

Thank you for your interest in Excel Staffing

Enclosed you will find an application packet and information about our Blood Borne Pathogens/Exposure Control Policies. Please be sure to read through the information before filling out your application. This is important information you may keep for your records. It is not necessary to mail it back with your application.

Also, please be sure to **SIGN EVERY PAGE** in your application packet that requires a signature. It is important we have all records in your file signed and dated.

Finally, be sure to include a copy of the following:

- ✓ Drivers License (**Clear and Visible Copy**)
- ✓ Social Security Card or Proof Of Citizenship
- ✓ Current TB Skin Test Results, Chest X-ray, or Health Screening (**Must be on Letterhead of Facility with Date Given and Date Read**)
- ✓ Nursing License (**RNs & LPNs**)
- ✓ CPR Card Front and Backside. (**Talk to your recruiter if you are not currently certified.**)
- ✓ Kentucky State Licensed CNAs (**Must also include a copy of their listing letter**)
- ✓ Mississippi Nurses and CNA's (**Must include a copy of a Federal Fingerprint Background Check**)
- ✓ **NC residents who have lived in the state less than 5 years or non-residents who wish to work in NC must submit a fingerprint card and \$40 money order for SBI national processing as required by the state.**
- ✓ **All other states submit a \$20 money order for criminal background check**

*Your name must be entered into our system as it appears on your social security card, even if it is not the same as the name you are currently using. To update your file at any time send the personnel department a copy of your new social security card.

Can I Fax My Application?

Sure! If you choose to fax your application packet, call immediately after sending it to verify it printed out on our end. (You may get a confirmation that it went through even if we did not get it.)

WHAT HAPPENS AFTER I SEND MY APPLICATION?

A recruiter will call you as soon as we receive your application. Please list all valid phone numbers where you can be reached. Normally we can process your application the day it is received so you may begin accepting shifts. It is important we are able to contact you because:

1. If your application is complete, you need to check in with us to activate your file.
2. If there are documents missing from your application your recruiter needs to inform you of what to do in order to complete the application process. Applications that are lacking are kept on file for up to three months. Please attempt to turn in missing forms as soon as possible.

After your application has been processed, you will receive a packet in the mail. It includes a name badge and time slips.

WHAT ARE THE BONUSES BEING OFFERED?

Currently we are offering two bonuses. The first is a Referral Bonus available to you when you refer a nurse or CNA and he or she in turn works at least forty hours.

The second is a \$250 PERFECT ATTENDANCE BONUS! This is awarded to anyone who works a minimum of 40 shifts within an eight-week period and has no cancellations. It is available every eight weeks.

To retrieve either bonus, simply call our accounts payable and let us know you are eligible. We will be happy to research your information and the bonus will be sent with your next paycheck.

As always, feel free to call with any questions you may have. The Recruiting Department is available from 8:00am-4:00pm Monday through Friday. Call 1 - 800 - 883 - 9235 ext. 4.

Thank you again. We look forward to having you on our team!

EXCEL STAFFING ORIENTATION PACKET

Please read the following information carefully and keep for future reference.

Excel Staffing specializes in meeting the staffing needs of long-term care facilities and hospitals. We pride ourselves in using caring, sincere professionals who provide only the best in quality care to the residents and patients who reside in the facilities that we serve. You tell us what shifts you want to work and we will do our very best to get them for you.

RESPONSIBILITY: We feel it is your responsibility to be aware of policies and procedures for each facility in which you work. Many facilities have standing orders of which you should be aware and follow. You have the same liabilities and responsibilities as any facility employee. **All employees work on an as needed/part-time basis. There is no guarantee as to how much work is available at any given time.**

