediation. If this is the case, the agency will comply.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: FIELD STAFF REASSIGNMENT/FLOATING POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.6**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure employees who are reassigned/floated as necessary are re-assigned to areas that fall within their scope of practice.

**Policy Statement**

The agency has a firm policy and procedure for handling staff reassignment by clients only to their areas within their scope of practice or documented area of expertise. A policy defining appropriate assignment areas for agency employees assists in guarding against placement of staff outside their area of training or expertise. This reduces risk of liability.

**Procedure/Guideline**

The policy on floating and re-assignment should have what the agency considers acceptable and safe “floatable areas” for their staff.

Contracts will identify and define re-assignment parameters, including areas for appropriate re-assignment given the credentials of the staff to be re-assigned.

Any employee who is asked to float should notify the agency immediately if it is out of their area of expertise. This should be done before you accept any assignment.

The agency will contact the client and discuss the situation and help to resolve the issue.

Refusing to float in an area that is in your scope of practice will not be tolerated.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: OPTIONS FOR EMPLOYEES CANCELLED FOR CAUSE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.7**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure the policy for employees who have been terminated from an assignment or contract for cause will receive fair and equitable treatment.

**Policy Statement**

The agency has a policy for any employee whose contract has been terminated or cancelled for cause. The purpose of the policy is to be sure the employee is treated fairly and equitably in the review process.

**Procedure/Guideline**

Any employee who has had their contract terminated or cancelled for cause will have an opportunity to present their side of the events leading to the termination.

The agency policy for options for employees terminated for cause assures there are clearly defined guidelines for documenting any termination and to guarantee fairness to the individual throughout the process.

The complaint/terminations will be handled through peer review or the grievance committee.

Reporting practices should have a documented chain of custody for all official documents.

All documentation will include the date and time of the incident/issue, nature of the incident, all actions taken, all actions considered to correct or otherwise resolve the situation with the client facility.

The incident will be documented in the employee file and will be shared only with people on a need to know basis. Maintain HIPPA in dealing with issues of employee counseling.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: MAINTENANCE OF NEEDS LIST**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.8**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

The standards for Needs List Maintenance are to assure the agency is portraying an accurate picture of the placement needs as to specialty, required skills, certifications required and experience level.

**Policy Statement**

The Needs List Maintenance Policy assures that the needs list is all inclusive, including the specific nature of the facility needs as well as any specific credentials and skills required by the facility in order to assure the best and most accurate match.

**Procedure/Guideline**

The needs list must define the date and time the request was logged, the date and time the shift is needed, the requested personnel RN, LPN, LRT & CNA and any certifications required, and specific skills.

The name of the person receiving the information and the person who filled the shift should also be documented.

The needs list will identify the person, date, shift and person filling the shift.

The credentials of the person who is making the assignments and their experience must be documented to assure that qualified staff is being is assigned to the appropriate place.

The system has to be user friendly so that other persons can follow the system and schedule staff if necessary.

The needs list is available 24 hours a day.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: DNR – DO NOT RETURN POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 2.9**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

The agency has a policy defining options for employees who have been Do Not Returned by client facility.

**Policy Statement**

This policy will assure the employee has rebuttal opportunities in the event they are determined to be a Do Not Return employee.

**Procedure/Guideline**

The employee will be informed by the agency of the DNR.

The Incident causing the DNR will be discussed with the employee.

The agency will discuss at length with the client the allegation. The incident, date and time as well as any others involved should be discussed.

The client and the agency will attempt to resolve the situation to have the best outcome for all concerned.

The agency will discuss the final decision and findings with the employee.

If the employee is not satisfied with the final outcome, he may use the Grievance process.   Refer to the Grievance procedure.

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**1st NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EMPLOYEE ORIENTATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 3.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure the agency has communicated all significant operational information to all new hires. Orientation is the appropriate place to introduce all new hires to the company code of conduct, to outline all company policy and procedures, to address all mandatory all annual credentialing and employee responsibility to comply with all company policies and procedures.

**Policy Statement**

A formal orientation program must be in operation. This prepares new staff for successful employment with the company. Defining clearly all expectations the agency has via policies and procedures, directives and any other information that is necessary for the employee to function within the company will be reviewed.

**Procedure/Guidelines**

All newly hired employees will receive a company orientation. This is done via completion of all human resources paperwork, reading the policy and procedure manual or electronically. There will always be an agency representative available to answer any employee questions.

