



Personnel Policy # 2A

Job Classification

Date Formulated: _____

Date Revised: _____

Purpose: This policy serves to outline the types of employment available at (Insert Organization Name).

Procedures:

Employees are classified as full time, part-time, temporary or contract. Likewise, employees are classified as exempt or non-exempt for the purposes of compensation and benefits administration. Exempt employees do not receive overtime compensation. Non-exempt employees receive overtime compensation (1 ½ times their regular rate of pay) for each hour worked beyond 40 in a workweek.

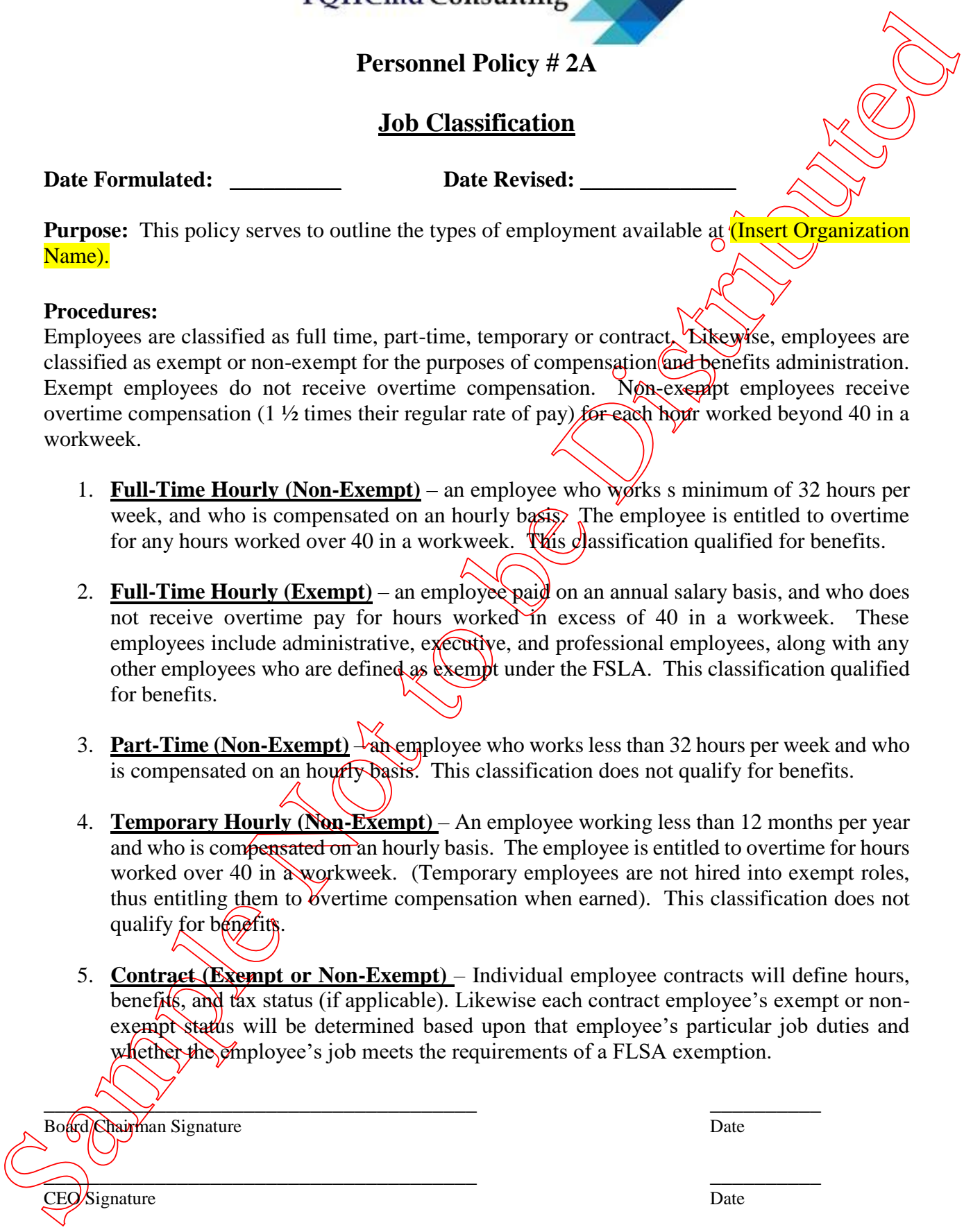
1. **Full-Time Hourly (Non-Exempt)** – an employee who works a minimum of 32 hours per week, and who is compensated on an hourly basis. The employee is entitled to overtime for any hours worked over 40 in a workweek. This classification qualified for benefits.
2. **Full-Time Hourly (Exempt)** – an employee paid on an annual salary basis, and who does not receive overtime pay for hours worked in excess of 40 in a workweek. These employees include administrative, executive, and professional employees, along with any other employees who are defined as exempt under the FLSA. This classification qualified for benefits.
3. **Part-Time (Non-Exempt)** – an employee who works less than 32 hours per week and who is compensated on an hourly basis. This classification does not qualify for benefits.
4. **Temporary Hourly (Non-Exempt)** – An employee working less than 12 months per year and who is compensated on an hourly basis. The employee is entitled to overtime for hours worked over 40 in a workweek. (Temporary employees are not hired into exempt roles, thus entitling them to overtime compensation when earned). This classification does not qualify for benefits.
5. **Contract (Exempt or Non-Exempt)** – Individual employee contracts will define hours, benefits, and tax status (if applicable). Likewise each contract employee’s exempt or non-exempt status will be determined based upon that employee’s particular job duties and whether the employee’s job meets the requirements of a FLSA exemption.