TIME SLIPS: Excel time slips have three copies. The pink copy stays at the facility at the end of your shift for their records. The white copy must be in the Excel office **no later than 8am Eastern Standard Time, on Monday (for shifts worked Wednesday-Saturday), 8am Eastern Standard Time on Wednesday (for shifts worked Sunday-Tuesday).** The yellow copy is to be kept for your records. You may FAX a copy to us if you prefer; **HOWEVER- IF YOU FAX A COPY, CALL OUR ACCOUNTS PAYABLE DEPARTMENT TO CONFIRM THAT WE RECEIVED IT!!!** All time slips must have the name of the facility, the date and hours you worked, your name, signature and the signature of a facility supervisor authorized to sign agency time slips. Your shift supervisor should initial in the space that indicates facility initials at the end of each shift. **Unsigned time slips/invoices may not be paid! ALL BREAKS WILL BE DEDUCTED FROM YOUR TIME SLIPS/INVOICES AUTOMATICALLY.** It is your responsibility to make sure that you take your breaks according to facility needs. **DO NOT** put more than one facility or one pay period on the same time slip. If you need more, please call our toll free number and we will mail them. Checks will be mailed on Tuesday and Thursday. All checks will have a non-refundable \$5 processing fee deducted from it when issued. If you wish to pick up your check, you must call and speak with our Accounts Payable Department to be placed on a "Hold List" and pick up your check every week on Tuesday & Friday between the hours of 9:00am-3:00pm. You may also choose to have your pay directly deposited into a checking or savings account weekly, simply fill out the form included in the application and send it along with a voided check or deposit slip to the Accounts Payable Department.

ORIENTATION: On your first visit to the facility please arrive 15 minutes before your scheduled shift time. The first time you go into a facility please let the charge nurse know that it is your first time there and ask for a quick orientation. Please make sure that the facility goes over their OSHA requirements i.e.: Blood borne Pathogen Guidelines.

DRESS: Typical nursing home dress code is nursing scrubs. Please have your uniform clean and wrinkle free. No shorts, sweatpants, or pedal pushers will be accepted. Long hair is typically pulled back. T-shirts with writing on them are not acceptable and **ABSOLUTELY NO TYPE OF BLUE JEANS OR LONG DANGLING EARRINGS ARE TYPICALLY ACCEPTABLE.** The afore mentioned nursing home standards of dress are acceptable unless it is facility specific.

CANCELLATIONS: If you arrive at a facility and there are too many people scheduled or your name is not on their schedule, **PLEASE CALL OUR OFFICE BEFORE YOU LEAVE THE FACILITY SO THAT WE CAN LOG THE TIME IN ORDER SO THAT YOU MAY BE PAID.** If

you are cancelled by the supervisor and have called Excel, you are entitled to two hours of pay. Make sure to get a signature on your time slip/invoice. If you volunteer to leave you will forfeit your two hours of cancellation pay. If we leave a message for you about your cancellation in a reasonable amount of time, you will not be paid. If you do not have a way of receiving messages, we are not responsible for cancellations.

ATTENDANCE: CALL IN'S AND TARDINESS: We request all employees not to cancel any of their first 5 scheduled shifts. To do so may result in inactivation. We understand that people get sick and have emergencies, but we ask that you avoid canceling scheduled shifts. This causes hardships for the facilities and us. If you must cancel, we request 24 hours notice (2 hours minimum).

In the case of emergencies, please give as much notice as possible. Excessive cancellations may result in inactivation. All cancellations by CNA's, LPN's and RN's can be given directly to a staffer between the hours of 7:00 a.m. to 7:30 p.m. Monday-Wednesday & Friday, 7:00 a.m. to 5:00 p.m. Thursday, and 9:00 a.m. to 4:00 p.m. Saturday & Sunday. After hours, please call the office and follow the prompt for the on-call service. **DO NOT LEAVE YOUR CANCELLATION MESSAGE ON EXCEL'S VOICE MAIL. PLEASE SPEAK PERSONALLY WITH A STAFFER.** If you call in during hours of operation and the voice mail answers, leave your name and phone number and a staffer will return your call to document your reason for canceling. Leaving your cancellation on voice mail may result in inactivation. More than five cancellations a year may result in inactivation.

OUR POLICY ON "NO SHOWS" (NO CALL, NO SHOW, NO JOB!) PLEASE DO NOT ACCEPT A SHIFT UNLESS YOU ARE SURE THAT YOU CAN WORK! A NO CALL, NO SHOW is accepting a shift and you do not call in and cancel your shift or you do not show up at the scheduled time. If you are going to be late for a shift, please call our office as soon as possible.

PROBLEMS WHILE AT WORK: When you are working as an Excel Independent Contractor you are expected to be a professional. If you have a problem please work it out with the facility supervisor. Please do not discuss your pay with the facility employees. Please avoid petty gossip within the facility. Our goal is to help, not to cause problems.