The orientation will minimally include review of the following: Mission Statement, compliance with OSHA, Joint Commission, federal and state regulations, and payroll/time card procedures. Policy relating to any lapse in credentials, client information and needs, competency issues, agency governance, HIPAA, confidentially, performance reviews, quality improvement committee, discipline, and grievance procedures. Other policies and procedures considered important for the employee so that he/she will better represent the agency to the host facility.

All employees will sign an acknowledgement page stating the have had an opportunity to review the agency policy and procedure manual and have also had an opportunity to ask any questions. Your signature indicates an understanding of the policy and procedures and also an agreement between the agency and yourself that you will abide by these policies and procedures.

The Policy and Procedure Manual will be available for review in the agency office during normal working hours.

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**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: EMPLOYEE NOTIFICATION OF COMPANY POLICIES AND**

**POLICY CHANGES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 3.1**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To ensure employee is aware of policies and any changes of 1st Nurse Registry policies.

**Policy Statement**

To assure that each employee adheres to the rules and regulations and that all new and changed policies and procedures are adhered to accordingly.

**Policy/Guideline**

Notice of new policies or policy changes will be posted on the 1st Nurse Registry website for employee review.

Any policy changes are posted on the bulletin board and will be brought to the attention of the employees by office and staffing coordinators, or through electronic notification (email).

All employees are made aware in advance on the acknowledgment page that from time to time there may be additions or revisions to the employee handbook and/or policy and procedure manual and it is the employee’s responsibility to keep informed and updated.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CLINICAL HANDBOOK**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR.3.2**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To ensure that each employee file contains evidence the employee has been informed of the agency’s policies and procedures and is in receipt of the Clinical Handbook.

**Policy Statement**

The Clinical Handbook is available, informative and distributed to every newly hired employee. The Clinical Handbook is available for employees to reference any policy and procedure of 1st Nurse Registry The employee will sign a statement that acknowledges they have read, understand and had the opportunity to ask questions and have been given a copy of the Clinical Handbook.

**Procedure/Guidelines**

All employees will receive a copy of the Clinical Handbook during orientation. The employee will have an opportunity to ask questions during the orientation process and will sign an acknowledgement statement of receipt and understanding of the contents. The date of receipt will also be included on the signature page. A representative of the agency will sign acknowledging employee’s signature and receipt.

A notation will be made in applicant checklist of date of receipt and signature.

The Clinical Handbook will minimally include the following:

Terms and Conditions of Employment

Drug Abuse Policy

Sentinel Event Policy and Procedure

Report a Complaint about a Healthcare Organization

Standard List of Abbreviations

Hand Washing Indications

Annual Competencies and Qualifications

The employee will be informed of any changes in the Clinical Handbook in a timely manner via writing, email, etc.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: ASSESSMENT AND REASSESSMENT OF CLINICAL**

**STAFF COMPETENCE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR. 4.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To establish a process to assess and reassess staff clinical competency on hire and on an ongoing basis.

**Policy Statement**

1st Nurse Registry assesses the clinical competency of staff upon hire and annually.

**Procedure/Guidelines**

 Any employee hired to work in a clinical capacity at 1st Nurse Registry, Inc., will have an initial assessment performed upon hire and annually.

The initial assessment includes the completion of the following:

* Skills check list.
* Mandatory testing for areas in which the practitioner in attempting to obtain supplemental or temporary staffing assignments.  All employees will complete the mandatory testing as outlined by Clearview Testing.
* In the event an applicant is unable to successfully complete the minimum competency testing as outlined, the employee may take the exam two additional times.
* In the event the applicant unsuccessfully completes the exam a third time, the applicant is no longer considered for employment and may reapply and retest in one year.

Employees hired at 1st Nurse Registry will have a probationary and biannually evaluations (every two years) completed.  The initial 90 day evaluation will include an evaluation of the employee’s clinical competency by the clinical staff supervisors.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: ASSESSMENT AND REASSESSMENT OF CLINICAL**

**STAFF COMPETENCE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR. 4.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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1st Nurse Registry obtained clinical evaluations on all employees in the months of March and September.  All clinical facility evaluations are filed in a binder until the employees biannual evaluation is completed.

In the event a clinical staff supervisor completes an evaluation identifying performance problems, the employee is notified by the Chief Nursing Officer and their performance is reviewed.

In the event the employee demonstrates a pattern of performance problems and is unwilling to improve, the employee will not be assigned to client facilities and may be terminated.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CONTINUING EDUCATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 5.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

1st Nurse Registry believes it is critical for their employees to engage in continuing education since it facilitates the services we provide to our client facility.  1st Nurse Registry utilizes the performance improvement process to assess the needs of the clinical staff and seeks educational opportunities to improve in areas identifying opportunities for performance improvement.

