



3 Strike Policy

Continuum Pediatric Nursing stresses the accountability and professional conduct of our nurses. We truly believe that our staff represents the very best in skilled pediatric home care providers, and our patients and their families expect nothing less. Unfortunately, in an organization as large as Continuum, there will be instances where one of our nurses falls short of this standard. Because of this, Continuum maintains a “3 Strike Policy” in regard to certain aspects of your employment to ensure that we continue to provide the highest level of services to our patients. Examples of Continuum policies that, if not followed by a staff member, would result in a strike include (but are not limited to):

1. No cell phone use during shifts (with the exception of a family emergency).
2. No sleeping during shifts (this includes any type of short nap or doze).
3. No tardiness in arrival times for shifts.
4. No smoking during shifts.
5. Documentation in the clinical record including but not limited to: 24hour flow sheet, Nurses Note, MAR, TAR etc. Documentation must be completed by the end of shift. All documentation must be completed during your shift in the patient’s home. Removal of documentation is prohibited with the exception of weekly mailings to the office.
6. Submission of time for payroll must be reported daily via phone at (703) 749-0016 or, upon completion of the final shift worked for the week, through the Staff Portal at <http://www.continuum-nursing.com/payroll>.
7. Shift cancellation must be done well in advance of the start of the shift with proper notification to the office and/or the on-call coordinator.
8. Cancellations or absences are monitored; frequent absences from scheduled shifts will be discussed and expectations for attendance will be re-iterated.

If infractions are brought to the attention of nursing management, we will initiate a conversation to understand the circumstances from all perspectives. If the conclusion of the conference is that the nurse had responsibility for the transgression, the plan for corrective action will be as follows:

1. **VERBAL WARNING** (Strike 1): Nursing supervisor or designate will verbally inform the nurse of the violation of the “3 Strike Policy” and request that the nurse take extra measures to prevent it in the future.
2. **WRITTEN WARNING** (Strike 2): Nursing supervisor will verbally inform nurse of the violation and complete an employee counseling report that will remain in the nurse’s employee file for the duration of employment.
3. **FINAL WARNING** (Strike 3): Nursing supervisor will verbally inform the nurse of the violation and suspend the nurse from working future shifts until an in-office meeting with the nursing supervisor has occurred. The length of suspension from work will be determined by nursing management.

A subsequent infraction will result in the termination of the staff member. ***Our policies are very clear in their expectations.*** If at any time a nurse feels that a situation has arisen that might result in a violation of one of these standards, it is imperative that the office be contacted immediately. If there are any questions or concerns about this policy, any one of the members of the nursing management team of Continuum would be happy to work with you to ensure your comfort with these policies.

I have read and understand the above “3 Strike Policy” as confirmed by my signature below:

Nurse’s Name

Date



Mission Statement

- To deliver the highest quality of nursing care with compassion and kindness to pediatric patients in their homes while respecting the unique needs of each patient and their family.
 - To provide a cost effective continuum of care adjusted to the special needs of each patient.
- To encourage a professional and supportive environment for employees that promotes competency expansion through education and training.

Vision Statement

Continuum Pediatric Nursing Services will be the premier provider of high-technology pediatric nursing services in the home setting optimizing patient health and answering the home care needs of the community.

Fact Sheet/ Administrative Policies

1. There is always a staff person and nurse supervisor on call after hours. To reach the on-call coordinator who can direct you to the appropriate person, call the main office number and follow the prompts.
2. The pay period runs from 12:00 AM (Midnight) Sunday through 11:59 PM on Saturday night.
3. Each employee may work only 40 hours per week unless special permission for overtime is granted by an authorized Continuum staff member. Approved overtime is paid at time and one half the base pay rate.
4. Hours worked can be reported in one of two ways - *either* online through our website *or* called in to our voice mail system. On-line reporting must be completed by 11:59pm on the Sunday following the relevant work week by going to www.continuum-nursing.com, selecting Staff Portal through the Contact Us link and submitting the appropriate form. If you prefer to call in your hours, you can call (703) 749-0016. When calling in, state your full name, patient name, date and time of arrival/departure. If the shift includes taking the patient to school, state the school hours in your message. Please report all time worked no later than immediately following your last shift of the work week..
5. Schedules are coordinated monthly. Call the staffing coordinators with your availability by the 15th of every month for the following month. Plan your schedules wisely as to avoid any "last minute" cancellations. It is your responsibility to verify your schedule. Nursing staff shall not schedule assignments directly with patients or their families, shall not attempt to contact a patient or their family if a case is discontinued, and shall not give his/her personal phone number to patients or their families. Same day cancellations are acceptable only in emergency situations. Emergencies include illness or accidents. All cancellations will be documented in employee files and will be considered during employee evaluations.
6. Nursing orientation for all new cases is routine. Orientation is paid at an orientation rate, which may be lower than your base rate.
7. Nurses will be paid time and 1/3 on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day.
8. Employees are required to sign their name and title on all documentation entries.
9. All flow sheets **must** be signed by the Primary Care Giver at the completion of your shift.
10. Pay day is Friday each week. Pay stubs will be sent electronically via email unless requested to be received via mail. Live checks are mailed upon completion of the payroll process weekly.
11. You must arrive on time to your scheduled shift to receive report. Any delay in arriving must be reported to *Continuum* immediately. Excessive tardiness will be monitored and appropriate action taken.
12. All accidents/injuries to staff or patients must be reported to the office immediately. If an accident occurs outside office hours, notify the on-call coordinator.