THINGS YOU CAN DO TO HELP US FIND YOU THE SHIFT THAT YOU WANT:

1. Make sure that your family members are aware that we will be calling. If you do not want us to call during certain hours we need to know.
2. If we leave a message for you, please return our call as soon as possible. We need to know if you do not want the shift so that we can fill it with someone else.
3. Please call our staffing office after your assignment. Let us know when you can work and when that availability changes. The more we know about your availability, the better we can serve your shift needs and the staffing needs of our facilities.
4. Please also make us aware if the facility books shifts with you directly. We need to be informed in order to assure that you get paid and that the facility is properly invoiced payable. If you have any questions or problems, please feel free to call us. We want you to know we do appreciate each of you and we hope to have a happy working relationship with you.

\$250.00 SIGN ON BONUS

If you return your COMPLETED application to Excel within 10 business days from the day you requested it and work 40 hours, we will hand you \$250.00

Call for an application and we will mail one out that same day. Upon receiving your application, fill it out completely along with all required certifications.

Mail, fax or E-Mail your application back within 10 business days. When we notify you that you are active simply work 40 hours.

When you have completed your 40 hours **YOU MUST** notify Excel. We will verify your hours and send you \$250.00.

SOME RESTRICTIONS APPLY, PLEASE CALL FOR MORE DETAILS.

******(You must work 40 hours within 2 months of activation to qualify)

EXPOSURE CONTROL PLAN AS DETERMINED BY NURSNG HOMES

As stated in our contract provided to all facilities in which Excel Independent Contractors are working – “It is the responsibility of the facility to provide an orientation specifically designed for their particular facility including an Emergency Action Plan, Hazard Communications, Blood Borne Pathogen, Fire Prevention and Escape Routes in compliance with OSHA regulations.” (Please refer to item 16).

INTRODUCTION

People incur the risk of infection and subsequent illness each time they are exposed to blood or other potentially infectious body fluids. Therefore nursing home practice implements an Exposure Control Plan (ECP) to minimize exposure to blood borne pathogens such as, but not limited to, Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV). The ECP contains the following elements:

- I. Exposure Determination
 - A. Professionals at Risk
 - II. Methods to Control Exposure
 - A. Universal Precautions
 - B. Engineering Controls
 - C. Work Practice Controls
 - D. Personal Protective Equipment
 - III. Hepatitis B Vaccination
 - A. Declination or Consent
 - IV. Post Exposure Evaluation and Follow Up
 - A. Reporting Procedure
 - V. Nursing Home Regulated Waste Disposal
 - A. Means of Disposal
 - B. Tags, Labels, and Bags
 - C. Housekeeping Practices
 - D. Laundry Practices
 - VI. Nursing Home Accountability
 - A. Record Keeping
 - VII. Training and Education
 - A. Broker’s Responsibility
- Blood Borne Pathogen Advisory Glossary

It will be the responsibility of the Independent Contractor (IC) to manage the ECP. If you have questions please contact the Facility Coordinator.

I. EXPOSURE DETERMINATION

A. Professionals At Risk

1. All ICs who have occupational exposure to blood or other potentially infectious materials will be included in the ECP. This plan covers the IC in job classifications/titles which include, but are not limited to the following:
 - a) Licensed Certified Nursing Aides
 - b) Licensed Practical Nurses
 - c) Registered Nurses

II. METHODS TO CONTROL EXPOSURE

A. Universal Precautions

1. ICs included in the ECP will exercise universal precautions at all times with all residents. In other words, IC will assume that all residents are infected with HBV, HIV, or other blood borne pathogens.
2. IC's with weeping dermatitis and/or draining lesions are forbidden to treat and/or examine residents until condition has cleared up.

B. Engineering Controls

1. ICs must place all needles and other sharp objects in a container that is puncture resistant, leak proof on sides and bottom, properly labeled or colored coded red, and closable.
2. Needles will not be recapped unless required by a specific procedure and then only for the same patient. If needles must be recapped, they will be recapped by mechanical means or, in the absence of such, by a one handed scoop method.

C. Work Practice Controls

1. All ICs will immediately and thoroughly wash hands and other skin surfaces that may be contaminated with body fluid before and after treating and/or caring for each resident.
2. While treating or caring for residents IC will attempt to minimize splashing, spraying and aerosolization of body fluids.
3. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited around residents.

