



# **No Place Like Home, Inc.**

Pediatric Home Health

EMPLOYEE HANDBOOK

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[www.NPLH.us](http://www.NPLH.us)

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## **GENERAL INFORMATION**

No Place Like Home, Inc. (“the Company”) is a private corporation owned by Lynn Flood. The Company provides skilled nursing and home health aide services in Shelby, Fayette, and Tipton counties in Tennessee.

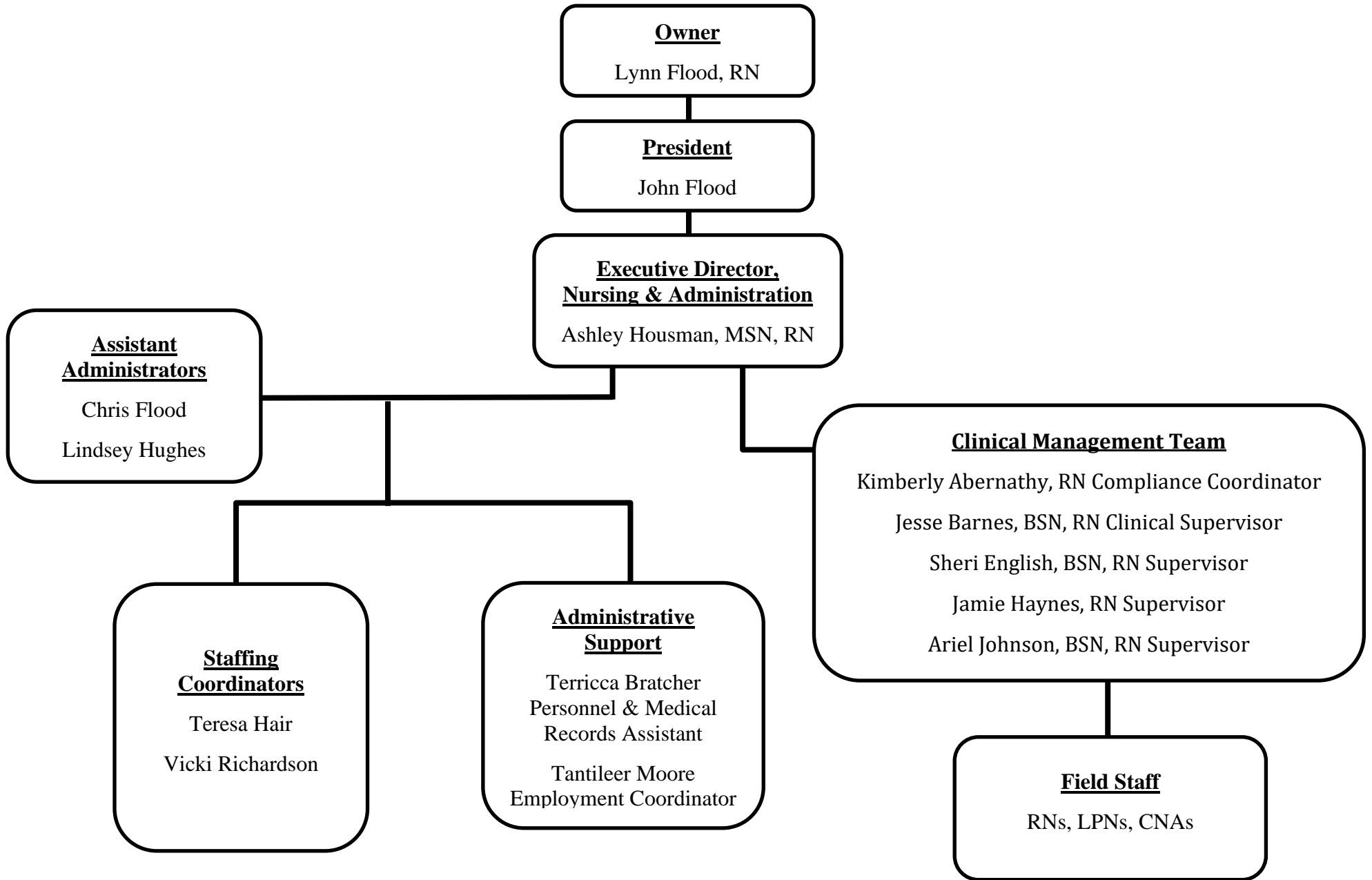
**Mission Statement:** We are committed to providing high quality health care services, supported by the power of the home environment and the strength of family support.

**Philosophy:** The home setting, in most situations provides the most desirable environment to achieve overall wellness. We welcome the challenge of helping patients and families meet their health care goals in the home setting.

### **Company Purpose:**

- Provide unique health care services for those patients who choose home care over institutionalized care.
- Promote recovery and provide ongoing services to chronically or terminally ill patients, ensuring dignity remains intact and independence is maximized.
- Offer services that meet the specific needs of our patients, making appropriate recommendations and/or referrals when necessary.
- Conduct business while advocating for personal independence and the right of choice for our patients, regardless of status.
- Promote a work environment which rewards efforts, instills a strong self-esteem, promotes personal and professional growth, and supports employees in a way that allows them to provide the best care possible.
- Treat every patient as we would like to be treated.