I have read and understand the above Fact Sheet/Administrative Policies for Continuum Pediatric Nursing Services. I agree to abide by these guidelines to the best of my ability.

Signature _____ Date _____

Continuum Pediatric Nursing Services Policy and Procedure

Chapter: Management of Human Resources

Subject: Background Checks

Number: 9.102.02

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Joint Commission Standard: HR.01.02.01

Purpose:

In compliance with the Health and Safety Code, Chapter 250 found in House Bill 1510, Section 25, Continuum Pediatric Nursing Services will conduct criminal history checks on all clinical personnel. In compliance with the Centers for Medicare & Medicaid Services (CMS) and State Medicaid/Medical Assistance directives, Continuum Pediatric Nursing Services will confirm that no clinical personnel are listed on the HHS-OIG List of Excluded Individuals and Entities (LEIE).

Policy:

Any person to whom an offer of employment is made, if the duties of that person involve any direct contact with any client, client's family, clients visitors, or the property of such persons shall be required to complete a criminal history check form showing proof of compliance and will be maintained in the personnel file.

If it is deemed necessary to hire the potential employee in an emergency situation pending completion of the criminal history check by the State Department of Health, the employee will be required to sign a Statement of Employability, stating that he/she has no conviction of an offense that would bar employment. The statement will be maintained in the employee's personnel file for at least 60 days.

Continuum Pediatric Nursing Services will request all criminal history checks within one week of employment for all clinical persons hired from the Hire Check Inc. except for the state of PA. In Pennsylvania, if an employee has not lived in the state for two or more years an FBI check will be run. Also, for Pennsylvania employees, a Child Abuse Clearance will be performed on clinical personnel with The Childline and Abuse Registry, Department of Public Welfare, PO BOX 8170 Harrisburg, PA 17105.

All new clinical personnel will be screened to ensure they are not excluded from participation in Federal or State health care programs. This screening will be accomplished by searching the HHS-OIG LEIE website upon hire, and monthly thereafter. Any exclusion information that is discovered will result in the immediate suspension of the excluded individual, a report to the appropriate state agency of the discovery, and clear documentation of the discovery in the employee's personnel file. Excluded individuals will not be employed to care for any patient participating in Medicare, Medicaid or any State Children's Health Insurance Program.



BIOHAZARDOUS WASTE PLAN

Continuum Pediatric Nursing Services, as a home health agency, recognizes its responsibility as a Biohazardous waste generator. Recognizing this, the following plan is implemented.

1. All employees are instructed in the proper disposal and handling of Biohazardous materials, and the instructions necessary for our clients and caregivers.
2. Our employees are instructed in the following manner:
 - A. Surgical gloves and other biological waste which includes disposable medical supplies.
 - B. Biohazardous waste, except sharps, will be packaged in red impermeable polyethylene bags and then sealed tightly. Evidence of bag manufacture's testing and bag quality will be maintained.
 - C. Discard sharps will be placed directly into leak-resistant, rigid, puncture-resistant containers.
 - D. All Biohazardous waste will be labeled (labels securely attached) and identified with the following information: generator's name, address, and date of packaging. All labels will contain the biohazard symbol and the words Infectious Waste of Biohazardous Waste. (Most registered haulers will supply the needed containers and/or the red bags. Labels can be obtained by medical supply companies, DME companies, or label companies).
 - E. Solid waste mixed with biohazard waste will be treated as Biohazardous waste.
 - F. Biohazardous waste mixed with radioactive waste must be treated as radioactive waste.
 - G. If a spill or leak occurs, proper barrier clothing must be worn and the area will be cleaned with the industrial strength detergent followed by 30 seconds of **hot water** (164 degrees F) or rinsing three minutes with either Clorox (hypochlorite solution 1:10) or Betadine (iodine solution 1:25).
3. As a HHA, we will contact only with a **registered (Licensed) hauler** for pick up and disposal of Biohazardous waste generated by our clients and our office.
4. As small generators (less than 25 lbs per client) we will assess each case for the most cost effective manner of managing generated waste.
 - A. Whenever a DME or infusion therapy company is involved, efforts will be made to assure that they will be removing Biohazardous waste on a regular (no less than weekly) basis.
 - B. The administrative staff will make arrangements for drop off of Biohazardous waste to a local medical facility that is authorized to accept such waste if not disposed of by alternative methods.
 - C. We will identify clients not involved with a DME company and inform our hauler of the need for service.
 - D. Staff members will carry Biohazardous waste (properly packaged, labeled, and handled, wearing appropriate barrier protection) to the office for pick up by the contracted registered hauler.
 - E. Disposal of Biohazardous waste will occur at least every 30 days.
5. Receipts for disposal and documentation records will be maintained for three (3) years.
6. This plan will be reviewed and updated as needed.

I HAVE READ AND UNDERSTAND THE BIOHAZARDOUS WASTE PLAN AS SET FORTH BY *CONTINUUM* AND WILL COMPLY WITH SUCH TO THE BEST OF MY ABILITY.

Print Name

Signature

Date



CHILD ABUSE AND NEGLECT

Child Abuse is any mistreatment or neglect of a child resulting in non-accidental harm or injury which cannot be reasonably explained.

Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It generally involves an act of commission or actively doing something to a individual; neglect is usually an act of omission, such as not providing for basic needs. It is imperative that nurses in all settings use skill, knowledge and judgment to ensure a child is safe and not in an abusive environment. Child Abuse includes a range of intentional behaviors by an adult that includes physical, emotional, and sexual abuse as well as neglect of the child.

Physical Abuse is the most obvious type of abuse. Physical Abuse is the deliberate application of force to any part of a child's body causing physical harm or pain, trauma or bodily harm to the child. Injuries from physical abuse may include burning, hitting, punching, shaking, kicking, pinching, beating, and slapping, biting or otherwise damaging tissue. It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Emotional Abuse is defined as the systemic tearing down of another human being or acts that are psychologically damaging. Emotional abuse can be the result of acts of omission, such as the absence of positive parenting behaviors, or acts of commission such as telling a child they are worthless, or displaying hostile behaviors.

Verbal Abuse is defined as any use of insulting, demeaning, disrespectful, oral, written, or gestured language directed towards and in the presence of the client.

Mental Abuse is defined as humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation (e.g. living in fear in one's own home).

Sexual Abuse is defined as any incident where an individual is coerced, manipulated, or forced to participate in any form of sexual activity for which they did not give affirmative permission or sexual assault against an individual who is unable to defend him/herself. Sexually abused children experience severe emotional disturbances from their own feelings of guilt and shame. Recognizing the child's lack of emotional, cognitive, or maturational development to deal with the exploitive sexual act is critical. The devastating and lasting effects of offenses such as exhibitionism and touching offenses such as fondling and sexual exploitation are considered sexually abusive, as are sexual intercourse, and its deviations such as sodomy, oral and genital stimulation, fellatio, and coitus. Vaginal penetration constitutes rape. If the adult is biologically related it is considered incest.

Neglect is failure of a parent or caretaker to provide a child under the age of 18 with basic needs such as food, clothing, shelter, medical care, educational opportunity, protection and supervision. Emotional deprivation or desertion is a common but overlooked form of abuse.

Injury of unknown source is an injury that was not witnessed by any person and the source of the injury could not be explained by the patient. The patient may experience normal day-to-day bumps and minor abrasions as they go about their lives. These minor occurrences should be recorded by the HHA staff once they are aware of them and follow-up should be conducted as indicated.

Misappropriation of Property- Theft or stealing of items from a patient's home. The HHA staff will investigate and take immediate action on any allegations of misappropriation of patient property by HHA staff and refer to authorities when appropriate.

Nurses are critical in prevention, assessment and intervention in situations of child abuse and neglect. Document all interactions with the caregiver and the child in objective terms. As a healthcare professional, you are a mandated reporter. Report the matter to the local department of Social Services Child Protective Services Hotline 24/7 in the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. As a professional nurse, you are obligated to read your specific states nurse practice act, and always stay within the scope of practice. Notify Continuum's Director of Nursing or designee before reporting any suspected abuse and neglect.

I have read and understand the above information on Child Abuse and Neglect as confirmed by my signature below:

Nurse's Name

Date



HOME CARE SERVICES CODE OF ETHICS

Inherent to the implementation of a code of ethics is the realization that patients and staff have a right to expect that the organization will operate in an honest and ethical manner. It is anticipated that adherence to this code will contribute to the effective care of our patients and to the overall satisfaction of staff.

We adhere to the highest ethical standards of business practice, contributing to the economic growth and social progress of our nation and society, as we conscientiously fulfill our obligations to our patients and staff.

We acknowledge as our principle objective the provision of the best possible health care services to our patients at a cost consistent with the amount and type of service provided.

We acknowledge and fulfill our obligations as an equal opportunity employer. We respect staff rights and adhere to written personnel policies which are uniformly applied. We observe all payroll and taxation laws and protect our patients and staff with appropriate insurance.

We acknowledge and fulfill our obligation to screen, test, manage and evaluate staff for the purpose of fully satisfying the patient's needs.

We acknowledge and fulfill our obligation to orient staff to their role and to provide in-service training to maintain current knowledge and skills needed to serve our patients competently.

We adhere to the highest standards of integrity in managing, advertising, marketing and performing the services we offer.

We acknowledge and fulfill our responsibility to adapt our services to the changing needs of the health care field through close cooperation with professional organizations, planning agencies and government/legislative bodies.

Employee Signature

Date



NURSING CODE OF ETHICS

Adopted From The American Nurses' Association And The International Council Of Nurses Code Of Ethics

The nurse's primary responsibility is to those who require nursing care.

The nurse is to provide services with respect for human dignity and the uniqueness of the patient unrestricted by consideration of social or economic status, personal attributes, or the nature of health problems.

The nurse holds in confidence personal information and uses judgment in sharing this information.

The nurse assumes responsibility and accountability for individual nursing judgments and actions.

The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

The nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning.

The nurse maintains the highest standards of nursing care possible within the reality of specific situation.

The nurse uses judgment in relation to individual competence when accepting and delegating responsibilities.

The nurse sustains a cooperative relationship with coworkers in nursing and other fields.

The nurse takes appropriate action to safeguard the individual when his/her care is endangered by a coworker or any other person.

The nurse, when acting in a professional capacity, should at all times maintain standards of personal conduct that would reflect credit upon the profession.