Board Chairman Signature

Date

CEO Signature

Date





Financial Policy #2B

Payroll Overtime Payment

Date Formulated _____

Date Revised _____

Purpose: To define rules and regulations for the payment of overtime.

Procedure:

1. The organization will follow the Fair Labor Standards Act in the determination of exempt and non-exempt in the determination of overtime.
2. All executive, managers and providers will be considered exempt from payment of overtime pay under the executive exemption of the Fair Labor Standards Act:
3. All professionals will be considered exempt from payment of overtime pay under the professional exemption of the Fair Labor Standards Act.
4. All hourly employees of the organization are entitled to overtime pay at the rate of time-and-a-half for all hours worked in excess of forty (40) hours in the (7) day period from Monday to Sunday.
5. Vacation, holiday, sick leave, personal time or other excused absences is not to be considered in calculating the total hours worked.
6. Authorization for all overtime must be obtained from each employee's supervisor prior to the hours worked. Overtime must be documented on the appropriate tracking form and must be signed by the supervisor, Chief Financial Officer, Human Resources Director and Chief Executive Officer before payroll is processed.

Board Chairman Signature

Date

CEO Signature

Date

Sample Not to be Distributed



Dental Policy #7

Mercury Spill Clean-Up

Date Formulated: _____

Date Revised: _____

Purpose: To provide direction in the unlikely event of a mercury spill.

Procedures:

1. (Insert your organization name) has small amounts of elemental liquid mercury as a portion of its encapsulated amalgams. The powder portion of the amalgam capsules (a dark grey alloy of silver, tin and copper) is not considered to be hazardous.
2. There is a mercury clean-up kit located in the sterilization center in the dental area. It is to be used for any mercury which is in its liquid form out of its capsule.
3. Instructions for use:
 - a. Put on apron and gloves.
 - b. Using scoop and scraper consolidate mercury into a small area.
 - c. Spread a liberal amount of absorption powder over the spill and add water.
 - d. The powder will amalgamate the mercury creating a safe compound.
 - e. Use foam pad to remove liquid mercury from fabrics if needed.
 - f. Add to the amalgam waste for recycling.
 - g. Wash hands when finished.
4. The CEO will determine if it may be necessary to contact the (Your State) EPA Spill Hotline to consult on any needed follow-up procedures.

Board Chairman Signature

Date

Dental Director Signature

Date



Clinical Care Policy 2

Acquisition of Supplies and Medications

Date Formulated: _____

Date Revised: _____

Purpose: To assist in maintaining appropriate inventory control. Supplies are obtained through the use of a supply order form sent to the Director of Nursing.

Procedure:

- 1) The clinical staff performs weekly inventory of frequently used medications and supplies.
- 2) The clinical staff will identify items needed and record these on the supply order form.
- 3) The Director of Nursing completes a purchase order.
- 4) The purchase order is signed by the Medical Director, CFO, and CEO prior to ordering.
- 5) The Director of Nursing orders medical supplies and medication from the appropriate suppliers.
- 6) When supplies are received, boxes are unpacked by the Accounting Department or designee. The items are verified against the packing slip to verify that all supplies have been received.
- 7) The Director of Nursing receives the packing slip signed and dated.
- 8) Discrepancies between the packing slip and items actually received are brought to the attention of the Director of Nursing.

Board Chairman Signature

Date

Medical Director Signature

Date



Clinical Care Policy 4
Application of Ice Pack

Date Formulated: _____

Date Revised: _____

Purpose: To provide client comfort and to reduce/prevent swelling of a body part.