D. Personal Protective Equipment

1. All IC's will wear single use disposable gloves when treating and/or examining residents. Under no circumstance shall the same pair of gloves be used with more than one resident. Hand washing is required every time that the gloves are removed or when there has been skin contact with blood or potentially infectious material.
2. All IC's will wear appropriate protective wear such as a surgical scrub shirt or uniform top when treating or caring for residents. Replace the protective wear at the end of the day or when it becomes contaminated with body fluid, whichever is more frequent. Full sleeve coats/jackets that provide protection of the arms must be worn whenever the potential exists for any type of hazardous exposure.

III. HBV VACCINATIONS

A. Declination or Consent

1. All ICs included in the plan may choose to be vaccinated with the Hepatitis B vaccine. This vaccination is voluntary.
2. Any IC who chooses to decline this vaccine must sign a mandatory declination form as contained in the initial Excel application.

IV. POST EXPOSURE EVALUATION AND FOLLOW UP

A. Reporting Procedure

1. Any person who has been potentially exposed, either by a needle stick or inadvertent contact with body fluids, will immediately report the incident to the Exposure Control Contact at Excel. The following steps must be taken:
 - a) Document the route(s) of exposure, for example, splash to eyes, needle stick, etc.
 - b) Document the name, address, and phone number of the source patient and the HBV and HIV of that patient if possible.
 - c) Document the circumstance under which the exposure occurred.
 - d) If possible, arrange to collect a blood sample from the source patient.
 - e) Arrange to collect a blood sample from the exposed IC as soon as possible to determine HBV and HIV status.
 - f) Follow up of the exposed IC shall include counseling, medical evaluation of any acute febrile illness that occurs within the twelve weeks post exposure, and use of safe and effective post exposure measures according to recommendations for nursing home practice.

V. NURSING HOME REGULATED WASTE DISPOSAL

A. Means of Disposal

1. Each supply room will have a closable waste container with a properly labeled or color coded, leak proof, plastic bag for regulated waste (gloves, masks, and other materials contaminated with body fluids) and a puncture resistant, leak proof sharps container.
2. If the outside of the bag is contaminated with blood or other body fluids, then double bagging is necessary.
3. Disposal of all regulated waste will be in accordance with applicable state and local regulations.

B. Tags, Labels and Bags

1. Warning labels will be placed on all containers of regulated waste including sharps containers and regulated waste receptacles. The label will have the word BIOHAZARD and the biohazard symbol and will be fluorescent orange or orange-red with the biohazard symbol and word in contrasting colors.
2. Red bags or red containers may be substituted for labels on containers of regulated waste.

C. Housekeeping Practices

1. Initial clean up of blood or body fluid will be with an approved hospital disinfectant that is tuberculocidal or a solution of 5.25% sodium hypo chlorite (household bleach) diluted between 1:10 and 1:100 with water.
2. Equipment contaminated with blood or other potentially infectious materials will be checked routinely and decontaminated if possible prior to servicing or shipping.
3. Housekeeping workers will wear appropriate personal protective equipment during cleaning of areas potentially contaminated with infectious materials.
4. Residents' rooms will be routinely cleaned and disinfected. Note: Nursing home standards require a written schedule for cleaning and the method of decontamination

based upon the location of the work site within the facility, the type of soil present and the tasks of procedures performed in the area.

D. Laundry Practices

1. Laundry shall be bagged at the facility and it shall not be sorted or rinsed in patient areas.
2. If laundry is cleaned by a service, it shall be transported in bags that are color coded or labeled and that prevent liquid seepage. Otherwise, an appropriate color-coded or labeled container shall be provided by the service for the collection of laundry prior to in house laundering.
3. Laundry shall be handled as little as possible.
4. All outerwear that is intended to function as protective clothing will be removed before leaving the work area and will not be taken home by IC.

VI. NURSING HOME ACCOUNTABILITY

A. Record Keeping

1. The Exposure Control contact will track each IC reported exposure incident. Each IC who has had an occupational exposure must complete an exposure incident report.
2. Needle sticks injuries will be included on the OSHA 200 log only if medical treatment such as Gamma Globulin, HBV vaccine, or HBV Immunoglobulin is prescribed and administered by licensed medical personnel. Note: Only employers with 11 or more employees are required to maintain a log and summary of occupational injuries and illnesses (OSHA 200 log). Smaller employers need only complete an exposure incident report for any occupational exposure to blood borne pathogens.