I have reviewed and will abide by the Nursing Code of Ethics as a Continuum employee:

Employee Signature

Date



Drug Free Workplace Policy

Purpose and Goal

Continuum is committed to protecting the safety, health and wellbeing of all employees and other individuals in our workplace. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. A Drug-Free Workplace is created when all employees adhere to a program of policies and activities promoting a safe Workplace. It is specifically designed to discourage alcohol and drug abuse and encourage treatment, recovery and the return to work of those employees with such abuse problems. Reduced workers compensation claims, increased productivity, and decreased absenteeism are benefits our clients are experiencing after implementing our Drug-Free Workplace Program.

Covered Workers

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to full-time employees and part-time employees.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies whenever conducting business or representing the organization.

Prohibited Behavior

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants while working for Continuum, or traveling to or from work associated with Continuum.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deterioration and/or other accidents occur.

Drug Testing: Conditions and Confidentiality

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. All drug-testing information will be maintained in separate confidential records.

Each employee, as a condition of employment, will be required to participate in random, post-accident and reasonable suspicion testing upon selection or request of management.

Substances Tested

The substances that will be tested may include: Amphetamines, Cannabinoids (THC), Cocaine, Opiates, Phencyclidine (PCP), Alcohol, Barbiturates, Benzodiazepines, Methaqualone, Methadone and Propoxyphene. State law may affect the substances tested.

Testing for the presence of alcohol may also be conducted by analysis of breath.

Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine or blood.

Consequences of Positive Testing

Any employee who tests positive will be immediately removed from duty and referred to a substance abuse professional for assessment and recommendations. The employee will be required to successfully complete recommended rehabilitation including continuing care. Before the employee is allowed to return to work, the employee will be required to pass a Return-to-Duty test and sign a Return-to-Work Agreement. The employee will be subject to ongoing, unannounced, follow-up testing for a period of five years and terminated immediately if he/she tests positive a second time or violates the Return-to-Work Agreement.

An employee will be terminated if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in a way that prevents completion of the test.

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may reapply after eighteen months and must successfully pass a pre-employment drug test.

If an employee violates the policy, he or she will be subject to progressive disciplinary action and may be required to enter rehabilitation. An employee required to enter rehabilitation who fails to successfully



complete it and/or repeatedly violates the policy will be terminated from employment. Nothing in this policy prohibits the employee from being disciplined or discharged for other violations and/or performance problems.

Return-to-Work Agreements

Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation. In such cases, the employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition of continued employment.

Assistance

Continuum recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate help.
- Allows the use of accrued paid leave while seeking treatment for alcohol and drug problems.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

All information received by the organization through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- Inform employees of the drug-free workplace policy.
- Observe employee performance.



- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Counsel employees as to expected performance improvement.
- Clearly state consequences of policy violations.

Communication

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program:

- All employees will receive a written copy of the policy upon request.
- The policy will be reviewed in orientation sessions with new employees.

By signing below I acknowledge that I have received and read this policy and agree to adhere to it as an employee or applicant for employment with Continuum Pediatric Nursing Services.

Employee/Applicant Signature

Date

Employee/Applicant Name



EARLY RETURN TO WORK POLICY STATEMENT

Continuum Pediatric Nursing is committed to administering a Transitional Work Program. This program is designed to assist an employee in returning to work as soon as possible following a work related injury. We recognize the need to secure useful and productive work for the employee, within their specified work restrictions, while they are recovering. As part of our commitment to our employees, we will make every effort to cooperate with the employee's medical provider in developing a work program that will seek to return the employee to full work status at the earliest possible date.

One critical component of this return to work program is *timely notification of an injury*. It is the policy of *Continuum Pediatric Nursing* that any employee injured on the job must report the injury to their supervisor immediately. This notification must be made in writing, using a *First Report of Injury* form filled out by either the employee's supervisor or a member of the human resources team. If an employee fails to report their work-related injury in a timely manner, they may jeopardize their eligibility for coverage under the company's worker compensation insurance program.

Once reported the supervisor will provide the injured employee with a panel of qualified medical providers to obtain treatment and care for their injury. Naturally, employees with life or limb threatening emergencies should seek immediate medical care from the nearest emergency care facility and then follow up with the medical panel provider for treatment. Be advised that failure to use a medical provider, from the panel, for your work-related injury treatment could result in a denial of your claim for benefits.

A second, critical component of this program is *communication*. Employees who are unable to work during their recovery should remain in touch with their supervisor during the rehabilitation. A weekly or bi-weekly phone call or email is all it takes to keep everyone in the loop and working towards a speedy recovery for the injured employee.

A third, critical component of this program is *awareness*. *Continuum Pediatric Nursing* strives to provide all employees with a safe and healthy work environment. As part of this commitment, it is the employee's responsibility to observe proper safety procedures, policies and guidelines and to act in a professional manner while on the job site. Workplace injuries that are the result of horseplay, improper behavior or an employee's failure to observe reasonable safety precautions is not tolerated.

Employee Acknowledgement and understanding of this policy:

Print Name

Signature

Date

Chapter: Attachments

Subject: Safe Patient Handling
Guidelines

Number: A.1.102.01

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Joint Commission Standard: PC.01.02.03, NPSG.09.02.01

Purpose:

To assure that each patient receives an initial safe patient handling risk assessment, ongoing safe patient handling risk assessments and safe patient handling plan of care when indicated according to the patient's needs throughout the course of home care. To reduce risk for injury to patient and employee.