**ORGANIZATIONAL CHART**



## **INTRODUCTION**

Welcome! We are so grateful you have chosen employment with No Place Like Home, Inc. This Employee Handbook is a compilation of personnel policies, best practices, and procedures currently in effect at No Place Like Home, Inc. It is designed to introduce you to our company, familiarize you with company policies, and provide guidelines on professional expectations, disciplinary procedures, and any other matters related to your employment.

This Employee Handbook is not a contract, nor does it replace policies and procedures found in No Place Like Home, Inc. policies and procedures manual, copies of which can be found at the home office. It is an overview or guideline and cannot cover every matter that may arise during your employment.

As No Place Like Home, Inc. continues to grow, the need may arise to change policies described in this Handbook. No Place Like Home, Inc. therefore, reserves the right to revise, supplement, or rescind any policies or portion of this Handbook from time to time as it deems appropriate in its sole discretion, with or without notice. The most up to date version of the handbook can be found in the home office. We hope this handbook provides valuable information to you. Any time you need more information, please ask. When you have questions about how a benefit or policy applies to you and your situation, please consult Administration.

## **PART 1: GETTING STARTED**

### **Hiring and Training/ Equal Employment Opportunity**

It is the Company's desire to hire and retain qualified employees who are dedicated to providing excellent patient care as well as maintaining the highest level of ethical standards. Employment will be based on merit, qualifications, education, abilities, and experience as well as specific staffing requirements.

The Company's policy is to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, gender, sexual orientation, gender identity, age, national origin, disability, genetic information, or military status or any other legally protected status in accordance with applicable state and local laws governing nondiscrimination in employment.

Once all required employment documentation has been received, new employees will be required to attend an orientation to assess clinical skills for competence. Required documents include a valid driver's license, social security card, current American Heart Association CPR card, professional licensure, automobile insurance, TB skin test, and professional liability insurance. Employees will not be released to work until all documents are received and skills are deemed competent. Employees will be given the opportunity to orient with new patients before working independently. On-going training is also available as needed, based on the discretion of Administration.

### **Employment Classifications**

The following terms will be used to describe employment classifications and status.

#### **Full-Time Employee**

Full-time employees are those who are regularly scheduled to work at least 30 hours per week. Full-time employees are eligible for Company paid benefits after 90 days of employment.

#### **Part-Time Employee**

Part-time employees are those who are regularly scheduled to work fewer than 30 hours per week. Part-time employees are not eligible for Company paid benefits.

#### **PRN Employee**

PRN employees work on an as needed basis but are required to work at least 12 hours per month. PRN employees are not eligible for Company paid benefits.



### **Active/Inactive Status**

Nurses must work the minimum monthly PRN requirement in order to be considered active. An employee will be considered inactive and listed as such if he or she does not meet the PRN requirement during a consecutive two month period.

### **Personnel Records**

It is important that the Company maintain accurate and up-to-date personnel records at all times. You are responsible for notifying the Company of any change in name, home address, telephone number, marital status, number of dependents, immigration status, or any other pertinent information. All state licensure, CPR certification, TB skin test results, liability insurance, and driver's license must be maintained at all times. Failure to keep these items up-to-date may result in disciplinary action, up to and including suspension or termination based on the discretion of Administration.

### **CPR Certification**

The Company requires that CPR certification remain current throughout employment. CPR certifications must be in compliance with current policy. Employees may contact the office or visit [www.NPLH.us/staff](http://www.NPLH.us/staff) for more information on requirements and available classes.

### **TB Skin Test**

Proof of a TB skin test or chest x-ray and a risk assessment/symptom screening is required for employment. The risk assessment/symptom screening must be updated yearly to continue employment. If a risk is identified, further evaluation may be required.

### **Influenza Vaccine**

The Company is required to offer the influenza vaccination to all employees at no cost. Information on how to obtain the vaccine will be provided to all employees yearly. The Company is also required to maintain a declination statement on record of any employee who refuses the vaccine.

### **Professional Liability Insurance**

The Company will reimburse up to \$150 to all new employees for the initial cost of obtaining professional liability insurance. The Company will continue to reimburse up to \$150 for all full-time and part-time employees. PRN employees will be responsible for maintaining the policy independently. The policy must be kept current throughout employment. Failure to do so may result in disciplinary action, up to and including suspension or termination based on the discretion of Administration.

## **Performance Evaluations**

Performance evaluations are required by the State and will be given annually to all field nurses. All performance evaluations will be completed in writing by a Supervisor or Executive Director on the form designated by the Company, and reviewed during a face to face meeting. Several factors considered in your evaluation include professionalism/appearance, dependability, attitude, quality of work, clinical knowledge, initiative, adaptability, communication, any disciplinary actions, and year to year improvement in overall performance.