VII. TRAINING AND EDUCATION OF INDEPENDENT CONTRACTORS

A. Broker's Responsibility

1. Excel must make available to ICs this Nursing Home Exposure Control Plan according to state and federal guidelines. The plan must be signed and dated by each IC and returned to Excel's office. (The OSHA form included in application packet must be signed and returned.)
2. A Federal number is available in order for the IC to contact Exposure Control Plan Contact to ask questions or clarify and review material provided, and address any concerns regarding blood borne pathogens.
3. Information on ECP may be obtained through the Bureau of Education, Training and Technical Assistance, OSHNC, NC Department of Labor.

BLOOD BORNE PATHOGENS ADVISORY GLOSSARY

BLOOD	Human blood, blood components and products made from human blood.
BLOOD BORNE PATHOGENS	Pathogenic microorganisms that are present in human blood and can cause disease in humans. Pathogens include, but are not limited to: Hepatitis B Virus, and Human Immunodeficiency Virus.
CONTAMINATED	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
CONTAMINATED SHARPS	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
DECONTAMINATION	The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or an item.
ENGINEERING CONTROLS	Controls, (i.e. sharps disposal containers, self sheathing needles, etc) that isolates or removes the blood borne pathogens hazard from the workplace.
EXPOSURE INCIDENT	A specific eye, mouth or other mucous membrane, non – intact skin or parenteral contact with blood or other potentially infectious material that results from job performance.
OCCUPATIONAL EXPOSURE	Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from job performance.
OTHER POTENTIALLY INFECTIOUS MATERIALS	<ul style="list-style-type: none">• Cerebrospinal Fluid• Saliva in dental procedures• Synovial Fluid• Any body fluid that is visibly contaminated with blood• Pleural Fluid• Semen Fluid• Any unfixed tissue or organ• Vaginal Secretions• HIV- containing cell or tissue cultures, organ cultures• Amniotic Fluid• Pertoneal Fluid• HIV or HBV-containing culture medium or other solutions• Pericardial Fluid• Any body fluid in situations where it is difficult or impossible to differentiate between body fluids

BLOOD BORNE PATHOGENS ADVISORY GLOSSARY (cont.)

PARENTRAL	Piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
PERSONAL PROTECTIVE EQUIPMENT	Specialized clothing or equipment worn for protection against a hazard, General work clothes are not intended to function as protection against a hazard.
REGULATED WASTE	Liquid or semi liquid or other potentially infectious material Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling Contaminated sharps Pathological and microbiological waste containing blood or other potentially infectious material.
SOURCE INDIVIDUAL	Any individual living or dead whose blood or potentially other infectious materials may be a source of occupational exposure
STERILIZE	The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
UNIVERSAL PRECAUTIONS	An approach to infection control. All human blood and certain human fluids are treated as if known to be infectious for HBV, HIV and other blood borne pathogens.
WORK PRACTICE CONTROLS	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles, hand washing etc.)

IMPORTANT NOTICE TO ALL EXCEL EMPLOYEES

1. You cannot set your schedule shifts directly with the facility. If you do and Excel is not notified or **YOU MAY NOT BE PAID** for the shifts worked.

If you cancel with the facility and not call Excel, it will be considered a No Call No Show and you may be inactivated. This lack of communication with Excel is causes complications with the invoicing process for you and to the facilities.

2. All cancellations by CNA's, LPN's and RN's can be given directly to a staffer between the hours of 6:30 a.m. to 7:00 p.m. After hours, please call the office and follow the prompt for the on-call service. **PLEASE DO NOT LEAVE YOUR CANCELLATION MESSAGE ON EXCEL'S VOICE MAIL. PLEASE TRY TO SPEAK PERSONALLY WITH A STAFFER.** If you call in during hours of operation and the voice mail answers, leave your name and phone number and a staffer will return your call to document your reason for canceling. Leaving your cancellation on voice mail may result in inactivation. More than five cancellations a year may result in inactivation.
3. Please review your check information and make sure that it is correct. (Example: Name, Address, and I.D. Number etc.) If any changes need to be made, call our Accounts Payable Department.

Excel employees are limited to work 40 hours per week unless prior approval is given by the facility

Excel may pay more than normal time-and –a-half for holidays. Plan ahead and make more than ever for holiday shifts. Let your staffer know as soon as possible if you will be available for holiday shifts. These shifts fill up quickly due to the extra pay increases negotiated with the facilities.