Policy:

The initial safe patient handling risk assessment will be completed by the Director of Nursing or Assistant Director of Nursing at time of admission. At 35 lbs, a safe patient handling risk assessments will be completed annually. At 50 lbs, patients will be categorized as a 2 person lift or mechanical assist lift. Once a patient has been determined to require mobility assistance, a safe patient handling plan of care will be established. At any time staff nurses or family members may request a safe patient handling risk assessment be completed on a patient. Staff nurses will be held responsible to read each and be aware of changes to each patient's safe patient handling risk assessment/safe patient handling plan of care. Each nurse upon hire or at annual evaluation will be required to sign an acknowledgment form of the safe patient handling policy and procedure thereby holding them in compliance. The safe patient handling risk assessment and safe patient handling plan of care will be placed in both the patient's home and office chart. Safe patient handling risk assessments and safe patient handling plans of care will be reviewed with the parent or guardian for understanding and agreement.

Procedure:

1. Initial safe patient handling risk assessment completed on admission will include, but not be limited to, the following items as applicable:
 - A. Patient Information
 - B. Physical Dependency Level
 - C. Functional Level
 - D. Psychosocial/Behavioral Activities

Joint Commission Standard: PC.01.02.03, NPSG.09.02.01

- E. Activities of Daily Living;
 - F. Equipment Attached to Patient;
 - G. Environmental Considerations;
 - I. Review with Parent or Guardian.
2. Annual safe patient handling risk assessment will include, but not be limited to the following items as applicable:
- A. Patient Weight and Height
 - B. Physical Dependency Level
 - C. Functional Level
 - D. Psychosocial/Behavioral Activities
 - E. Activities of Daily Living
 - F. Equipment Attached to Patient
 - G. Environmental Considerations
 - I. Review with Parent or Guardian
3. Establishment of a safe patient handling plan of care will occur once a patient has been determined to require mobility assistance. The safe patient handling plan of care will include, but not be limited to, the following items as applicable:
- A. Safe patient handling individual plan of care/Re-Evaluation
 - B. Mobility Assistance Level
 - C. Mobility Assistance Equipment Available in Home
 - D. Alternative Safe Patient Handling Plan
 - E. Narrative of Special Considerations
 - F. Review with Parent or Guardian
4. Staff nurses signature on acknowledgment form of safe patient handling policy and procedures represents their agreement to the following items:
- A. Have read and understand the safe patient handling policy and procedure.
 - B. Agree to read each patient's safe patient handling risk assessment.

Continuum Pediatric Nursing Services
Policy and Procedure

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Joint Commission Standard: PC.01.02.03, NPSG.09.02.01

- C. Agree to adhere to each patient's safe patient handling plan of care.
- D. Understand that they may request a safe patient handling risk assessment at any time for safety of patient and self.
- E. Received educational packet on safe patient handling and preventing back injuries.

I _____ hereby acknowledge that I have read and understand Continuum Pediatric Nursing Services policy and procedures for safe patient handling. I further acknowledge that I will be held responsible to read and comply with each patient's safe patient handling risk assessment and safe patient handling plan of care provided in the patients chart. I understand I can request the nursing supervisor conduct a safe patient handling risk reassessment on any patient at any time. I have received and read/understand the safe patient handling and preventing back injuries educational packet.

Signature of Employee

Date

Signature of Nursing Supervisor

Date



DISTRACTION-FREE DRIVING POLICY

Continuum deeply values the safety and well-being of all employees. Due to the increasing number of accidents resulting from the use of cell phones while driving, we are instituting a new policy.

- Employees are not permitted to use a cell phone, either handheld or hands-free, while operating a motor vehicle on company business and/or on company time, including travel to and from a patient's home or our offices.
- Employees are not permitted to read or respond to e-mails or text messages while operating a motor vehicle on company business and/or on company time, including travel to and from a patient's home or our offices.
- This policy also applies to use of PDAs.
- While driving, calls cannot be answered and must be directed to voice mail.
- If an employee must make an emergency call (911), the vehicle should first be parked in a safe location.

Employees are responsible for payment of civil penalties in the event a citation is issued. If an employee is cited by any enforcement agency for cell phone use violations or if an employee is observed using a hand held device and the use is confirmed by one or more supervisory or management employees of Continuum, the employee will be subject to discipline up to and including termination. Correspondingly, any supervisor or management personnel found to allow, encourage, pressure, or threaten adverse action against an employee for complying with this policy shall be subject to discipline up to and including termination.

I have received a written copy of Continuum's distraction-free driving policy. I fully understand the terms of this policy and agree to abide by them.