## **Office Hours/On-Call Line**

The business office is open from 9:00 am to 5:00 pm, Monday through Friday, except for designated holidays. However, we provide patient care services up to 24 hours a day, 7 days a week. For that reason, we have an on-call line available 24/7 at 901-853-3999. The on-call number should be used for emergencies only. All non-emergent matters should be handled during regular business hours. The on call line is designed for nursing emergencies, patient care matters and to report when a nurse will not be able to make his or her shift. The on call line is not to be used to check schedules.

## **Attendance and Punctuality**

It is important for you to report to work on time and to avoid unnecessary absences. The Company recognizes that illness or other circumstances beyond your control may cause you to be absent from work from time to time. However, excessive absenteeism or tardiness may result in disciplinary action, up to and including suspension or termination based on the discretion of Administration. Excessive absenteeism and frequent tardiness put an unnecessary strain on the patients, their families, and your coworkers and can have a negative impact on the success of the Company.

You are expected to report to work when scheduled and complete the shift in its entirety. Whenever you know in advance that you are going to be absent, you must notify the staffing department immediately but no later than 72 hours in advance for non-emergencies. The Company will do its best to honor all time off requests. If your absence is unexpected, we request a notice of no later than 12 hours in advance. We understand that last minute emergencies will occur and such notice will not be possible. In that instance, documentation of your absence may be requested.

## **Excessive Absenteeism/Tardiness**

Excessive absenteeism is considered 3 or more unexcused absences per month. Excessive tardiness is considered 3 or more late arrivals of 15 minutes or more per month. Absenteeism or tardiness that is unexcused or excessive based on the discretion of Administration may result in disciplinary action, up to and including suspension or termination.

\*\* If you must come in late, leave early, or miss work due to a serious health condition under the Family Medical Leave Act (FMLA) or a disability under the Americans with Disabilities Act (ADA), the Company will consider making reasonable accommodations. Contact the Executive Director to report this type of absence and obtain any necessary paperwork.

### **FMLA Leave**

The Company provides leave according to the Family and Medical Leave Act of 1993 (FMLA), which provides for unpaid, job-protected leave to covered employees in certain circumstances.

To qualify for FMLA leave, eligible employees must: (1) have worked for The Company for at least 12 months, though it need not be consecutive; (2) worked at least 1,250 hours in the last 12 months; and (3) be employed at a work site that has 50 or more employees within 75 miles.

If eligible, employees may take up to 12 or 26 weeks of family or medical leave, whichever is applicable (as explained below), within the relevant 12-month period defined below. While on FMLA leave, The Company will maintain your group health insurance coverage at the same level and under the same circumstances as when you were actively working. During any unpaid leave, employees must continue to contribute the same amount toward medical benefits as he/she paid before the leave began. Upon returning from approved FMLA leave, employees have the right to be restored to the same job or an equivalent position, subject to the terms, limitations and exceptions provided by law.

Approved leave may be taken for any of the following reasons:

- the birth of a child;
- the placement of a child with the employee for adoption or foster care;
- to care for a spouse, son, daughter, or parent with a serious health condition;
- to care for your own serious health condition, which renders you unable to perform any of the essential functions of your position; or
- a qualifying exigency of a spouse, son, daughter, or parent who is a military member on covered active duty or called to covered active duty status (or has been notified of an impending call or order to covered active duty).

Eligible employees may take up to 26 weeks of unpaid FMLA leave in a single 12-month period, beginning on the first day of FMLA leave, to care for a spouse, son, daughter or next of kin who is a covered service member and who has a serious injury or illness related to active duty service, as defined by the FMLA's regulations (known as military caregiver leave). FMLA leave, other than military caregiver leave, entitles employees to up to 12 weeks of unpaid leave in a single 12-month period.

## **Notice of Leave**

If the need for FMLA leave is foreseeable, employees must notify the Executive Director, in writing, at least 30 days prior to the leave. If this is not possible, employees must at least give notice as soon as practicable (within two (2) business days of learning of your need for leave). Failure to provide such notice may be grounds for delaying FMLA-protected leave, depending on the particular facts and circumstances.

Additionally, if an employee is planning a medical treatment or a series of treatments or is taking military caregiver leave, the employee must consult with administration first regarding the dates of such treatment to work out a schedule that best suits the needs of both the employee or the covered military member, if applicable, and the Company.

Where the need for leave is not foreseeable, employees are expected to notify the Executive Director within two (2) business days of learning of their need for leave, except in extraordinary circumstances.

## **Certification of Need for Leave**

Employees requesting leave because of their own or a covered relation's serious health condition must supply appropriate medical certification. When employees request leave, they will be notified of the requirement for medical certification and when it is due (within 15 days after leave is requested). When possible, a medical certification must be provided before leave begins. Failure to provide requested medical certification in a timely manner may result in denial of FMLA-covered leave until it is provided.

## **Reporting While on Leave**

If an employee takes leave because of his or her own serious health condition or to care for a covered relative, he or she must contact the Executive Director regarding the status of the condition and his or her intention to return to work. In addition, he or she must give notice as soon as practicable (within two (2) business days, if feasible) if the dates of leave change or are extended or initially were unknown.