Procedure:

1. Verify physician's order for ice pack.
2. Notify patient of procedure to be performed.
3. Wrap ice pack in towel and apply ice pack to body part.
4. Leave ice pack on for a maximum of 20 minutes or until relief is obtained.
5. Monitor client's body part for signs of frostbite/freezing, such as skin mottling and blue/white skin.
6. Document ice pack application results, date and time of procedure, outcome, etc., in the client's clinical record.

Board Chairman Signature

Date

Medical Director Signature

Date

Sample Policies - Not for Sale



**Life Safety Policy #5
Environment of Care**

Sentinel Event

Date Formulated: _____

Date Revised: _____

Purpose: To identify and respond appropriately to all sentinel events an undesirable patterns or trends in performance.

Definitions: A Sentinel event is defined by this organization as:

- a. The loss of life or limb by a patient or employee on the premises of (Insert **Organization Name**) office sites.
- b. A natural disaster that threatens the viability of the continued services which may be: flood, tornado, bomb threat, fire or power outage.

Procedures:

1. Immediate notification from provider or nurse:
 - a. If a sentinel even involves loss of life or limb:
 - i. If loss occurs during regular business hours Monday-Friday
 1. If loss to a patient: contact Medical Director, CEO or next of kin and patient's provider.
 2. If loss is to an employee: contact CEO, Medical Director, or designee, next of kin and employee's provider.
 - ii. If loss during no-business hours.
 1. Contact physician on call who will contact CEO or his designee.
 - b. If sentinel event involves a natural disaster:
 - i. If disaster occurs during regular business hours Monday-Friday contact administration.
 - ii. If disaster occurs during non-business hours, contact provider on call who will contact CEO or his designee.
 - c. Preserve any evidence of event including medical equipment, medications, package labels and any other item that may help determine causation.
 - d. Administrative representative will contact Patient Care Coordinator and/or other administration team if deem necessary.



- e. Administrative representative will contact Performance Improvement Chairperson the next business day.
- f. The Performance Improvement Chairperson will ensure that an incident report is filed the next day.
- g. Performance Improvement committee will initiate a root cause analysis.

Root Cause Analysis

A root cause analysis is an internal investigation that identified the root cause(s) of a sentinel event and creates an action plan to prevent the incident from recurring again. The Performance Improvement committee will always conduct a root cause analysis. If the sentinel event is a loss of life or limb occurrence, then the Performance Improvement committee will also do a root cause analysis. If the sentinel event is a natural disaster, the Environment of Care committee will conduct a root cause analysis.

1. A root cause analysis identifies the most basic factor or factors that underlie variation in performance. It has the following characteristics:
 - a. Focuses primarily on systems and processes, not individual performances.
 - b. Progresses from special causes (disturbances in the process) to consider common causes (inherent in the process itself).
 - c. Questions until no additional logical questions can be identified.
 - d. Identifies potential changes in systems and processes to improve the level of performance and reduce subsequent risk for a particular significant adverse event.
 - e. Incorporates consideration of relevant literature.
 - f. Includes a plan to address improvement opportunities using the FOCUS PDSA methodology.
 - g. Identifies accountability for action, time from for implementation, and mechanism for evaluation of effectiveness.