Name

Signature

Date



CONTINUUM PEDIATRIC NURSING SERVICES *SELECTED EMPLOYMENT POLICIES

1. *Continuum* requires the results of a tuberculin skin test and/or chest x-ray. The skin test must be done by the PPD method. This skin test is acceptable up to one year prior to hire date. Positive results will require documentation of a medical evaluation, which may consist of a chest x-ray and/or prophylactic antibiotic therapy. Employees who have previously tested positive to a tuberculin skin test will complete an annual TB screening assessment and provide a chest x-ray indicating no evidence of tuberculosis.
2. Two satisfactory references from previous employers are required prior to employment.
3. Applicant must meet qualifications set forth in the job description for the position for which they are applying.
4. Documents that prove eligibility for employment in the United States must be presented.
5. Each licensed applicant must present a current state nursing license and CPR card.
6. No applicant shall be denied employment because of age, race, creed, religion, color, sex, nationally, military status, marital status, disability, handicap, political beliefs, sexual orientation, or veteran status.
7. Employees are on probation for 3 months starting with the first shift worked.
8. *Continuum Pediatric Nursing Services* reserves the right to remove a nurse from any case at any time.
9. *Continuum Pediatric Nursing Services* cannot guarantee hours of work for hourly staff.
10. Employees shall not schedule assignments directly with patients or their families, shall not attempt to contact a patient or their family if a case is discontinued, and shall not give his/her personal phone number to patients or their families.
11. Each employee may work only 40 hours per week unless special permission for overtime is granted by an authorized *Continuum* staff member. Approved overtime is paid at time and one half the base pay rate.
12. Employees are expected to perform their duties in a professional manner and within their job description, to respect patients' privacy and rights, and to keep all information regarding care and financial matters totally confidential.
13. Each employee must arrive on time to his/her scheduled shift to receive report. Any delay in arriving must be reported to *Continuum* immediately. Excessive tardiness will be monitored and appropriate action taken.
14. Nurses must remain with their patient at ALL times during their scheduled shift; no running errands, leaving patient to go talk on phone, etc. If you have a personal emergency and need to leave your shift early, *Continuum* must be notified prior to you leaving your patient's home.
15. Each employee must wear a picture ID with the *Continuum Pediatric Nursing Services* insignia and his/her name and title.
16. While on duty, appropriate attire is required. Inappropriate attire includes jewelry, visible body piercings other than ears, midriff baring tops, and shorts above the mid-thigh. Fingernails should be clean and neatly trimmed. Scented products such as perfume, cologne, and aftershave are not to be worn.
17. An RN case manager supervises every home health case and should be contacted for any questions or concerns. At anytime you may call the DON or the ADON at *Continuum* regarding patient care.
18. Employees shall not discuss personal problems with patients or their families. Employees shall not discuss pay rates with other nursing staff, patients or their families.
19. Employees shall not argue with any patient or their family for any reason. Should any problems arise, the staff member shall call the *Continuum* office immediately.



20. The use of personal technology while directly caring for your patient is strictly prohibited, including cell phone use for personal calls/texts. Specific use of media in the home may be allowed dependent on individual family house rules.
21. Use of cell phones, either hand held or hands-free, or PDAs is strictly prohibited while operating a motor vehicle on company business and/or on company time, including travel to and from a patient's home or our offices. If an employee must make an emergency call (911), the vehicle should first be parked in a safe location.
22. No Continuum employee can transport a patient in their vehicle, this practice is strictly prohibited.
23. Smoking, including vaping, while on assignment is not permitted.
24. Staff who work private duty in the home are responsible for cleaning the kitchen and dishes after meal preparation and for keeping patients' bedrooms and bathrooms neat and clean.
25. Each employee, as a condition of employment, will be required to participate in random, post-accident and reasonable suspicion drug testing upon selection or request of management.
26. The following will result in dismissal from *Continuum Pediatric Nursing Services*;
 - A. Habitual tardiness (defined as 3 or more times in a 2 month period).
 - B. Accepting gifts or money, or borrowing goods or money, under any circumstances without permission from *Continuum Pediatric Nursing Services*.
 - C. Falsifying documentation, including call in/out times.
 - D. Repeated cancellations without a 24-hour notice (defined as 2 or more in 1 month).
 - E. Sleeping while on assignment.
 - F. Use of any drugs, alcohol or any other mind altering substances before, and while on assignment.
 - G. Leaving assignment (family, patient) without permission.
27. Performance will be reviewed periodically; you may request a performance review at any time.
28. Copies of policies and procedures shall be readily available for employee use at all times.

I have read and understand the above polices and agree to comply with the above polices as a condition of my ongoing employment, and directed to the complete list of Employment Policies in the Employee Handbook and the full Policies and Procedures manual.

Further, I have been informed of Title VI of the Civil Rights Act of 1964 and understand that *Continuum Pediatric Nursing Services* does not base hiring or the offer of work on creed, race, ethnic background, sex, handicap, or religious preference.

In addition, my signature below certifies that I have read, understand, and signed a *Continuum Pediatric Nursing Services* job description that I am trained and qualified to perform. I will abide by this document to the best of my ability.

Finally, I agree to abide by the Nursing and the Homecare Code of Ethics and to keep all patient information confidential and within the realm of professional nursing practices.