FMLA leave is unpaid, but employees are required to exhaust any accrued and unused vacation and sick time, if applicable during the otherwise unpaid portion of their FMLA leave. FMLA leave runs concurrently with other types of leave.

## **Medical and Other Benefits**

During approved FMLA leave, the Company will maintain an employee's health benefits as if he or she continued to be actively employed. If accrued and unused paid leave is substituted for unpaid FMLA leave, the Company will deduct the employee's portion of the health plan premium as a regular payroll deduction. If the employee's leave is unpaid, the employee must pay his or her portion of the premium directly. The employee's health care coverage may cease if your premium payment is more than 30 days late. If the employee elects not to return to work for at least 30 calendar days at the end of the leave period, he or she will be required

to reimburse the Company for the cost of the health benefit premiums paid by The Company for maintaining coverage during the unpaid leave, unless the employee cannot return to work because of a serious health condition or other circumstances beyond his/her control.

### **Intermittent and Reduced Schedule Leave**

If medically necessary, FMLA leave caused by a serious health condition may be taken intermittently (in separate blocks of time due to a serious health condition) or on a reduced leave schedule (reducing the usual number of hours worked per workweek or workday). FMLA leave may also be taken intermittently or on a reduced leave schedule for a qualifying exigency relating to covered military service.

If leave is unpaid, the Company will reduce your pay for the time actually worked. In addition, while you are on an intermittent or reduced schedule leave, the Company may temporarily transfer you to an available alternative position that better accommodates the leave schedule and has equivalent pay and benefits.

### **Returning From Leave**

If an employee takes leave because of his or her own serious health condition (except if he or she is taking intermittent leave), he or she is required, as are all employees returning from other types of medical leave, to provide medical certification that he or she is fit to resume work. Otherwise, he or she will not be permitted to resume work until it is provided.

### **Tennessee Maternity Leave**

Maternity/paternity leave is granted to employees for a maximum of sixteen (16) weeks, with the first twelve (12) weeks of leave falling under the Family Medical Leave Act (FMLA) and the remaining four (4) weeks as maternity/paternity leave. You must be employed full-time for at least twelve (12) months to receive maternity/paternity leave.

You must provide at least four to six (4-6) weeks advance notice of your anticipated date of departure, except in those cases where medical emergency prevents this notice, and state the length of your requested leave and your intention to return to full-time employment after the leave. You are required to use your accrued leave (annual, sick, comp, if applicable) during maternity/paternity leave. Accrued leave and maternity/paternity leave are used at the same time – you do not take your accrued leave first and then take maternity/paternity leave.

The purpose of this leave is to provide time off for adoption, pregnancy, childbirth, nursing, and/or bonding with the infant. If the Company finds that you pursued other employment opportunities or worked part-time or full-time for another employer during the period of maternity/paternity leave, then the Company does not have to reinstate you at the end of your leave period.

## **Pay Rates**

CNAs will receive a flat rate of \$12 per hour. LPNs/RNs will receive \$21 per hour for all weekday shifts. Weekend shifts will be paid at \$25 per hour and is applied from 7:00 p.m. Friday through 6:59 a.m. Monday. Ventilator cases will be paid at \$24 per hour during the weekday and \$25 per hour on the weekends.

## **Payroll**

Employees are paid weekly on Fridays. The work week runs from Monday at 12:00 am to Sunday at 11:59 pm. Timesheets must be received via fax or online submission on Mondays before 5:00 pm. To submit timesheets online, visit [www.nplh.us](http://www.nplh.us) to request a user ID and password. Paychecks will be mailed on Thursdays or directly deposited into your bank account on Fridays by 2:00 pm depending on the bank. The direct deposit enrollment form can be obtained at [www.nplh.us /docs/deposit.pdf](http://www.nplh.us/docs/deposit.pdf). Employees with consistently late submissions may be subject to disciplinary action, up to and including suspension or termination. Falsified timesheets are punishable by law and are grounds for immediate termination.

## **Lost Paychecks**

The Company strongly encourages the use of direct deposit. However, if you choose not to use direct deposit and do not receive your paper check by the Tuesday evening following payroll, notify the office. Payment will be stopped on the original check and a new check issued the following payday. If this were to become a recurrent problem, employees would be required to use direct deposit.

## **Overtime**

Employees who work more than 40 hours in one week are entitled to one and one-half their base rate of pay for every hour of overtime worked. All overtime hours must be preapproved by Administration.

## **Holiday Pay**

The Company pays one and one-half the hourly rate of pay for the following holidays:

New Year's Eve/Day	3 pm – 7 am January 2
Martin Luther King, Jr. Day	7 am – 7 pm
Easter	7 am – 7 am the following day
Memorial Day	7 am – 7 pm
Fourth of July	7 am – 7 am the following day
Labor Day	7 am – 7 pm
Thanksgiving	7 am – 7 am the following day
Christmas Eve/Day	3 pm – 7 am December 26

## **PART 2: EQUAL EMPLOYMENT OPPORTUNITY, ANTI HARASSMENT & DISCRIMINATION**

### **Employee Relationship with the Company**

Your employment with the Company will be “at will.” You or the Company may terminate your employment at any time, with or without reason, and with or without notice. Nothing in this handbook shall constitute a guarantee of employment with the Company for any period of time.