**Policy Statement**

1st Nurse Registry utilizes the skills competency check lists and competency testing to identify opportunities for improvement for clinical staff.

In addition the organization utilizes information provided by client facilities as they relate to complaints and do not returns to assess opportunities for continuing education.

1st Nurse Registry will host various educational offerings to improve clinical outcomes for clinical staff.

1st Nurse Registry encourages staff to participate in ongoing work-related in-services, training, or other activities.  Employees may request 1st Nurse Registry to reimburse them for attendance at an educational offering if a request for educational offering is submitted prior to attendance.  Once the educational activity is approved, 1st Nurse Registry will reimburse the employee for any conference fees excluding lunch, travel, and hotel accommodations.

Clinical employees must submit evidence of continuing education on an annual basis.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CONTINUING EDUCATION**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 5.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Procedure/Guidelines**

In the event 1st Nurse Registry is hosting an educational offering, clinical staff is encouraged to attend.  Employees of 1st Nurse Registry will not be charged for program registration.

If an employee desires to attend a conference outside of an 1st Nurse Registry offering, the employee will need to submit a request for educational reimbursement prior to the educational offering.  Once the educational offering is approved by the Chief Nursing Officer, the employee can submit the receipt for reimbursement with the validation of attendance.

Reimbursement for any educational event may take 7 to 10 days for processing. **1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: PERFORMANCE REVIEW POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 6.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure that current employees are continuing to perform within the expected guidelines as provided by both the host facility and the agency.

To assure issues of clinical competence are addressed when identified by either performance reviews or by client reporting.

Evaluations provide a method to evaluate performance on an ongoing basis whilemaintaining a current competency assessment.

**Policy Statement**

Employee Performance Review and requirements are clearly defined. When competency issues are identified, actions to improve and performance assessment pertinent to the competency issue should be well documented. Trends in clinical performance and professional behaviors are tracked, assessed and analyzed through the company QA and PI committee.

**Procedure**

The minimum requirements for and Employee Performance Review are:

* One evaluation for each contracted assignment or at least every 6 months if the employee continues to work in the same facility and in the same capacity.

* New hire employees must have an evaluation within the first ninety days of employment.

* Each Employee Performance Review will be reviewed with the employee to ensure that the evaluation is used to improve performance and encourage continuous quality improvement.

* The Employee Performance Review will be completed by managers and charge nurses who have had the opportunity to supervise the employee while on duty.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: PERFORMANCE REVIEW POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 6.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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* The Employee Performance Review will minimally assess the employee’s dependability punctuality, attendance leadership capability, knowledge and critical thinking skills and ability to be a team player. The review should have the name of the employee and the date done.

* The Employee Performance Reviews are maintained in a binder until the performance appraisal is completed.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: DRESS CODE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 7.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

What we wear to work is a reflection of the pride we have in our company.

**Policy Statement**

To favorably impress our customers, members of the public, and industry representatives, it is important for all employees to present a professional appearance.

**Procedure/Guideline**

Clothing should not constitute a safety hazard.

All employees should practice common sense rules of neatness, good taste and comfort.  As an example tight fitting clothing, low cut uniforms or shirts, excessive jewelry, long fingernails, and visible body piercings are unacceptable.

Employees who do not meet the uniform dress code standards will be counseled on proper dress etiquette.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: SEXUAL HARASSMENT**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 8.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To ensure the understanding that harassment of any form, including sexual harassment is not tolerated in the workplace by 1st Nurse Registry.

**Policy Statement**

Any sexual or other forms of harassment are prohibited. 1st Nurse Registry has a zero tolerance level with respect to issues related to sexual harassment.

**Procedure/Guideline**

Any sexual or other forms of harassment are prohibited by 1st Nurse Registry as well as by State and Federal law. Any person making unwelcome sexual advances, requests for sexual favors, and other such verbal or physical conduct creating an intimidating, hostile, or offensive working environment by such conduct may be terminated immediately.

Any employee who observes or learns of any form of harassment prohibited by this policy should notify the Senior Management of the company immediately.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: EMPLOYEE EMERGENCY CONTACT**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 9.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

Provide 1st Nurse Registry the ability to contact a designated person in the event of an emergency situation.

**Policy Statement**

1st Nurse Registry will contact a designated emergency contact of the employee’s choice in the event of an emergency.

**Procedure/Guideline**

An emergency contact person is obtained from the employee upon hire.  In the event of an emergency situation, the emergency contact person will be contacted and informed of the situation.  No other contacts will be made by 1st Nurse Registry unless the employee specifically designates an emergency contact.