Employee Signature/Date

Witness Signature/Date



STANDARDS OF PRACTICE

All homecare staff **must follow these guidelines.**

1. A clinical supervisor and physician must be notified by phone of all changes in patient status. Changes will include the following or as direct by the individual's patient's plan of care:
 - A. Temperature > 101.5F of according to the physician's plan of care
 - B. Acute changes in neurological status
 - C. Increase in seizure activity or one lasting more than five minutes
 - D. Significant increase in normal respiratory rate
 - E. Significant increase in O2 requirements
 - F. Retractions and / or nasal flaring that are not part of the baseline assessment
 - G. O2 saturations below baseline for more than 10 to 15 minutes
 - H. Acute changes in breath sounds
 - I. Significant increase or decrease in normal heart rate lasting more than 5 minutes
 - J. Capillary refill >4seconds
 - K. Inability to tolerate normal feeding routine
 - L. Problems with feeding tube functions
 - M. Acute vomiting or diarrhea lasting more than 24 hours
 - N. Presence of blood in stools or emesis
 - O. Inconsolable crying or irritability
 - P. Breakdown in skin integrity or unexplained cuts/bruising/abrasions

If there is no response from the physician within a reasonable time frame (30 minutes), notify the agency's clinical supervisor for further guidance. In the event that the nurse has questions or concerns about orders/instructions received, notify the Director of Nursing.

Note: if 911 conditions exist, notify the clinical supervisor after the arrival to E.R.

2. The nurse will obtain and document vital signs (RR,HR, and O2 saturations, if applicable) every 2 hours on patients requiring use of either an apnea monitor, pulse oximetry, oxygen, end title CO2, or mechanical ventilation.
3. Axillary temperatures will be taken every 8 hours on every child, or more frequently as directed by the plan of care, while awake unless otherwise directed. Temperatures must be taken more frequently if abnormal. Rectal temperatures will be taken only with a physician's order or when an Axillary temperature is abnormal.
4. Apical heart rate will be taken every 8 hours or more frequently as directed by the plan of care by listening for 30 seconds and multiplying by 2. Each assessment should include pedal pulses for patients with cardiac disease or anomaly.
5. Respiratory rates are to be taken every 8 hours or more frequently as directed by the plan of care by listening for 30 seconds and multiplying by 2. Breath sounds are to be assessed at least every shifts and prn.
6. Bowel sounds and last bowel movement are to be assessed every shift and prn.
7. In the event of an equipment failure or malfunction contact the patient's durable medical equipment company.

I HAVE READ THE ABOVE STANDARDS OF PRACTICE AND UNDERSTAND THAT THESE GUIDELINES ARE TO BE STRICTLY ADHERED TO:

Employee Signature

Date

Continuum Pediatric Nursing Services
Policy and Procedure

Chapter: Management of Human Resources	Subject: Selection of Nurses for Receiving Nursing Services in School Setting
----------------------------------------	-------------------------------------------------------------------------------

Number 9.110.01

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Joint Commission Standard HR.01.04.01, HR.01.06.01

Purpose:

To establish a safe and consistent environment for children receiving nursing services in the school setting.

To establish role delineation in the class room.

To establish safer transfer of care practices.

Policy:

Nurses are placed in the school setting to provide nursing care to medically fragile students so they may attend school. The private duty nurse is responsible solely for the medical needs of the assigned student. When the assigned student has physical limitations, the nurse may physically assist in an educational activity at the discretion of the teacher. The private duty nurse must follow school nursing agreements set forth by the school system.

Procedure:

The standard multi-level assessment model will be implemented to establish the competency of each nurse prior to his/her management of a patient with Continuum Pediatric Nursing Services. If the nurse has any questions or concerns regarding his/her role in the classroom or if an emergency occurs with the student at school, he/she should consult with their Continuum nursing supervisor.

Nurses assigned to students in a school setting will receive an orientation consisting of:

1. A tour of the school.
2. Review of school specific procedures or protocols, such as during an emergency response scenario.
3. A review of the OSHA guidelines for care of a child in the school setting.
4. A review of HIPAA guidelines as they apply to the nurse's role in the maintenance of the privacy of the child.
5. A review of documentation of school nursing time.

The nurse must perform the care delivery of the student in accordance with the behavioral expectations outlined as follows:

1. The nurse will, at all times, adhere to the rules and regulations established by the specific school that delineate the activities of all individuals in the school setting
2. The conduct of the nurse must consistently adhere to the expectations guidelines for effective written and oral communication.

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3. The conduct of the nurse must follow the established guidelines for personal conduct of all professional individuals within the school setting. These include:
 - a Refraining from the consumption of restricted foods, gum or candy in the classroom.
 - b No smoking on school grounds.
 - c Not using personal cellular phones, IPod's, or other personal technological equipment in the school setting.

Continuous duty nurses are expected to perform the following tasks while caring for a student/patient in school:

1. Stay with the assigned student at all times unless specified in writing in the school nursing agreement or physician orders. Specific guidelines for managing the nurse's brief periods of relief for bathroom breaks will be determined by prior arrangements established with the child's school administration.
2. Always have most recent physician orders, medication record, treatment record, and parent/guardian emergency contact information with the patient at school.
3. Be knowledgeable of the students healthcare needs. Urgent, timed nursing procedures such as medication administration require anticipatory planning and knowledge of the child's school routine so that appropriate medication delivery practices are maintained. In other, more flexible nursing interventions, the timing and delivery of nursing procedures will be adjusted to the classroom schedule wherever possible; if the child's needs do not allow this flexibility, the classroom schedule may need to be adjusted.
4. Follow transportation safety guidelines per bus driver direction.
5. Coordinate with classroom teacher or school staff where supplies can be kept in the classroom and where routine treatments or clinical procedures should be performed.
6. The nurse has the sole responsibility for performing the child's health care activities. Classroom and school personnel may assist with handling equipment and in the physical repositioning or diapering of the child; school staff may not perform any medical procedures.
7. The nurse's emergency management of the student must comply with the school protocol unless the child's medical plan of care specifically states other emergency management procedures are in place.
8. The nurse may not provide nursing service for any other student in the classroom.
9. The nurse may not assist any other student with education activities in the classroom.