### **Policy Against Sexual Harassment And Other Unlawful Harassment Or Discrimination**

The Company is committed to providing and maintaining a work environment free from discrimination and harassment based on a person’s gender, race, color, age, religion, disability, national origin, or veteran status. The Company will not tolerate discrimination or harassment of any kind. All employees must avoid offensive or inappropriate behavior at work whether directed at an employee, vendor, or customer. Each employee is expected to keep the Company free from harassment at all times. Actions, words, jokes, or comments based upon an individual’s gender, race, color, ethnicity, age, religion, disability, national origin, military status, and all other protected characteristics will not be tolerated.

#### **Sexual Harassment Prohibited**

The Company is committed to providing a professional work environment free from sexual harassment. Sexual harassment is strictly prohibited and will not be tolerated.

#### **Sexual Harassment Defined**

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature may constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual’s employment
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
3. Such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment may include but are not limited to:

- Sex-oriented verbal joking or kidding
- Subtle pressure for sexual activity

- Patting, pinching or other forms of physical contact
- Demand for sexual favors, accompanied by implied or overt promises of preferential treatment or threats concerning an individual's employment status
- Sexually degrading words used to describe an individual
- A display of sexually suggestive objects or pictures, or electronic (including email) or written communications in the workplace;
- Verbal abuse of a sexual nature;
- Commentary about an individual's body, sexual prowess, or sexual deficiencies;
- Leering, whistling, or touching; Insulting or obscene comments or gestures, or
- Other behavior motivated by conduct above

### **Other Forms of Harassment Prohibited**

The Company is committed to providing a professional work environment free from all forms of discrimination, including harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, age, national origin, disability, genetic information, or military status or any other legally protected status. Such harassment is prohibited and will not be tolerated.

### **Harassment Defined**

Harassing conduct includes but is not limited to:

1. Epithets, slurs, negative stereotyping, threatening, intimidating or hostile acts relating to race, color, religion, gender, sexual orientation, gender identity, age, national origin, disability, genetic information, or military status or any other legally protected status; or
2. Written or graphic material that creates a hostile or offensive work environment toward an individual or group of individuals because of their race, color, religion, gender, sexual orientation, gender identity, age, national origin, disability, genetic information, or military status or any other legally protected status.

### **Individuals and Conduct Covered**

These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or someone not directly connected to the Company (e.g., an outside vendor, consultant, or customer).

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings, and business-related social events.



## **Reporting and Investigation Procedures**

Any employee, who has experienced or observed harassment or discrimination must report the conduct immediately to the Executive Director or the President. The Company will promptly conduct a thorough investigation of all complaints. The investigation will be conducted as confidentially as possible. When the investigation is completed, the complaining party will be contacted.

## **Corrective Action**

After appropriate investigation, any employee found to have harassed or discriminated against another employee would be subject to disciplinary action up to and including termination. The Company will likewise take prompt remedial action to address harassment by a vendor or a customer.

## **Anti-Retaliation Policy**

The Company is committed to maintaining a work environment that is free of harassment, intimidation, retaliation and discrimination. The Company strictly prohibits any form of retaliatory action against employees who raise issues or ask questions, make reports, participate in an investigation, refuse to participate in suspected improper or wrongful activity, or exercise workplace rights protected by law. Situations or behaviors that could lead to an employee engaging in a Protected Activity include, but are not limited to the following:

- Discrimination or harassment;
- Fraud;
- Unethical or unprofessional business conduct;
- Non-compliance with The Company's policies/procedures
- Real or potential threats to the Company workers or the public's health and/or safety;
- Violations of local, state or federal laws and regulations;
- Other illegal or improper practices or policies.

## **Protection from Retaliation**

Any employee who engages in Protected Activity will be protected from retaliation. Retaliation occurs when an employer takes an Adverse Action against an employee because she/he engaged in a Protected Activity. Adverse Action includes, but is not limited to:

- Demotion;
- Suspension;

- Termination;
- Failing to hire or consider for hire or promotion;
- Failing to give equal consideration in making employment decisions or to make impartial employment recommendations;
- Adversely impacting working conditions or otherwise denying any employment benefit to an employee;
- Creating a hostile or intimidating work environment.

The Company prohibits retaliation even if the concerns raised are not confirmed following an investigation. However, an employee may be subject to Adverse Action if the employee knowingly made a false allegation, provided false or misleading information in the course of an investigation, or otherwise acted in bad faith. This anti-retaliation policy does not exempt employees from the consequences of their own misconduct or inadequate performance, and self-reporting such issues is not Protected Activity. The policy also does not prevent the Company from managing employee performance and addressing conduct issues after an employee has engaged in Protected Activity, so long as Protected Activity is not the reason for the performance management.

### **Employee Obligation to Raise Concerns**

Employees who believe they have either witnessed retaliation or been personally retaliated against or who have questions concerning this policy, must immediately notify the Executive Director or the President. The Company will treat these reports as confidential to the greatest extent possible. The Company takes all claims of retaliation very seriously and reports will be investigated promptly.