In the event of 1st Nurse Registry deems it necessary to contact the emergency contact, the only information that will be provided will be the current situation requiring contact and any information available regarding the emergency.

In the event 1st Nurse Registry must contact an employee for an emergency situation, once all employee contacts provided to the employee have been exhausted, the firm may contact the emergency contact and inform the employee to contact 1st Nurse Registry at their earliest convenience.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CONTRACTS**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 10.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To define the process of obtaining a travel contract with 1st Nurse Registry.

**Policy Statement**

1st Nurse Registry LLC, is a supplemental staffing agency capable of providing client facilities with per diem assignments of temporary medical personnel as well as contractual agreements with employees for short term assignments (ranging from 1 month to 3 months).

**Procedure/Guideline**

* Employees must complete the hiring paperwork, testing and competency as outlined in:
  + License, Employment and Work History Verification 1.0
  + Health Screening Immunization HR 1.1
  + Evidence of Identity and Credentials When Reporting for an Assignment HR 1.2
  + Background Check HR 1.6
  + Reference Check HR 1.7
  + Drug Screening Policy HR 1.8
  + License Experience Parameters for Hire HR 2.0
  + Job Descriptions HR 2.1
  + Competency and Mandatory Testing HR 2.2
  + Client Driven Competency Tests Policy HR 2.3
  + Testing Procedures and Passing HR 2.4

* Once the employee has completed all paperwork required to determine eligibility for hire, the employee profile will be sent to client facilities.
* Once the client facility review the application and request to interview the potential candidate, a phone or personal interview is set up between both parties.
* If the client facility desires to hire the employee, the employee will be extended a contract.
* All paperwork must be completed before an employee can begin a contract.
* Prior to the contract end date, 1st Nurse Registry will contact the client facility to see if there is a need to extend the contract.  1st Nurse Registry also contacts contracted employee to determine if contract extension is acceptable to employee.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CONTRACTS**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 10.0**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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If contract extension is agreeable between the hospital and agency, the guidelines for the extension will be submitted to both parties in writing for review and signature.  Extension will cover all terms agreed upon by both parties.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: CANCELLATION OF CONTRACT**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 10.1**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose:**To define the process required to accommodate client facility and 1st Nurse Registry obligations in the event the contractual period is unmet.

**Application:**

A.                               The hospital/facility shall be able to cancel the service of a medical professional at any time when it determines that the job performance of that individual is unsatisfactory.  The Hospital supervisor must in turn, document fully the unsatisfactory performance.

If an 1st Nurse Registry employee is canceled under these conditions, 1st Nurse Registry shall have the option of replacing the employee for the remainder of the contract period with another appropriately credentialed employee approved by the Hospital.

B.                               If an 1st Nurse Registry employee initiates early cancellation of the contract, he/she must document fully the rationale.   Acceptable conditions for such action include: serious illness requiring extended recuperation time, family illness/death, placement in areas for which the individual is not competent and should not be assigned (this last would require review by the Chief Nursing Officer of 1st Nurse Registry and appropriate facility management staff.)

If an 1st Nurse Registry employee is canceled under these conditions, 1st Nurse Registry shall have the option of replacing the employee for the remainder of the contract period with another appropriately credentialed employee approved by the Hospital.

C.                              1st Nurse Registry realizes there are extenuating circumstances often and is always willing and able to sit down and discuss any placement or problem and arrive at solutions that are in the best interest of all parties and acceptable to all.

D.                              In the event an employee cancels a contract without cause, the employee is responsible for any and all expenses spent by 1st Nurse Registry as they relate to housing, travel, and any other costs associated with the execution of the contract.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: EMPLOYEE BENEFITS**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 11**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To inform all clinical employees of the benefits available while employed with 1st Nurse Registry

**Policy Statement**

The policy is delineated to inform clinical employees of available benefits.

**Procedure/Guideline**

Holidays:                   Clinical employees will b paid time and one half at most facilities for holidays

predetermined by the individual facilities.  Clinical employees will be informed

of holiday shift prior to start of shift.

Overtime:                   Clinical employees will e paid time and one half for hours worked in excess of 40 hours in a work week.  Overtime must be pre-approved by the facility before the agency will be allowed to schedule the clinician.

Insurance:                 1st Nurse Registry is an employee based corporation and provides Professional and General Liability Insurance and Workers Compensation Insurance to all clinical staff.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: RECRUITMENT AND RETENTION**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 12**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To provide facilities who contract with 1st Nurse Registry the best alternative to any supplemental staffing agency to meet their needs on a per-diem or short-term contractual basis.