10. Nurses must be informed of the school protocol for management of illness and rashes in the school setting.
11. The nurse monitors the child's status continually to determine the child's ability to participate in a school activity or if the student needs to go home due to illness.
12. Perform full assessment and vital signs as ordered, and when changes in student's baseline are noted.

The private duty nurse will be competent to provide all skilled care based on the specific patient needs. Student needs may consist of the private duty nurse being skilled to:

1. Management of G-tubes, J-tubes, and NG-tubes including feedings.
2. Perform urgent tracheostomy changes and routine care.
3. Provide CPR. Ambubag and mask ventilation.
4. Manage and troubleshoot mechanical ventilator.
5. Suctioning oral, nasopharyngeal, and tracheal.
6. Administer medications to student. This includes via oral, nebulizer, and G-tube, NG- tube, J-tube, and injectables. The individual child's IEP will determine where medications will be stored and given to the student while that student is in school.
7. Perform urinary catheterizations. To be performed in the schools health clinic or specified designated area.
8. Maintain CVL and infusion while in school. (The LPN nurse caring for a patient with a central line will be central line certified).
9. Administer and titrate oxygen as needed/ordered to student via vent, nasal cannula, trach collar.
10. Perform ostomy or wound care.
11. Manage seizures.
12. Utilize emergency equipment and medications.

School rules for personal breaks:

It is expected that rest room breaks occur between classes to prevent disruption of the class time and lessons. Unless specified in writing in the school nursing agreement or physician orders, nurses must always be in direct contact with the patient. Nurses should coordinate with the school staff the best time and location to eat their personal lunches (i.e. cafeteria or classroom). Nurses may take the patient to the school health room and use the rest room in the health room while the main school nurse or health technician monitors the patient.

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Management and transfer of care of the child if nurse becomes ill in the school setting: In cases where a Continuum nurse becomes ill in the school while caring for the child, and there is an onsite school nurse with the ability to provide complete and individual care of the child, it is expected that the Continuum nurse will coordinate with the school health team to have the child brought to the clinic or care area. The child will remain in immediate attendance of the school nurse and the ill nurse while arrangements are made for the family to come to the school to relieve the school nurse and the ill nurse of responsibility for the child.

In cases where 1) there is no onsite school nurse immediately available or 2) if the onsite nurse is not able to provide the full responsibilities for the individual care of the child, the following triage plan will be implemented. While awaiting parental relief, should the ill nurse be unable to provide the fullest responsible care of the child, a 911 call will be made to secure immediate relief of responsibility for the care of the child.

Transfer/Warm Hand-Off with Home Caregiver:

Before school:

1. The nurse will arrive at the student home location prior to the bus arrival
2. Receive report from the off-going caregiver
3. Check all travel medical equipment for operational function
4. Assess the student physical status
5. Transfer student to the school transportation vehicle

After school;

1. The nurse will transfer the student into the home.
2. Conduct a final brief assessment
3. Restock supplies used during the school day.
4. Give hand off report to the receiving trained caregiver.
5. Document hand off and finish nursing note

Copy to the school authority: _____ Date: _____

Copy to the child's Continuum nurse:

I have read the above guidelines and received a copy for future reference.

Name: _____ Date: _____



Release of Employee Information Policy

Continuum Pediatric Nursing Services' (and its affiliated companies hereinafter known as "the company") policy is to safeguard personal employee information in its possession to ensure the confidentiality of the information. Additionally, the company only collects personal employee information that is required to maintain its business operations, comply with government reporting/ auditing requirements, and to verify the professional credentials and licensure status of its healthcare employees.

The company certifies that all personal confidential information collected from an applicant will be maintained and secured in accordance with all applicable laws. The company may use this confidential personal information to qualify and insure that its healthcare employees meet the minimum professional standards for the various health related positions with our contracted facilities, health insurance carriers, and clients. Personal information collected by the company for employment purposes includes: employee names, addresses, telephone numbers, e-mail addresses, emergency contact information, EEO data, social security numbers, date of birth, employment eligibility data, criminal history reports, driving records, and specific medical certification information required for healthcare professionals (CPR/TB/Flu/etc.).

The company may, when required, release specific employee information; possibly including protected information, in accordance with applicable law, to a facility and other clients, including but not limited to, previous clinical work, criminal background information, CPR certification, Tuberculosis (TB) screening results, Hepatitis B vaccination information, physical examination results, clinical skills testing results, professional license information, and any other information pertinent to the employee's qualifications as a healthcare professional. The company will only release information directly related to the employee's qualifications as a professional to the contracted facility at which the employee is being considered for an assignment. The release of such information does not guarantee that the employee will be selected for an assignment.

Employee Authorization

I have read and understand the above information. I authorize the company to release the specific information referenced herein which relates to my qualifications/credentials as a healthcare professional to any facility with which the company has an executed contract. I understand that the company will maintain my personal information in accordance with all applicable laws and will only release such information if I am being considered for an assignment at said facility or client or required by any local, state, or federal law to do so.

Signature: _____

Date: _____

Print Name: _____