### **Consequences for Policy Violation**

Any employee who retaliates against an employee engaged in a Protected Activity or who otherwise violates this policy is subject to disciplinary action, up to and including termination of employment.

### **Americans with Disabilities Act**

The Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. The Company will comply with all Federal and State laws concerning the employment of persons with disabilities and will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job. An individual who can be reasonably accommodated for a job without undue hardship will be given the same consideration for that position as any other applicant. If you need to request an accommodation, please contact the Executive Director.

## **PART 3: GENERAL POLICIES AND PROCEDURES**

This section of the Employee Handbook discusses the employee's responsibilities to the Company and provides guidelines to achieve success in your role as an employee. These are basic expectations and provide you with an indication of what is and is not acceptable performance and conduct. We believe you can perform your duties confidently if you fully understand what is expected of you. An important guideline is to always use "good judgment". If you are unsure, you are encouraged to ask your supervisor. Violation of these policies and procedures may result in disciplinary action, up to and including suspension or termination.

### **Shift Coverage**

Nurses and nurse aides are expected to arrive promptly at the beginning of each shift to allow time to give and receive report. You may not leave the shift until report has been given to an on-coming nurse/aide, parent/guardian, or other approved caregiver. Never give report to or leave a patient with a minor. Failure to give report as required or leaving a patient with a minor is considered abandonment or negligence by the State and will be reported as such.

Nurses and nurse aides may not leave during the shift to take breaks, run errands, pick up lunch, etc. You are expected to work the entire shift that you agreed to work unless an emergency occurs. We understand these instances will occur from time to time. If you must leave your shift due to an emergency, call the office immediately. If the parent/guardian is not home to assume care, the office staff will attempt to contact them to return home as soon as possible or find alternative coverage, if possible. Once report is given to an approved caregiver or co-worker, please call the office with your time of departure.

On rare occasions, a nurse or aide may be preapproved to leave a shift for a short amount of time if the parent agrees to assume care. In this instance, the current nursing note must be completed with departure time and the full name of the person taking report needs to be documented. When you return to complete the shift, a new nursing note must be started with your arrival time, who report was received from, and a new assessment.

All schedule changes must be preapproved by a staffing coordinator. Schedule changes also apply to parents/guardians requesting to change hours or nurses. If you are asked to make changes, you must call the office for approval to ensure we remain within the approved number of hours.

As described in Part 1 of the handbook, excessive absenteeism and/or tardiness will not be tolerated. Likewise, "no call no shows" are inconsiderate and unprofessional and will not be tolerated. Violation of any aforementioned policies may result in disciplinary action, up to and including suspension or termination.

### **Removal from a Case**

There will be times when conflicts of personalities occur in the patient's home between nurses, parents/guardians, or other family members. It is important that these situations

are handled with the utmost professionalism. Never argue with a patient, parent/guardian, or family member. If you are asked to leave a patient's home and not return, you must report this to the office immediately. In some cases, the parent/guardian will allow the nurse to complete the shift but will call and request the nurse not return. If you are notified by the office not to return to a case, do not contact the family for any reason. Contacting the family may result in disciplinary action, up to and including suspension or termination.

A 72-hour notice is also expected from any nurse requesting to be removed from a case or cancelling permanent shifts. Exceptions to this timeframe will be made in situations where safety is a concern.

### **Annual Skills Competency**

All nurses and nurse aides will be required to attend a yearly skills competency. The Clinical Coordinator will contact you to schedule a class. This is not optional and should be treated as a shift. You are expected to arrive on time and stay for the entirety of the class as you will be compensated hourly. Cancellations for skills competency classes follow the same attendance policy as outlined in Part 1 of the handbook.

### **Personal Appearance/Dress Code**

As an employee of the Company, you are expected to present a clean and professional appearance when representing No Place Like Home, Inc. A cheerful, positive attitude is an essential component of your appearance and helps to achieve our commitment of delivering high quality care.

Scrubs are required when providing patient care. Company issued t-shirts are also approved with scrub pants. There may be families that prefer their nurses or aides wear regular clothing. If so, you must notify the office. If not wearing scrubs, employees should use good judgment in choosing appropriate attire when on duty. Attire deemed inappropriate would include, but is not limited to the following:

- Loungewear or pajamas
- Ripped clothing
- Athletic clothing/leggings
- T-shirts with vulgar language or pictures
- Shorts
- Tank tops, tube tops, or sleeveless tops
- Revealing or tight clothing
- Open-toed footwear or flip flops

- Long earrings or bulky jewelry
- Oversized clothing

Fingernails should be clean and no longer than ¼ inch past the fingertip. Fragrance should be kept to a minimum, if worn at all. Hair should be clean and tied back to avoid contact with patients.

### **Cell Phones**

Employees must have access to a cell phone at all times while providing patient care in case of an emergency. Personal calls, including the use of all hands-free devices, should be reserved for emergencies only.