**Policy Statement**

Our Mission is to service the Healthcare Community by supplying **EXCELLENCE IN STAFFING SERVICES** to the healthcare providers.  Excellence is defined by the company operations that meet standards and expectations which are appropriate for meeting the quality care initiatives of our clients and staff. As a result, 1st Nurse Registry is committed to hiring the most qualified health care personnel to provide services to facilities who possess a current contract to supply supplemental staff.  Our primary concern is to provide facilities with highly qualified professionals for general and special floor duty to achieve excellence in patient care.

**Procedure/Guideline**

**Recruitment**

1st Nurse Registry utilizes various modalities to recruit qualified nursing and allied health personnel.  These modalities include web page advertisement, new paper ads, national nursing publications, attendance at job fairs, and through word of mouth when employees are on assignment in facilities.

Individuals responsible for the recruitment of field staff include the Director of Marketing, Chief Nursing Officer, Director of Travel, Assistant to the Chief Nursing Officer, and Staffing Coordinators.

To address all facility needs, recruitment is not only focused on the various disciplines employed by 1st Nurse Registry but additional attention is paid to the various general, specialty, or intensive care areas.  All individuals who work for 1st Nurse Registry are employees and not independent contractors.

Employees obtain applications by going to the 1st Nurse Registry website and completing an employment application, contacting the office to have an application mailed to them via the United Sates Postal Service, obtaining an application at a job fair, or by coming directly into the office.

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: RECRUITMENT AND RETENTION**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 12**

**Effective date: 03/10/14**

**Reviewed: 03/10/14**

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The first point of contact or initial interaction is made by the assistant to the CNO.  This individual reviews the applicant and assists the applicant with completion of the application process. Employees are not allowed to begin work until they have completed the entire application process.

The second step in the employment process is for the employee to attend any orientation required by the facility and complete any facility programs.

**Retention**

1st Nurse Registry utilizes various modalities to retain qualified nursing and allied health personnel.  These modalities include:

* 100% daily pay for per-diem personnel/weekly pay for travel personnel
* Health insurance for travel personnel who accept assignments for 8 + weeks
* Private housing accommodations for travel nurses
* Travel reimbursement for travel nurses
* Licensure reimbursement for travel nurses
* Flexible staffing
* Excellent pay rates
* Malpractice and workman’s compensation insurance
* Monthly bonus based on hours worked
* Referral bonuses
* Daily direct deposits for per-diem
* CPR recertification
* Continuing educational opportunities
* 24-hour support staff

**1st Nurse Registry**

**Policy and Procedure Manual**

**Policy: MEDICATION VARIATION POLICY**

**Policy Origin Date:   03/10/14**

**Policy No.: HR 13**

**Effective date: 03/10/14**

**Revision date: 03/10/14**

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**Purpose**

To establish medication variation guidelines for any employee who has a self-reported or facility reported medication variation.

**Policy Statement**

1st Nurse Registry views the administration of mediation as an important role of our nursing staff.

**Procedure/Guideline**

Medication variations will follow the process as outlined below.  In the event any medication variation resulted in patient harm, the Chief Nursing Officer will review the circumstances of the incident and determine if the employee will follow the process or no longer be assigned to client facilities by 1st Nurse Registry

It should be noted that the following guidelines are in effect for a two year period.  If two years have elapsed since the first medication occurrence, the employee returns to the guidelines as outlined in the first occurrence section of the policy.

**First Occurrence**

Any employee who has a medication variation reported to the agency will be required to review the five rights and responsibilities of medication administration.  It is the Chief Nursing Officer’s responsibility to contact the employee on their first occurrence and inform them to review the five rights as well as the medication variation policy for 1st Nurse Registry.

**Second Occurrence**

In the event an employee has a second reported medication variation, the employee will be required to complete a minimum of 3 continuing education units on medication safety and medication variations.  1st Nurse Registry will not assign any employee with two medication variations to any client facility until the employee is capable of demonstrating successful completion of the required continuing education units.

**Third Occurrence**

In the event an employee has a third medication variation, the Chief Nursing Officer will review the seriousness of the variations and develop a plan of corrective action with the employee. It should be noted that at any time during this process the Chief Nursing Officer may decide not to assign the employee to any client facility.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: STAFF GRIEVANCES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 14**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

The establishment of a grievance and appeals procedure is based upon:

* + 1. The maintenance of good employee-management relations;
    2. Expeditious handling of grievances at the supervisory level closest to the problem; and
    3. Establishing a problem-solving work environment which assures that all employees can participate in the resolution of those matters which affect them personally.