Reporting

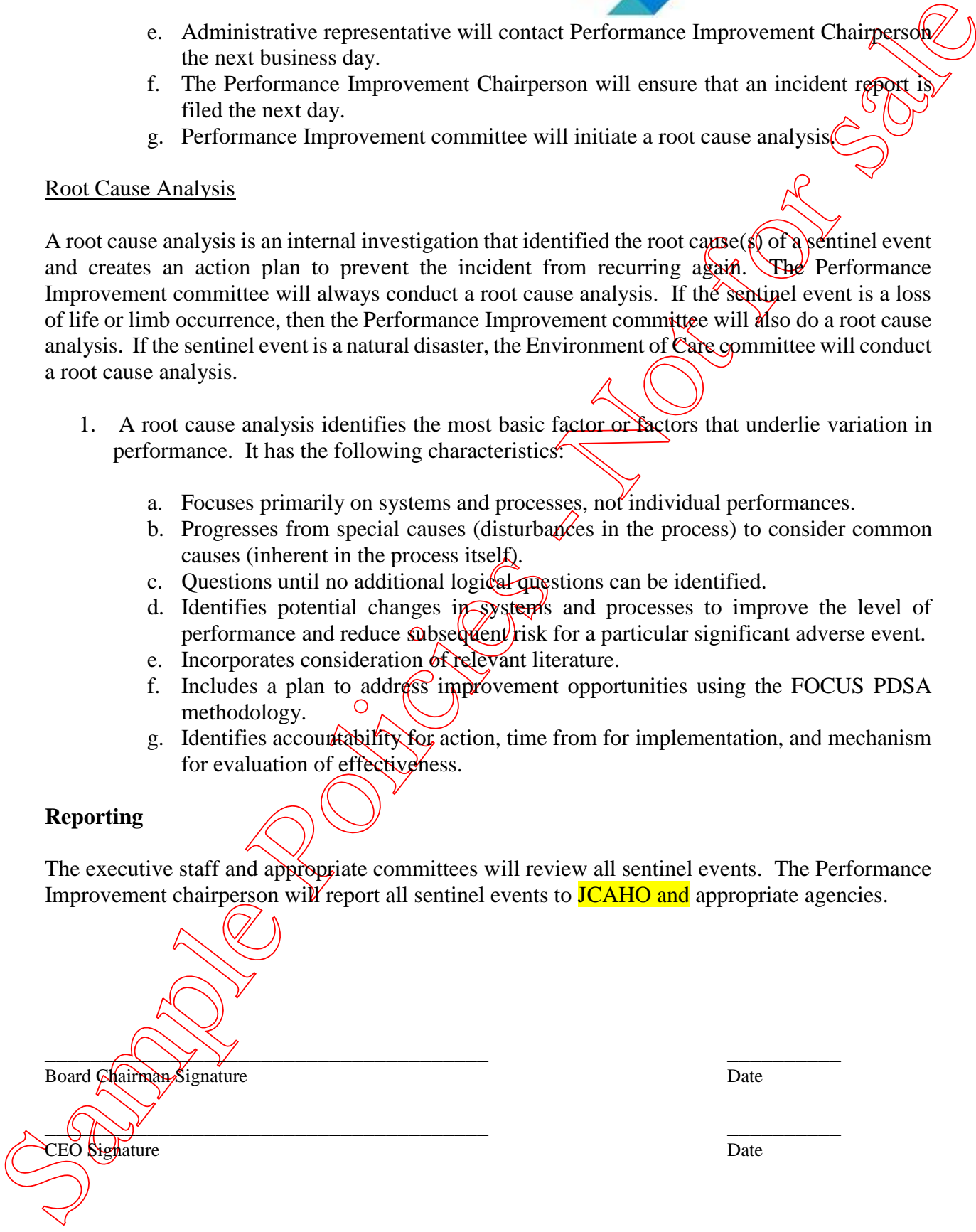
The executive staff and appropriate committees will review all sentinel events. The Performance Improvement chairperson will report all sentinel events to JCAHO and appropriate agencies.

Board Chairman Signature

Date

CEO Signature

Date





Clinical Care Policy 8

Emergency Action

Date Formulated: _____

Date Revised: _____

Purpose: To provide a standard to be implemented in the event anyone experiences a life threatening situation on (Insert your organization's name)'s property.

Procedure:

1. Health care staff will follow the appropriate protocol located in the red binder in the top drawer of the crash cart.
2. If the patient requires transportation to another facility, the provider will:
 - a. Contact the receiving facility and give report.
 - b. Complete an incident/performance improvement report.

Board Chairman Signature

Date

Medical Director Signature

Date



Clinical Care Policy 14

Medication Administration - Intramuscular

Date Formulated: _____

Date Revised: _____

Purpose: The method to administer appropriate medication using the intramuscular route.

Procedures:

1. Verify provider’s order for medication and dose.
2. Record temperature, if not previously completed that day
3. Review allergies to medications.
4. Explain procedure to patient.
5. Prepare medication appropriately and label according to National Patient Safety Goals. Verify medication dosage from the provider’s order, if appropriate.
6. Re-identify the patient with name and date of birth.
7. Select injection site.
8. Clean site with alcohol. Allow to dry.
9. Pinch up skin gently.
10. Hold syringe like a dart and introduce needle at 90 degree angle to site.
11. Pull on plunger and observe for any blood return.
 - a. If blood appears, withdraw needle then discard the syringe, needle and contents. Apply pressure to site with 2x2 gauze pad. Re-prepare medication appropriately starting at step 5.
 - b. If there is no blood return, inject medication slowly. Withdraw needle and apply pressure to site with 2x2 gauze pad.
12. Dispose of syringe and needle in appropriate container.

Documentation:

- a. Medication and dosage given.
- b. Manufacture’s name, lot number and expiration date.
- c. Injection site and time given.
- d. Patient’s tolerance to injection (20 minute recheck).
- e. Education completed.

Board Chairman Signature

Date

Medical Director Signature

Date