The Company requires all drivers to comply with state regulations regarding the use of cellular devices while operating a motor vehicle. Texting while operating a motor vehicle is strictly prohibited. Violation of this policy may result in disciplinary action, up to and including suspension or termination.

### **Seat Belts**

Employees are expected to wear a seat belt while operating a vehicle or riding in a vehicle when representing the Company. Violation of this policy may result in disciplinary action, up to and including suspension or termination.

### **Smoking**

To provide a safe and comfortable environment for all patients, families, and co-workers, smoking is strictly prohibited while on duty.

### **Drug and Alcohol-Free Workplace**

The Company is committed to maintain a safe, substance abuse-free workplace for its employees, patients, and families. It is our policy that the possession, consumption, sale, purchase, distribution, or manufacturing of any illegal substance by an employee is strictly prohibited. In addition, no employee shall report to work under the influence of alcohol, illegal drugs, prescription drugs, or non-prescription drugs that adversely affect his or her ability to safely and effectively perform their job responsibilities. Drug screening will be required prior to employment and periodically as determined by the Company. In addition, employees agree to submit to “for cause” or “post-accident” drug testing. Refusal to submit to any requested drug test within the given timeframe will result in immediate termination. Any other violation of this policy may result in disciplinary action, up to and including suspension or termination.

### **HIPAA Guidelines**

Employees are expected to be familiar with and comply with the federal laws (HIPAA) that protect the privacy of patient’s protected health information. “Protected health information”

(PHI) includes any information that can possibly identify the patient to which the information applies. This information can be written, verbal, or electronic, including the name, address, social security number, phone number, photograph, zip code, treatment date, employer, names of family members, and any other information that can potentially identify the subject such as rare conditions, unique characteristics, etc.

It is the Company's policy that PHI, including photographs of the patient, not be disclosed via any source EXCEPT to provide treatment or services for the patient, to bill or collect payment for services, as required to do your job as part of defined health care operations, or as required or allowed by law (e.g., court order, subpoena, in response to any law enforcement body). Violation of this policy may result in disciplinary action, up to and including suspension or termination.

### **Critical Incident Reporting**

If a critical incident occurs during the delivery of home health services, the Company is required to report the incident to the appropriate state agency within 24 hours. All employees are expected to report critical incidents to their supervisor immediately. The State considers all the following scenarios critical incidents: unexpected death, suspected neglect, suspected physical abuse, suspected mental abuse, suspected sexual abuse, major severe injury, safety issue, financial exploitation, life-threatening emergency, medication error, or theft. The employee with first-hand knowledge of the incident may also be required to make a report to Child Protective Services depending upon the type of incident. To protect the privacy of all involved in the reporting process, confidentiality will be maintained throughout the investigation to the extent possible.

In addition to critical incident reporting, it is imperative that all employees notify the parent or guardian, RN Supervisor or Director of Nursing, and Primary Care Physician of any unusual incidents or acute changes in patient condition. Changes that must be reported are as follows but are not limited to: life threatening events, falls or accidents, emergency room or urgent care visits, hospitalizations, and acute changes in patient condition. Employees are expected to properly document all incidents in the nursing narrative and may be required to complete an incident report. Failure to notify the appropriate people of incidents or changes in patient condition may result in disciplinary action, up to and including suspension or termination.

### **Nursing Documentation**

The Company is required by the State of TN to collect and file all nursing documentation in a timely manner. All documentation must be completed in its entirety and turned in weekly. This includes nursing notes, seizure records, medication administration records, monthly treatment sheets, MD order forms, etc. All nursing documentation must be completed at the time of service and left in the patient's home to be collected weekly by a Company employee. If documentation is received incomplete, you may be required to come into the office for corrections. Violation of this policy may result in disciplinary action, up to and including suspension or termination.

## **Sexual Abuse**

The Company strictly prohibits and has zero tolerance for any form of sexual abuse. All potential employees will undergo a comprehensive background check before being allowed to work. Upon hire, employees will be trained on what constitutes abuse and/or molestation, how to identify abuse, and how to report it. Any allegations of abuse must be reported to the Executive Director or President immediately. The Company will promptly conduct a thorough investigation, as confidentially as possible. The Company will assist in reporting the incident to Child/Adult Protective Services, law enforcement and any other regulatory agencies as indicated. Retaliation is prohibited against any person making a good faith complaint of sexual abuse.

If allegations of abuse are against a No Place Like Home employee, the employee will immediately be removed from all cases until the investigation is complete. Employees determined to have been involved with acts of sexual abuse will be terminated immediately and reported to the appropriate authorities.

## **Guidelines for Appropriate, Professional Conduct**

As an integral member of the No Place Like Home team, employees are expected to adhere to all established policies and procedures and exhibit a high degree of personal integrity. Employees are expected to show respect for the rights and feelings of others and refrain from any behavior that might be viewed unfavorably by patients, their families, co-workers, or the Company. It is our goal to provide a safe and productive work environment to the best of our ability. We believe that professional behavior encourages mutual respect and promotes a working environment where our patients can receive the best possible care.