**Policy Statement**

An employee may, without prejudice or fear of retaliation, express his/her grievance through the channels outlined herein with the assurance of timely and thorough consideration. The employee is assured freedom from interference, coercion, discrimination, and reprisal in filing grievances.

**Definition**

Grievances shall consist of matters of disagreement arising out of the employer/employee relationship wherein the employee believes that there has been an unfair infraction, breach, or misinterpretation of applicable federal or state laws, or the rules, regulations, or policies of 1st Nurse Registry among other things, this definition includes disciplinary action, health or safety hazards, or alleged discrimination.

**Procedure/Guidelines**

1.    All meetings and investigations related to grievance reviews shall be conducted during the classified employee's regular working hours insofar as possible.

2.    The regularly established administrative channels shall be the route of all matters of grievance.

3.    The employee shall at first present either verbally or in writing any matter of grievance to his/her immediate supervisor. This should be done within thirty (30) calendar days of the alleged violation.

**1ST NURSE REGISTRYY**

**Policy and Procedure Manual**

**Policy: STAFF GRIEVANCES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 14**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

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* 1. Only one subject matter shall be covered in any one grievance. If a written grievance is submitted, it shall contain a clear and concise statement of the grievance, indicating reference to the applicable policy or law that is alleged to have been violated, the date the incident took place, the issue involved, and the relief sought.
  2. The first level of review shall be with the Administrator and the final level for administrative decision shall be the Chief Executive Officer of the company. If for some reason the employee prefers not to discuss a problem or grievance directly with the Administrator, the problem or grievance may be presented in writing to the Administrator.
  3. Once a grievance and the requested remedy have been submitted in writing, they may not be changed or amended in any way. Changes by the employee shall constitute a dropping of the grievance. Initiation of a new amended action must be submitted within the original time period.
  4. Upon receipt of the grievance as submitted by the employee, the Administrator shall consider all of the facts of the case and report his/her decision in the matter in writing to the employee within fifteen (15) working days after receipt of the grievance.  This can be done via electronic communication.
  5. If the matter is not satisfactorily resolved at this level in the eyes of the grievant, the grievant may submit the grievance to the next higher supervisory person who is the Chief Executive Officer.  This should be done within three (3) working days from the delivery of the grievance decision of the Administrator. The Chief Executive Officer shall review all of the facts of the case and the decision rendered by the lower supervisor, and render his/her decision to the grievant in writing within five (5) working days after receipt of the grievance.
  6. If a grievance has not been presented by the employee to the Chief Executive Officer within three (3) working days following receipt of the decision of the Administrator, the grievance will be considered withdrawn.
  7. The decision of the Chief Executive Officer is final.

All matters pertaining to a grievance shall be treated as confidential material and will be filed separately from the official personnel file of the grievant.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EXPOSURE INJURIES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 15.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

Outline the process for clinical employees to follow in the event they encounter an

exposure to injury while employed at 1st Nurse Registry.

**Policy Statement**

Employees who suffer a parental (e.g. needle stick or cut) or mucous membrane (e.g. splash to the eye or mouth) exposure to blood or other body fluids or who have subcutaneous exposure involving large amounts of blood or prolonged contact with blood—especially when the exposed skin is chapped, abraded, or afflicted with dermatitis – shall report the incident  immediately to the health care facility authorities (i.e. supervisor, infection control) and complete the Employee Incident and Accident Report Form.  Information about the source patient involved shall be ascertained by the client facility and recorded.  The form shall accompany the employee to the Emergency Department or physician’s office at the time of initial evaluation.  Whenever possible, the employee is to report to a physician designated by 1st Nurse Registry and be evaluated within 24 hours of the injury.  If injury is severe and needs immediate treatment, employee should go into a local hospital emergency room.

Any employee who possesses records or has knowledge of an employee’s or patient’s

HIV antibody test or serological status may not discuss or disclose information to anyone

other than the employee, patient or his legally authorized representative without the

affected employee’s or patient’s prior written authorization.  The authorization must be in

writing, signed by the employee or patient and must state the persons or entities to whom

the test result may be released or disclosed.

**Procedure/Guidelines**

I.               Clean Needle Stick/Sharps Injury

         A.  Report injury to current supervisor

1. Complete Employee Incident and Accident Report
2. Employee shall arrange to be seen in an Emergency

Department or  physician’s office within 24 hours

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EXPOSURE INJURIES**

**Policy Origin Date:   03/10/14**

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II.              Dirty Needle Stick/Sharps Injury/Exposure Involving Body Substances

A.             Post-Exposure Evaluation and Follow-up

1.             Following a report of an exposure incident, the facility host shall make available to the employee a confidential medical evaluation and follow-up of the incident.

