

## **Credentials & Assessments**

Ensuring that your credentials remain current is essential. You are responsible for maintaining the following credentials: License, Certificates, Health Exam, TB, BLS, ACLS, CORE assessments, etc. This list may vary depending on your assignment and specialty. You will receive an email notification 60 days before your credentials expire. We kindly ask that you promptly renew or complete any required assessments 45 days before expiration. Failure to update your credentials may result in removal from your assignment schedule and loss of guaranteed hours. Should you encounter any credentialing issues or have concerns, your staffing coordinator is here to assist you. Your cooperation in this matter is greatly appreciated.

## **Medication Documentation Reminder**

Ensuring adherence to standard rules for medication documentation is crucial. According to the hospital's pharmacy department policy, failure to document medication administration and controlled substance records constitutes a medication error. In such cases, it's necessary to notify the DEA. We understand that dealing with governmental entities and the risk of license jeopardy is undesirable for everyone. It is your responsibility to meticulously review your documentation. Dedicate five minutes at the end of your shift to verify that all medications have been properly accounted for. In the event of a medication error, it must be rectified within 24 hours. Remember, thorough nursing documentation serves as a safeguard against potential legal issues in the future. Your diligence in this matter is greatly appreciated.

## **Questions/Issues Escalation**

At Staff Relief Inc, our policy emphasizes effective communication and issue resolution. If you encounter any problems at a facility, please first bring them to the attention of the charge nurse. Should your concerns go unaddressed, feel free to escalate the matter to the appropriate supervisor. If the issue persists, don't hesitate to reach out to our Agency, and we will assess the situation to determine if intervention is necessary. For any office-related concerns, please direct them to your Recruiter. If they are unable to resolve the issue, you are encouraged to request a discussion with the Staff Relief Operations Supervisor. In the rare event that resolution remains elusive, the final point of contact is the CEO of Staff Relief Inc. We believe in the strength of teamwork and are committed to collaborating with you to achieve a satisfactory outcome. Your feedback and cooperation are valued contributions to our shared success.

## **Floating and Pulling Policy**

We ensure that clinicians are only assigned to areas where they are clinically competent, considering their skills and experience. Also, clinicians must be notified of any change in their assignment. Clinicians designated as "Exclusively ICU Clinician" or similarly noted on the schedule will be honored in their designated area. However, it's important to note that clinicians may be assigned to areas where they are deemed competent, and refusal to comply with such assignments is not permitted. If any clinician feels they are being assigned to an area where they lack competence, it is imperative that they promptly inform the on-call staff for immediate resolution. Your safety and comfort in your work environment are of utmost importance to us.

## **Time Keeping Policy**

All medical personnel that work at any of our client's facilities must enter the exact number of hours

worked each week on their digital timesheet in the Bilflo timekeeping system. You will enter clock-in/clock-out times including clock-in/clock-out for meal breaks. A 30-minute meal break is required unless your timecard copy from the facility indicates no lunch. You will also indicate if the time is orientation hours, regular hours, overtime hours, holiday hours, etc. You will also attach a photo of your time entered in the timeclock at the facility. Your recruiter will provide a Timekeeping Requirements Example Guide containing screenshots and examples for guidance. If the facility you are assigned utilizes signed paper timesheets, your recruiter will provide you with a copy.

You will receive a welcome email from Bilflo to the email address provided to Staff Relief no later than your start date. Please register for the app and create a login using the link in the welcome email.

The login for the system can be found at <https://app.bilflo.com/login>. There is also a Bilflo app in the Apple store available for download. There is not currently an android app for Bilflo.

**Time is to be entered no later than 10 am on Monday morning** unless a holiday occurs on the Monday. If a holiday occurs on a Monday, time will be due by 10 am Tuesday.

**PLEASE REMEMBER THAT IF WE DO NOT RECEIVE YOUR TIME SHEET BY THE DEADLINE ON MONDAY, WE WILL NOT PROCESS YOUR PAYCHECK UNTIL THE FOLLOWING PAYROLL RUN.**

If your hours are inaccurate, which results in overpayment, SRI will deduct the overpayment from your next paycheck. Please remember any overtime must be approved by the facility and SRI.

Employee Signature: \_\_\_\_\_

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

## **Cancellation Policy**

Do not accept contract shifts that you cannot work. Cancelling confirmed shifts or declining contract offers makes the healthcare professional and agency seem unreliable. To minimize this practice, (SRI) Staff Relief Incorporated has implemented a cancellation fee.

For per diem work - the cancellation process for the facility, agency and healthcare professional is to provide (3) three hours' notice prior to the beginning of the scheduled shift. It is the healthcare professional's responsibility to cancel according to the policy. If you fail to provide the appropriate notice for cancelling, you may be charged the cancellation fee.

If you are a "no show" or cancel with less than 3 hours' notice for anything other than a medical emergency (as determined by a corporate officer) you will be placed on probation or terminated based on the severity of the situation; also you will be required to pay complete restitution for the shift as SRI must reimburse the facility.

For Traveler/Contract work – the cancellation process requires 14-day notice prior to the start of the contract and a 30-day notice once you have started the contract. Cancellation of a contract once it begins should be discussed with your recruiter. The early termination of the contract without following the proper process will result in a financial penalty that is described in your contract.

I have received and agree to abide by the terms of this SRI policy.

Employee Signature: \_\_\_\_\_

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

## **Injuries in the Workplace**

In the event of any injury sustained during the performance of your duties, regardless of its perceived severity, it is imperative that you promptly report the incident to your immediate supervisor and notify your agency. The supervisor is responsible for completing the Employer's Injury report, which will be forwarded to SRI within five days of the injury. This information will then be transmitted to the Workers' Compensation carrier or self-insurer claims office. Failure to adhere to this procedure may preclude you from filing a claim later.

Furthermore, this Workers' Compensation notice provides details, including names, addresses, and phone numbers, of the physicians designated for treatment of your injuries. You may request a change of physician from the provided panel once during your treatment regimen without prior permission. Any subsequent alterations in treatment necessitate explicit consent from your employer/insurer, self-insurer claims office, or the State Board of Workers' Compensation.

In an emergency, immediate care should be sought at the nearest hospital's emergency room. However, all subsequent medical attention must be received from a physician listed on the panel. Failure to comply with this directive may compromise the payment of your medical expenses under Workers' Compensation laws, potentially resulting in personal liability for unauthorized treatments.

### **This to certify that I have reviewed the official notice**

I acknowledge that in the event of an on-the-job injury where emergency treatment is unnecessary, I must seek medical assistance from a physician listed on the panel. Should I choose to receive medical services from a physician not included on the panel, I understand that I will be liable for the associated expenses.

In case of an emergency, I should be promptly taken to the nearest emergency room. Subsequent medical care must then be obtained from a physician within the designated panel or through a referral from one of the panel physicians.

Employee Signature: \_\_\_\_\_

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

## **Sentinel Event Protocol and Policy**

As part of your orientation at each facility, please take the time to thoroughly review their policies. It is crucial that you understand and adhere to these policies, promptly reporting any incidents to the appropriate personnel. Each facility has established guidelines for handling various events. Upon occurrence, you are required to inform your Agency so that Staff Relief's risk management team can align with the facility's protocols. You will be expected to provide a comprehensive account of the incident, which will undergo thorough review by our Risk Management team. Furthermore, SRI will collaborate closely with the facility, respecting their input and working together to achieve a satisfactory resolution.