It would be difficult to attempt to include all unacceptable and unprofessional conduct; however, No Place Like Home wants to establish some very general guidelines for purposes of clarification of this policy. All employees have the right to conduct their work without disorderly or undue interference from other employees. Therefore, this list is inclusive but not limited to the examples provided:

- Fraudulent or unethical activity of any kind, including paycheck sharing
- Falsification of any job-related documentation, including timesheets
- Misrepresentation of facts or circumstances
- Establishing a pattern of excessive absenteeism or tardiness
- Leaving work without prior authorization
- Participation in the spread of rumors or initiating malicious, false, or harmful statements about others
- Arguing, fighting, or using obscene or threatening language or gestures
- Possessing weapons of any kind

- Stealing property from patients, their families, co-workers, or the Company
- Engaging in insubordination or unwillingness to follow supervisory directives
- Soliciting loans, accepting gratuities, or borrowing items from patients or their families
- Leaving the patient unattended during the shift
- Patient abandonment or negligence of any kind
- Sleeping while on duty
- Allowing family or friends to visit the patient's home while on duty
- Providing care or babysitting other children in the client's home while on duty
- Transporting patients and/or their family in your personal vehicle
- Failure to maintain confidentiality including all social media sites
- Excessive, non-emergent use of cell phone while on the job, including but not limited to texting and/ or checking social media
- Failure to timely report a critical incident
- Possession, use (unless prescribed and or personal use), or sale of illegal drugs or narcotics by employee during the course and scope of their employment
- Receiving a positive drug test or refusing to submit to a requested drug test

### **Poor Performance**

No Place Like Home, Inc. expects all employees to make every effort to learn and know their job responsibilities, and to perform in a manner that meets the expectations of the Company. The Company will make every effort to coach and educate employees when there are opportunities for improvement. A satisfactory level of performance is required by all employees. Employees who fail to maintain a satisfactory level of performance will be subject to disciplinary action. If the employee's performance, work habits, overall attitude, conduct, or demeanor becomes unsatisfactory in the judgment of the Company, based on violations listed above or of any other policies or procedures, the employee may be subject to disciplinary action, up to and including suspension or termination.

### **Progressive Discipline**

No Place Like Home, Inc. is committed to establishing and maintaining a formal system of employee discipline which ensures that the rules and standards of conduct are adhered to by all employees and discipline is equitably and uniformly administered. In determining the appropriate disciplinary action to take, the following factors will be considered: length of



service, past disciplinary action, seriousness of misconduct, employee explanation, and any other pertinent facts. Disciplinary actions may consist of the following stages: verbal warning, written warning, suspension, and termination. Based upon the seriousness of the misconduct, the actions may not be taken in order and there may be situations where one or more steps are bypassed at the Company's discretion.

### **Verbal Warning**

A Supervisor, Executive Director or President will:

- clearly explain the reason(s) for the verbal warning,
- outline expectations and behavior standards,
- describe the disciplinary process for misconduct, and
- record the date and reason(s) for the verbal warning in the employee's personnel file.

### **Written Warning**

A Supervisor, Executive Director or President will:

- issue a written warning after the second offense if the misconduct is minor in nature. If the misconduct is more severe, the written warning may be issued after the first offense.
- clearly outline the reason(s) for the current warning and the disciplinary action that will be taken after another offense.
- include the terms and conditions which must be met to continue employment.
- review the written warning with the employee in a face to face meeting, if possible.
- place a signed and dated copy of the written warning in the employee's personnel file.

A probationary period may be imposed to allow the employee time to improve. The terms and condition of the probationary period will be clearly explained to the employee.

The employee will be asked to sign the written warning verifying the warning was discussed with them and they received a copy. The employees signature does not constitute agreement with the content but rather receipt of the written warning.

### **Suspension**

The employee may be suspended from work pending completion of investigations or based on severity of misconduct.

## **Termination**

An employee will be terminated:

- if, after receiving verbal and written warnings, misconduct continues to occur,
- after a very serious offense has occurred,
- and at the Company's discretion.

Dated, written notification which outlines the reason(s) for termination, will be hand delivered or sent to the employee via certified mail. A copy will be placed in the employee's personnel file.

## **ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

I have been given access to a copy of the Employee Handbook.

The Employee Handbook describes important information about The Company, and I understand that I should consult Administration regarding any questions not answered in the Employee Handbook.

This Employee Handbook and the policies and procedures contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment with the Company.

I understand that, except for employment-at-will status, any and all policies and practices may be amended or altered periodically by the Company and it reserves the right to change my hours, wages and working conditions as necessary. I understand that such revised information and policies may supersede, modify or eliminate existing policies.

I understand and agree that nothing in the Employee Handbook creates, or is intended to create, a promise or representation of continued employment. Furthermore, I acknowledge that this Employee Handbook is neither a contract of employment nor a legal document, and that nothing in this Employee Handbook is intended to infringe upon any of my rights to protected concerted activity.

I understand that employment with the Company is contingent on successful completion of registry, licensure, and background checks.

I have received the Employee Handbook, and I understand that it is my responsibility to read and comply with the policies contained in this Employee Handbook and any revisions made to it.

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*Signature of Employee*

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*Date*