2.             The facility host shall document the route of exposure.  HBV and HIV status of the source patient(s), if known, and the circumstances under which the exposure occurred.

3.             The facility host shall notify the source patient(s) of the incident and attempt to obtain consent to collect and test the source’s blood to determine the presence of HIV and/or HBV infection.

4.             The facility host shall collect a blood sample from the exposed worker as soon as possible after the exposure Incident for determination of HIV and/or HBV status.

5.             The facility host shall offer repeat HIV testing to exposed employees six weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after the exposure).

6.             Follow-up of the exposed worker shall include counseling, medical evaluation of any acute febrile illness which occurs within twelve weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EXPOSURE INJURIES**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 15.0**

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B.             Source Patient Consents to Testing

1.             The source patient’s physician or health care facility staff shall inform the patient of the Incident and obtain written informed consent for HBV and HIV serology's at 1st Nurse Registry expense.

2.             If the source patient has AIDS or is sero-positive for HIV at the initial evaluation and if the employee is sero-negative, physician will retest at 6 weeks, 3 and 6 moths following exposure.  The employee will be counseled to report back to physician for any febrile illness which occurs within 12 weeks of exposure (such an illness, particularly characterized by fever, rash, or lymphadenopathy, which may be indicative of recent HIV injection).  Especially during the first 6 to 12 weeks after exposure, the employee should be advised to follow U.S. Public Health Service recommendations for transmission of HIV.  These recommendations include:

a.             Refrain from donating blood, organs or semen.

b.             Avoid exchange of saliva and or deep kissing.

c.              Use condoms during sexual intercourse.

3.             If the source patient is sero-negative for HIV, but is in a high-risk group for HIV infection, the physician shall test the employee at the initial evaluation.  If sero-negative, the employee shall be retested at 3 months.

4.             If the source patient is sero-negative for HIV and is in a low-risk group for HIV infection, the CDC recommends no further evaluation of the exposed employee. However, any employee who desires testing may be tested initially and retested in 3 months.

5.             Any employee who agrees to be tested for HIV following an injury or exposure (or at any other time) and who is found to be sero-positive shall be informed of the test results and will be seen and counseled by a physician regarding the need of further confirmatory testing and treatment.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: EXPOSURE INJURIES**

**Policy Origin Date:   03/10/14**

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6.             1st Nurse Registry shall follow recommendations for Hepatitis B prophylaxis as outlined in Table 1.

C.            Source Patient Refuses Testing

1.             If the source patient refuses serologic testing for either HBV or HIV, the workman’s compensation coordinator shall record the risk category of the source patient, list tests performed and which tests were refused by the patient on the employee injury report.

2.             The physician shall follow CDC recommendations for Hepatitis B post-exposure prophylaxis.  If source patient has high risk factors for Hepatitis B but has refused Hepatitis B serology testing, physician will follow the recommendations for Hepatitis B surface antigen positive patient.

3.             If the source patient has refused HIV testing, the physician shall test the employee for HIV at the initial evaluation.  If sero-negative, re-test at 6 weeks, 3 months and 6 months following exposure.  The employee shall be counseled to report back to physician for any acute febrile illness which occurs within 12 weeks of exposure.  (Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection.  Especially during the first 6 to 12 weeks after exposure, the employee should be advised to follow U.S. Public Health Service recommendations including:

a.             Refrain from donating blood, organs and/or semen.

b.             Avoid exchange of saliva and/or deep kissing.

c.              Use of condom during sexual intercourse.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: DRUG FREE WORKPLACE**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 16.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

**Reviewed: 03/10/14**

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**Purpose**

To assure that agency employees are not under the influence of drugs, prescription or illegal, thereby preventing the placement of impaired employees in client facilities.

To validate the use of a certified laboratory doing minimally a ten panel drug screen on all professional and licensed candidates. This will be done pre-employment.

To prevent the employment of impaired candidates and to continually promote a drug free workplace within the agency and throughout host facilities.

**Policy Statement**

1st Nurse Registry and all client facilities are Drug Free Workplaces.

All applicants for hire must have at least a ten (10) panel drug screen done prior to working shifts. The drug screen must be negative.

**Procedure/Guideline**

A consent form or chain of custody form for drug screens (pre-employment) will be signed at the collection site.  Consent for drug screen (for cause) will be signed and dated by the employee giving permission to perform a drug screen.

The drug screen will be done by a certified lab. The applicant will be verified by the lab with a picture ID.

The results of the screen must be in the employee’s file or drug screen binder.  The date, name and title of the person reviewing from the certified lab will be included.

A system of tracking will be done to monitor.

For cause screening may be done at anytime if requested by host facility or agency.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: TIME SLIPS AND PAYROLL**

**Policy Origin Date:   03/10/14**

**Policy No.:  HR 17.0**

**Effective date: 03/10/14**

**Revision date:  03/10/14**

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**Purpose**

1st Nurse Registry has a process to pay all employees at regularly scheduled intervals.

**Policy Statement**

Outline the correct procedure to be paid for hours worked as well as identify payroll periods.

**Procedure/Guidelines**

1st Nurse Registry pay period ends on the last day (Saturday) of every week.  Any completed time slip submitted from the first day (Sunday) of the week until the last day (Saturday) of the week will be included on weekly payroll.  NOTE:  Incomplete time slips are not paid until verified with client facility.

Regardless of how many days are in each month, the pay period always ends on the last day (Saturday) of the week.  Completed time slips processed prior to the last day of the week will be processed during the pay period.  In the event a completed time slip is submitted on the last day (Saturday) of the week, it will not be included in end of week’s payroll. If an employee submits completed time slips on Saturday, all completed time slips will be included on when the payroll is processed, except for that Saturday.  In the event a completed time slip is submitted on Saturday, it will be included in the next week’s pay period.    In the event that pay day falls on a holiday, the payroll will be processed on the next business day.

Employees may have a cash advance on any time slips submitted prior to the end of the week. In the event an employee submits completed time slips prior to the end of week processing date, the completed time slips will be process for daily cash advances and deposited directly into the employees account on file, or may be picked up in a check format.

Cash advances are an estimate of how much the employee should clear.  When the end of the week payroll check is processed, any amounts over the amount advanced will be available for pickup or mailed to the employee in a check format. In the event the amount advanced exceeds the amount of taxes owed, 1st Nurse Registry will satisfy the amount owed to social security, Medicare, Federal Withholding, and State Tax – in that order.  It should be noted that employees who submit completed time slips for payroll advances may be required to satisfy the amount owed to federal and state taxes at the time they file their annual taxes.

**1ST NURSE REGISTRY**

**Policy and Procedure Manual**

**Policy: TIME SLIPS AND PAYROLL**

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Since 1st Nurse Registry hires employees as well as independent contractors, 1st Nurse Registry will withhold taxes on all employees based on the information provided on the employee Form W-4 Employee’s Withholding Allowance Certificate. 1st Nurse Registry will not withhold taxes for independent contractors based on the information provided on the said independent contractor Form W9. At the appropriate time, 1st Nurse Registry will provide the independent contractor with a Form 1099 for the purpose of filing their annual taxes. It is the responsibility of the independent contractor to file their own taxes with the Internal Revenue Service (IRS) based on information contained on the Form 1099.

1ST NURSE REGISTRY

**POLICIES AND PROCEDURES**

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**SECTION III – STANDARD OF CARE**

Purpose

Guideline/Procedure

**Rules**

|  |  |
| --- | --- |
| **G0190 - Plan of Treatment 400.506(13) FS; 59A-18.011 FAC**  **G0275 - C.N.A. & Home Health Aide –** Physician 400.506(6)(c), F.S.  provide care to a patient in  his home only if that patient is under a doctor's care.  Inform physician of CNA or HHA  Appropriate tasks of CNAs and HH aides  **G0276 - CNA and HH Aide** ***(& Patient Requested RN Visits)*** 400.506(6)(c), F.S.  registry advise patient at the time the contract that RNs available to visit at additional cost.  **G0277 - CNA and Home Health Aide – Responsibilities** 59A-18.0081(2-6), F.A.C  observing, documenting, reporting, and perform appropriate tasks  **G0278 - Assistance with Medications** 400.488 FS; 59A-18.0081(12(d-e) FAC  Give Informed consent"  Written consent in the patient's record.  review of the medications for which assistance is to be provided conducted by a registered nurse  or licensed practical nurse to ensure the HHA or CNA was able to assist in accordance with training and  the medication prescription.  **G0200 - Clinical Records** 59A-18.012, F.A.C.  Identification Sheet, Patient Authorization for information Release Form, Plan of treatment, Signed Clinical notes.  **G0225 - Administration of Drugs and Biologicals** 59A-18.013, F.A.C.  nurse registry gives independent contractor nurses the procedures for  administration of drugs to patients | SOC |

**\*\*\*EMPLOYEE IS DEINED AS EITHER CLINICAL/FIEMGMT EMPLOYEE AND/OR OFFICE/ADMINISTRATIVE EMPLOYEE.**